



**Fieldwork on the promotion of physical activity,  
active play and sport for pre-school and school  
age children in family, pre-school, school and  
community setting**

**Final Report CR2135**

**Report to the National Institute for Health and  
Clinical Excellence**

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- Play England;
- Young Men's Christian Association (YMCA);
- Healthy schools; and
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## Fieldwork on the promotion of physical activity, active play and sport for pre-school and school age children in family, pre-school, school and community setting

### Final Report CR2135

### Report to the National Institute for Health and Clinical Excellence

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#### CONTENTS

1.....INTRODUCTION.....	5
1.1 Background to the work .....	5
1.2 A request for guidance from the Department of Health .....	5
1.3 Target audience for the recommendations.....	6
1.4 The recommendations .....	6
1.5 This fieldwork .....	6
2.....METHOD .....	7
2.1 Overview.....	7
2.2 Development of workshop topic guide, telephone interview pro-forma's and briefings and on-line survey .....	7
2.2.1 Workshop topic guide.....	7
2.2.2 Telephone proforma.....	9
2.2.3 On-line survey .....	9
2.3 Recruitment and conduct of workshop.....	9
2.3.1 Recruitment of workshop delegates .....	9
2.3.2 Conducting the workshops .....	11
2.4 Recruitment and conduct of telephone interviews .....	12
2.4.1 Recruitment of telephone interviews .....	12
2.4.2 Conducting the telephone interviews.....	13
2.5 Recruitment and conduct of the on-line survey.....	13
2.5.1 Recruitment .....	13
2.5.2 Conducting the on-line survey .....	14
2.6 Analysis and reporting of results .....	15
3.....OVERVIEW OF RECOMMENDATIONS .....	16
3.1 Introduction.....	16

3.2	Impact of the recommendations .....	16
3.2.1	Usefulness of the recommendations .....	16
3.2.2	Referencing .....	17
3.2.3	Co-ordination between government departments .....	17
3.2.4	National campaign .....	17
3.2.5	Involving politicians and local councillors.....	17
3.3	Omissions .....	17
3.4	Evaluation and monitoring.....	18
3.5	Barriers to children’s involvement in activities .....	18
3.5.1	Perception of safety .....	18
3.5.2	Funding .....	19
3.5.3	Sedentary behaviour .....	19
3.5.4	Access to facilities.....	19
3.5.5	Individual motivation.....	19
3.5.6	Parental influence .....	20
3.6	Inclusiveness .....	20
3.7	Implementability .....	21
3.7.1	Interpretation of the recommendations .....	21
3.7.2	Usability.....	21
3.7.3	Communication.....	22
3.7.4	Education .....	22
3.7.5	Responsibility .....	22
3.7.6	Referencing .....	22
3.7.7	Performance targets.....	23
3.8	Other miscellaneous points.....	23
3.8.1	Olympic Games .....	23
3.8.2	Role of NICE.....	23
3.9	Other evidence.....	23
4.....	RECOMMENDATIONS.....	25
4.1	Introduction .....	25
4.2	Recommendation 1 .....	25
4.3	Recommendation 2 .....	27
4.4	Recommendation 3 .....	29
4.5	Recommendation 4 .....	31
4.6	Recommendation 5 .....	34
4.7	Recommendations 6 and 9 .....	36
4.8	Recommendations 7 and 8 .....	39
4.9	Recommendation 11 .....	41

4.10	Recommendations 10 and 12 .....	43
4.11	Recommendation 13 and 14 .....	46
4.12	Recommendation 15 .....	50
4.13	Recommendation 16 .....	52
5.....	CONCLUSIONS .....	55
5.1	Usefulness and relevance.....	55
5.2	Implementation.....	55
5.3	Joined up working .....	55
5.4	Barriers to successful implementation .....	56
5.5	Further development of the recommendations .....	56

**APPENDIX (AS SEPARATE DOCUMENT)**

APPENDIX A – WORKSHOPS

APPENDIX B – TELEPHONE INTERVIEWS

APPENDIX C – ON-LINE SURVEY

APPENDIX D – ON-LINE SURVEY RESULTS

APPENDIX E – RECRUITMENT MATERIALS FOR WORKSHOPS

APPENDIX F – WORKSHOP TOPIC GUIDE

APPENDIX G – WORKSHOP FACILITATORS GUIDE

APPENDIX H – WORKSHOP EVALUATION FORM

APPENDIX I – RECRUITMENT MATERIALS FOR INTERVIEWS

APPENDIX H – TELEPHON EINTERVIEW PRO FORMAS

APPENDIX H – RECRUITMENT MATERIALS FOR ON-LINE SURVEY

## E. Executive Summary

### E.1 Introduction

Physical activity promotion is high on the public health policy agenda in the UK as physical activity in children is very low. For example, from the 2002 Health Survey<sup>1</sup> only one-third of boys and girls aged 2-11 achieve the recommended level of activity to benefit their health through activity undertaken outside of school. The opportunities for them to be active are also reducing. For example, car journeys to school have doubled in the last 20 years with almost 30% of children going to school by car, less than 50% walking and just 1% cycling<sup>2</sup> and the total time devoted to Physical Education (PE) lessons in schools has declined in recent years. Less time is allocated to PE in secondary schools in England and Wales than anywhere else in the European Union<sup>3</sup>. The most common type of activity in children found by the Health Survey was active play, followed by walking. Participation in sports and exercise was much lower.

In 2006 the Department of Health requested that NICE produce,

*‘Guidance on physical activity, play and sport for pre-school and school age children in family, pre-school, school and community settings.’*

NICE guidance is developed using the best available evidence and the expertise of the NHS and the wider healthcare community including NHS staff, healthcare professionals, patients and carers, industry and the academic world. Once NICE publishes public health guidance, health professionals and the organisations that employ them are expected to take it into account.

The NICE guidance on the promotion of physical activity, active play and sport for pre-school and school age children in family, pre-school, school and community setting has been developed through a phased process, this included:

1. Drafting of a scope to identify the remit of the work.
2. Consultation to ensure relevance and usefulness of the scope.
3. Reviews of the relevant literature.
4. Consultation on the review to identify any missing evidence.
5. Programme Development Group (PDG) review of the evidence and drafting of the recommendations.
6. Stakeholder consultation and fieldwork to evaluate the relevance, usefulness and implementability of the recommendations.

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<sup>1</sup> Sproston K, Primates P. 2003. Health Survey for England 2002. The health of children and young people. London: The Stationery Office.

<sup>2</sup> Department of Environment, Transport and the Regions. 1999. Transport Statistics Bulletin, National Travel Survey 1996-98 Update. London: Department of Environment, Transport and the Regions.

<sup>3</sup> Physical Education Association of Great Britain and Northern Ireland. 1993. European Corner. European physical education associations: Report of the fourth meeting held in Helsinki 18-20 June 1993. British Journal of Physical Education; 24: 26-27



The recommendations are aimed at professionals working in the NHS, local authority, education and other sectors with a direct or indirect role in promoting physical activity, play and sport in children.

## **E.2 Method**

The fieldwork comprised of three main activities:

1. Ten workshops with representatives from stakeholder organisations that included professionals working in the NHS, local authority, education and other sectors with a direct or indirect role in promoting physical activity, play and sport in children;
2. Telephone interviews with 32 representatives from stakeholder organisations similar to those that attended the workshops but focusing on parent and carer associations, education associations and pre-school leaders and local clubs and associations;
3. An on-line survey with schools.

All respondents received briefing materials and questions prior to the sessions, and were provided with summaries of their sessions for approval. A content analysis of summaries was completed to identify and summarise key themes of feedback

## **E.3 Conclusions**

### **E3.1 Usefulness and relevance**

Overall these recommendations were thought to be both useful and relevant and that if successfully implemented would have a significant impact on policy and service provision. They were thought to be well structured. It is thought that for areas that are not doing so much work in this area they will be useful guidance to help develop new policies. For areas currently carrying out a lot of the work highlighted in the recommendations, then they provide reassurance and weight to the work already being carried out.

### **E3.2 Implementation**

The feedback from the fieldwork came up with several suggestions on how to help implement these recommendations, these include:

- Providing a summary document of recommendations that highlight the main points and themes;
- Providing clear advice on how to communicate the recommendations to both practitioners and also how to communicate with target audiences;
- Ensuring that parents, carers and other stakeholders are fully educated about the relevance, importance of the content of the recommendations;
- Highlighting who is the main lead in each recommendation;
- Providing more referencing to other relevant NICE guidance;
- Providing performance targets, analogous to school literacy targets, for practitioners to work towards.

### **E3.3 Joined up working**

The feedback suggests that these recommendations would be very effective if successfully implemented. However, there were concerns around how to go about working with all the relevant stakeholders (e.g. transport planners) and departments within an organisation to ensure that all the relevant people are aware of their responsibility. Other suggestions included involving politicians in the recommendations as it was felt they may help influence the decisions that may need to be made to ensure successful implementation.

The feedback suggests that many of the stakeholders that would need to be involved in these recommendations may not know NICE and that the recommendations that they publish would directly impact their work. Therefore it is suggested that NICE have an awareness-raising campaign of the role of NICE. This may have the benefit of highlighting to organisations that consider NICE purely clinical what other work they are involved in under the remit of health.

### **E3.4 Barriers to successful implementation**

The fieldwork highlighted several barriers that were felt were not addressed in the recommendations and could potentially impact how successful these recommendations are, these included:

- People's perceptions of children's safety in terms of 'stranger danger';
- Road safety – how safe it is for children to cycle to school in their area;
- Cost of delivery and service provision;
- How to reduce sedentary behaviour;
- Access to facilities and venues – both in terms of availability and transport to them;
- Individual motivation and empowerment of individuals to make their own choices;
- Impact of parental influence.

### **E3.5 Further development of the recommendations**

The evidence from the fieldwork suggests the recommendations would **benefit from a clear title per recommendation** to make it apparent to the reader what the main themes of the recommendations are.

In order to make it clearer that some of the recommendations are inclusive of all groups of children including those with disabilities there should be a clear statement at the front of the document that clearly highlights who is included in the recommendations.

Some of the recommendations were thought to be very similar to each other such as **recommendations 7 and 8 and recommendations 10 and 12 and the delegates thought that these should be merged together**. Other recommendations that the researchers having analysed the feedback feel should be merged **are recommendation 5, 11 and 16**. These all refer to active travel and vary in terms of who should take action, such as transport planners, schools and parents. Feedback suggested that a holistic approach to active travel is needed to ensure that the recommendations are implemented effectively.

Other feedback that was suggested to improve the implementability of these recommendations included:

- Clear advice is needed on how to communicate the recommendations to both practitioners and to the target audience;
- Ensuring parents, carers and other relevant stakeholders are fully educated about the relevance and importance of the recommendations;
- Highlighting who the main lead is for each recommendation;
- Providing more reference to other NICE guidance;
- Providing clear performance targets;
- Providing advice on evaluation.

# 1 INTRODUCTION

## 1.1 Background to the work

Physical activity promotion is high on the public health policy agenda in the UK as physical activity in children is very low. For example, from the 2002 Health Survey<sup>4</sup> only one-third of boys and girls aged 2-11 achieve the recommended level of activity to benefit their health through activity undertaken outside of school. The opportunities for them to be active are also reducing. For example, car journeys to school have doubled in the last 20 years with almost 30% of children going to school by car, less than 50% walking and just 1% cycling<sup>5</sup> and the total time devoted to Physical Education (PE) lessons in schools has declined in recent years. Less time is allocated to PE in secondary schools in England and Wales than anywhere else in the European Union<sup>6</sup>. The most common type of activity in children found by the Health Survey was active play, followed by walking. Participation in sports and exercise was much lower.

## 1.2 A request for guidance from the Department of Health

In 2006 the Department of Health requested that NICE produce,

*‘Guidance on physical activity, play and sport for pre-school and school age children in family, pre-school, school and community settings.’*

NICE guidance is developed using the best available evidence and the expertise of the NHS and the wider public health community including NHS staff, healthcare professionals, parents and carers, industry and the academic world. Once NICE publishes public health guidance, health professionals and the organisations that employ them are expected to take it into account.

The NICE guidance on the promotion of physical activity, active play and sport for pre-school and school age children in family, pre-school, school and community setting has been developed through a phased process, this included:

1. Drafting of a scope to identify the remit of the work.
2. Consultation to ensure relevance and usefulness of the scope.
3. Reviews of the relevant literature.
4. Consultation on the review to identify any missing evidence.
5. Programme Development Group (PDG) review of the evidence and drafting of the recommendations.

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<sup>4</sup> Sproston K, Primatesta P. 2003. Health Survey for England 2002. The health of children and young people. London: The Stationery Office.

<sup>5</sup> Department of Environment, Transport and the Regions. 1999. Transport Statistics Bulletin, National Travel Survey 1996-98 Update. London: Department of Environment, Transport and the Regions.

<sup>6</sup> Physical Education Association of Great Britain and Northern Ireland. 1993. European Corner. European physical education associations: Report of the fourth meeting held in Helsinki 18-20 June 1993. British Journal of Physical Education; 24: 26-27

6. Stakeholder consultation and fieldwork to evaluate the relevance, usefulness and implementability of the recommendations.

### **1.3 Target audience for the recommendations**

The recommendations are aimed at professionals working in the NHS, local authority, education and other sectors with a direct or indirect role in promoting physical activity, play and sport in children.

Those that were excluded from the recommendations are those people working with children and young people who have a medical condition requiring clinical assessment or monitoring immediately prior to and/or during physical activity.

### **1.4 The recommendations**

There are a total of 16 draft recommendations (as of August 2008). Full details of the draft recommendations can be found in Section 4 of this report.

### **1.5 This fieldwork**

The findings from the fieldwork reported in this document form part of step 6 above. The objective of this fieldwork is to examine the relevance, utility and implementability of the draft recommendations with professionals working in the NHS, local authority, education and other sectors with a direct or indirect role in promoting physical activity, play and sport in children. Findings from the fieldwork are considered by NICE to be an important source of evidence on the feasibility of implementation of the guidance, and the conditions required for uptake and delivery.

The findings of the fieldwork reported in this document will be considered by NICE's programme development group (PDG) in October 2008 and inform the final guidance, due to be issued in January 2009.

## 2 METHOD

### 2.1 Overview

The fieldwork comprised of four main activities:

1. 10 workshops with representatives from stakeholder organisations including professional carers of children, health professionals, sports organisations, local authorities, primary care trusts (PCTs) and education associations;
2. 32 telephone interviews with representatives from stakeholder organisations including school governors, parent and carer associations and local clubs;
3. On-line survey of schools across England.

All workshop delegates and telephone interviewees received briefing materials and questions prior to the sessions, and were provided with summaries of their sessions for approval.

A content analysis of summaries was completed to identify and summarise key themes of feedback. Section 3 of this report provides a synthesis of feedback from all parts of the fieldwork. The summaries of each session are provided as Appendices.

All workshops were scheduled for September 2008 in order to meet the project schedule. Telephone interviews were conducted from mid-August 2008 to mid-September 2008, to comply with the project schedule. The on-line survey went live on 1<sup>st</sup> September 2008 until 22<sup>nd</sup> September 2008.

### 2.2 Development of workshop topic guide, telephone interview pro-forma's and briefings and on-line survey

The workshop topic guide was developed through close liaison with the team at NICE, to ensure that the key research questions were addressed. In development of the questions for the topic guide and telephone interview pro-forma continual reference and adherence was made to '*Methods for development of NICE public health guidance*' (2006).

#### 2.2.1 Workshop topic guide

The topic guide was structured to ensure that stakeholders had a comprehensive understanding of the background, aims and outcomes of the fieldwork. The topic guide was split into two main sections, the first section raised questions on the recommendations as a whole, and included questions in four main categories pre-agreed with the research team at NICE:

1. Impact of the guidance;
2. Usefulness and relevance to the organisation;
3. Inclusiveness;
4. Previous experience.

The second section raised questions to be addressed to each recommendation in turn. This included questions on the usefulness and effectiveness, impact on current policy and practice, implementation, practicality and barriers to implementation of the recommendations.

Each question under these main categories included prompts to give the facilitator the means to explore the subject in more detail.

### Combining recommendations

Due to the length of the recommendations and similar nature of the content of some of the recommendations, several were presented together. These were:

- Recommendations 6 and 9;
- Recommendations 7 and 8;
- Recommendations 10 and 12; and
- Recommendations 13 and 14.

### Presentation of recommendations in workshop topic guide

Due to the large number of recommendations the researchers did not present all the recommendations at once. The recommendations were grouped into four sets:

- Recommendations 1, 2 and 3;
- Recommendations 4, 5 and 6 + 9;
- Recommendations 7 + 8, 11 and 10 +12;
- Recommendations 13 + 14, 15 and 16.

During the workshops a timetable was drawn up (Table 1) to ensure that the recommendations were covered evenly throughout the fieldwork period. Each breakout group was given a separate set of recommendations to review. Delegates were informed of the recommendations that were to be covered in each break out group and asked if they had a preference as to which set of recommendations they covered.

**Table 1: Timetable of recommendations at workshops**

Venue	Group 1	Group 2	Group 3
9 <sup>th</sup> Liverpool AM	13, 14, 15, 16	13, 14, 15, 16	7, 8, 10, 11, 12
9 <sup>th</sup> Liverpool PM	7, 8, 10, 11, 12	4, 5, 6, 9	1, 2, 3,
9 <sup>th</sup> London AM	1, 2, 3,	13, 14, 15, 16	
10 <sup>th</sup> London AM	7, 8, 10, 11, 12	1, 2, 3,	
11 <sup>th</sup> London AM	4, 5, 6, 9	13, 14, 15, 16	
11 <sup>th</sup> London PM	4, 5, 6, 9	1, 2, 3,	
11 <sup>th</sup> Newcastle AM	1, 2, 3,	7, 8, 10, 11, 12	4, 5, 6, 9
11 <sup>th</sup> Newcastle PM	4, 5, 6, 9	13, 14, 15, 16	
15 <sup>th</sup> Birmingham AM	13, 14, 15, 16	7, 8, 10, 11, 12	
15 <sup>th</sup> Birmingham PM	1, 2, 3,	4, 5, 6, 9	

### 2.2.2 Telephone proforma

The telephone interview pro-forma was developed using the workshop topic guide as a basis. The interview proforma started with questions about specific recommendations before seeking general feedback on the recommendations as a whole. There were three pro-formas developed, one for education sector, one for parent and carer associations and one for local clubs and associations. These three main types of stakeholder organisations were those that were seen as less likely to attend the workshops such as parents and carers associations, pre-school leaders and local clubs.

During telephone interviews only 5 recommendations (or combined recommendations) were consulted on in each of the three types of proforma. These included:

- **Local Clubs proforma** – recommendations 4, 6 + 9, 7 + 8, 10 + 12 and 13 + 14;
- **Parents and carers proforma** – recommendations, 6 + 9, 10 + 12, 11, 13 + 14 and 15;
- **Education proforma** – recommendations 4, 6 + 9, 7 + 8, 11 and 10 + 12.

As with the workshops, some of the recommendations were combined. Where they were combined there was only one set of questions that referred to each set of combined recommendations.

### 2.2.3 On-line survey

The on-line survey was produced by Greenstreet Berman Ltd and developed in PHP (Pre-Hypertext Protocol) and combined with a MySQL (Standard Query Language) database, used for storing and recording all user inputs. The questionnaire covered demographic details and used bi polar style questions to avoid the risk of leading the respondents. The on-line survey was targeted at schools. Therefore, it only addressed those recommendations judged by the researchers to be directly relevant to schools. The on-line survey covered recommendations 4, 6 + 9, 7 + 8, 11 and 10 + 12.

As with the workshops, some of the recommendations were combined. Where they were combined there was only one set of questions that referred to each set of combined recommendations.

## 2.3 Recruitment and conduct of workshop

### 2.3.1 Recruitment of workshop delegates

All recruitment for the workshops' was performed in-house and using the help of regional organisations. Recruitment of workshop delegates was achieved through a combination of methods, namely:

- Issuing invitations by email direct to individuals identified through internet searches;
- Asking YMCA to issue invitations by email to their members and contacts issuing invitations on our behalf;
- Asking three regional organisations (West Midlands Regional Assembly, Liverpool City Council's and Newcastle City Council's Sport Development Officers) to issue invitations to their local contacts on our behalf and (in two cases) asking them to suggest suitable venues;
- Placing notices on the websites of organisations advertising the workshops, specifically Play England, National Confederation of Parent Teacher Associations and National Healthy Schools Programme.



Key stakeholders for the direct email were identified from:

- NICE’s stakeholder list (Physical activity for children);
- An internet search of organisations using key terms such as sports promotion, sports partnerships, sports clubs, sports development, play, dance, health promotion, wellbeing.

A list of ~750 individuals was developed covering London, South East, Midlands, North West and North East England, with their names, organisations and email addresses, within the following sectors:

1. Local authority sports, health and play promotion/development professionals, such as Sports Development officers, local council physical activity programme managers, active recreation managers;
2. Local authority children’s services;
3. Primary Care Trust health improvement, public health and health development;
4. Organisations running programmes, such as county sports partnerships running programmes such as the 5 hour offer in schools and the Extending Activities workstrand;
5. National and regional organisations involved in the promotion of physical activity, such as Play England, Youth Sports Trust and Sport England;
6. Education, such as Healthy Schools and PE advisors.

They were contacted via an email to request the attendance of a representative of their organisation at one of the ten scheduled workshops (4 in London, 2 in Liverpool, 2 in Newcastle, 2 in Birmingham). The invitation outlined the purpose of the workshops, the scope of recommendations and who they are aimed at.

All individuals that booked onto a workshop were sent a copy of the draft recommendations and a copy of the delegate’s topic guide in advance of the workshops.

As noted in Table 2, 146 delegates attended the workshops. Forty seven delegates did not attend.

**Table 2: Number of attendees at workshops**

<b>Workshop</b>	<b>Number of delegates that agreed to attend</b>	<b>Number of delegates that attended</b>
London 9 <sup>th</sup> September AM	12	<b>8</b>
London 10 <sup>th</sup> September AM	15	<b>12</b>
London 11 <sup>th</sup> September AM	13	<b>11</b>
London 11 <sup>th</sup> September PM	15	<b>11</b>
Liverpool 9 <sup>th</sup> September AM	27	<b>21</b>
Liverpool 10 <sup>th</sup> September PM	26	<b>19</b>
Newcastle 11 <sup>th</sup> September AM	29	<b>21</b>
Newcastle 11 <sup>th</sup> September PM	11	<b>8</b>

<b>Workshop</b>	<b>Number of delegates that agreed to attend</b>	<b>Number of delegates that attended</b>
Birmingham 15 <sup>th</sup> September AM	22	<b>16</b>
Birmingham 15 <sup>th</sup> September PM	23	<b>19</b>
Total	193	<b>146</b>

### 2.3.2 Conducting the workshops

The ten workshops ran for 3 hours and thirty minutes each. There was one main facilitator running the workshop with a second facilitator (in the case of Liverpool and Newcastle morning workshops there was a third facilitator present due to large numbers of delegates at these workshops) who acted as a scribe and facilitator in the statement specific review. All workshop sessions were recorded and consent for recording was obtained from all delegates at the beginning of the workshop. The session consisted of:

- Introduction and housekeeping – 10 minutes;
- General review of the guidance as a whole - 1 hour;
- Tea break – 10 minutes;
- Recommendation specific review<sup>7</sup> (in which the workshop broke into 2 or 3 smaller groups with one facilitator running each group. Each group discussed 3-4 recommendations in detail. As noted above groups discussed one of the following sets of recommendations:
  - 1, 2 and 3;
  - 4, 5 and 6 + 9;
  - 7 + 8, 11, 10 + 12
  - 13 + 14, 15, 16.

This group session was held for one hour and thirty minutes;

- Plenary appraisal and discussion of findings – 35 minutes;
- Evaluation of the workshop – 5 minutes.

On completion of the workshops a summary was written up by the facilitators. This summary (Appendix A) was then forwarded to the delegates for any additional comments and approval.

Listed below is a summary of the evaluation worksheets that were received on completion of the four workshops. Delegates were asked to answer each question on a 10 point scale (1 = not at all/poor, 10 = definitely/excellent).

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<sup>7</sup> Within the recommendation specific review section each delegate was given an appraisal form for each recommendation. They were encouraged to write feedback on these during discussions and these findings and any completed were included in the final workshop summaries.

**Table 3: Evaluation form feedback**

<b>Questions posed to the delegates included:</b>	<b>Average score (max score 10)</b>
Were the key points covered?	7
Did the workshop satisfy its objectives?	7
Was the length of the workshop adequate?	8
Rate the standard of facilitation?	7
Rate the quality of written materials/visual aids?	7

Delegates were also asked to give any comments or suggestions on the workshop. The following are a ‘snapshot’ of responses we received to this question on the evaluation forms.

Positive feedback on the workshops included:

- *“Very good mediation of ideas and working through ideas and criticisms”*
- *“Well facilitated, had the opportunity to express views and opinions”*
- *“Was very interesting”*

Some areas to work on included:

- *“I thought there would be more information about NICE guidance process and what happens next”*
- *“Would have been nice to have some healthier refreshments at a health-focused workshop”*
- *“A lot of reading sent out quite late, could it be sent out earlier?”*

## **2.4 Recruitment and conduct of telephone interviews**

### **2.4.1 Recruitment of telephone interviews**

A list of 150 contacts was developed by an internet search of pertinent organisations. In each case a name and telephone number was identified. The contacts were telephoned for the sake of explaining the purpose of the fieldwork, the scope of the recommendations and to request an interview. In total 150 organisations were approached to take part in the telephone interviews, of these 32 agreed to take part and were interviewed. The types of organisations that were approached included:

- Parent and carer associations (e.g. Brighton and Hove Fostering and Adoption Service and Social Service Association) – 18 interviews completed;
- Education associations and pre-school leaders (e.g. National Association of Headteachers and Tumble Tots) – 8 interviews completed;
- Local Clubs and associations (e.g. Urban Active and Football League Trust) – 6 interviews completed.

### 2.4.2 Conducting the telephone interviews

Stakeholders were sent the interview pro-forma and a copy of the recommendations to read prior to the interview.

Each interview lasted between 30 minutes and one hour. Stakeholders were required to comment on five of the 16 recommendations. These five recommendations were identified by the researchers as being most relevant to the sector.

On completion of the interviews a summary was written up by the interviewer and forwarded to the interviewees for any additional comments and approval.

## 2.5 Recruitment and conduct of the on-line survey

### 2.5.1 Recruitment

The on-line survey was developed by Greenstreet Berman Ltd and went live on 1st September 2008. The survey was for schools and pre-schools across England to complete. The on-line survey was promoted by a combination of:

- Placing notices on websites of teacher organisations;
- An e-bulletin;
- Direct emails to schools.

In order to reach these stakeholders the survey was advertised on the Teacher Support Network website and an e-bulletin was sent out to 11,000 members of the Teacher Support Network (which covers all types of schools). It was also advertised through the TeacherNet with a notice placed on the website. A request to complete the survey was also distributed to all English secondary schools via email distribution. The request was sent to the school admin email address with a request that it was forwarded to the Physical Education teacher/head of PE, and included a link to the on-line survey.

Due to the school holidays and the need to report fieldwork by the 22<sup>nd</sup> September, the effective survey period was the 8<sup>th</sup> to the 15<sup>th</sup> September 2008.

A total of 171 teachers partially completed the questionnaire, with ~100 fully completing it. About a quarter dropped out after reading the first recommendation. As the recommendations were lengthy and repeated in full, it was apparent that some teachers were deterred from answering the survey by the length of the recommendations.

### **Table 4: Job title and school type of on-line survey respondents.**

Job role	Type of school						Grand Total
	Playgroup	Primary	Secondary	Special Needs	Local education authority	Other	
Playgroup leader/assistant	1						1
PE Teacher			122	1	1	14	138
Year tutors			1			1	2
Deputy headteacher		2	3				5
Headteacher			1			2	3
Other teacher		5	4				9
PHSE or PACE coordinator			4				4
Other		1	3		2	3	9
Grand Total	1	8	138	1	3	20	171

2.5.2 Conducting the on-line survey

The on-line survey was developed in PHP (Pre-Hypertext Protocol) and combined with a MySQL (Standard Query Language) database, used for storing and recording all user inputs. The database held information in text, date and time and numeric formats and allowed for free text insertion for user specific entries.

The survey did undergo testing under a number of different circumstances prior to launching the official application onto the internet. This testing was both technical and user related.

The questionnaire covered personal details, specifically:

- Job title;
- Type of school;
- Region;
- Current involvement in sports and physical activity.

Names or contact details were not asked for.

A bi polar style of questions was used to avoid the risk of leading the respondents such as:

i. In your opinion do the recommendations:

Mostly repeat current guidance	Repeat elements of current guidance	Provides some new ideas	Provides many new ideas	No opinion
1	2	3	4	0

ii. In your opinion would implementation of the recommendations:

Divert majority of current resources	Divert a minority of current	Have very little impact on	Have no impact on resourcing of	No opinion

onto these options	resources onto these options	resourcing of current schemes	current schemes	
1	2	3	4	0

iii. To what extent do the recommendations cater for all types of children?

Does not cater for any groups	Does not cater for some groups	Caters for nearly all groups	Cater for all groups	No opinion
1	2	3	4	0

- a. With a follow up question – what type of children do you think are not catered for by the recommendations?

The recommendations and any supporting guidance were posted on the website, and links were made to where these are available on the NICE website.

## 2.6 Analysis and reporting of results

The fieldwork reports were analysed ‘by hand’ using thematic and content analysis techniques. Descriptive analysis of the on-line survey results was carried out to explore the findings and a proportion of responses per question by type of respondent were reported.

A set of repeatable rules were used for the content analysis which included:

- The categories of themes of feedback, such as inclusion, integrating with other policies, conveying the business group;
- The group that cited the theme and any other sub-categorisation, such as the size of business or public/private sector organisations;
- The importance attached to each theme;
- Summary of feedback in each theme;
- Examples to illustrate themes when provided.

### **3 OVERVIEW OF RECOMMENDATIONS**

#### **3.1 Introduction**

This section of the report provides the feedback on the recommendations as a whole, specifically:

- Impact of the recommendations;
- Omissions cited by respondents;
- Evaluation and monitoring;
- Barriers to children’s involvement in activities;
- Inclusiveness;
- Implementability;
- Some general feedback;
- Other evidence.

It summarises the findings from the ten regional workshops, the thirty two telephone interviews and the on-line survey with schools, and presents the findings as a whole. Generally the findings from all three methods found similar results.

Section 4 of this report provides feedback on each recommendation.

#### **3.2 Impact of the recommendations**

##### **3.2.1 Usefulness of the recommendations**

On the whole, while some respondents felt that the recommendations just “reiterate what’s already being done” and that “most of these strategies are already in place in many cases” the results indicated that the recommendations were welcomed. It was felt that the recommendations would add weight to activities and initiatives currently being carried out. It was felt that in some geographic areas not enough work is being done and these recommendations would add useful and relevant guidance to support future work. For those areas that are already doing a lot it was felt that these recommendations would provide further support and weight to the work already being carried out. It was also noted that these recommendations provide reassurance to those currently carrying out this type of work.

Overall the findings suggested that it was uncertain if these recommendations added anything new to current knowledge or practices or indeed if there was anything new within the recommendations. However, the recommendations were felt to be useful as it is one consolidated set of guidance for providers at all levels to use. One delegate thought that overall the recommendations were well structured and liked the way that they appear to cascade down from recommendation 1 which is Government down to recommendation 16 that focuses more on parents and thought that they were “neatly structured”.

### 3.2.2 Referencing

Providing links and references within the recommendations to existing schemes and initiatives that are already taking place was raised continually throughout the fieldwork. This was felt to be particularly important to avoid duplication and allow practitioners and commissioners to make use of the information and potential funding that is already out there.

### 3.2.3 Co-ordination between government departments

Findings also suggested that these recommendations may bring several partners together to achieve outcomes and secure future funding. However, there were concerns that there needs to be more co-ordination between different government departments to work together to achieve these recommendations.

### 3.2.4 National campaign

Despite this, it was felt that recommendation one regarding the National Campaign was new and was very important and could support the other recommendations being implemented successfully. However, there were concerns that this Campaign could potentially be very similar to the ‘Change for Life’ and the ‘Every Child Matters’ campaigns and therefore that any new national campaign should ensure that it had a clear brand and message or link in with the current campaigns.

It should also be clear who will be leading each recommendation at a local as well as national level.

### 3.2.5 Involving politicians and local councillors

Feedback suggested that the consultation should have included local Politicians and Councillors. It was felt that these are key decision makers who need to understand the importance of the recommendations and ensure that the right people and the appropriate funding is available in order for the recommendations to be implemented in their local area.

## 3.3 Omissions

Although many thought that the recommendations were complete and comprehensive a few omissions were noted, these include:

- Training was not covered in the recommendations;
- Disability groups were not covered;
- Children of disabled parents were not covered;
- Boys aged 11-16 were not covered;



Secondary school children in general were identified as a group that needed to be addressed in the recommendations more clearly, particularly as there is a drop off in physical activity between primary and secondary schools.

### **3.4 Evaluation and monitoring**

Feedback suggested that the recommendations would benefit from information on how providers can monitor and evaluate their work. They felt that this was very important as it provides the providers with feedback about what is working and what is not. There were concerns about who would be responsible for collecting information for the evaluation and storing it and monitoring it. Feedback suggested that potentially data collection could be a very sensitive issue and needs to be managed carefully. For example, young girls are not going to want to attend sessions that they know they are weighed in. Therefore other measures must be looked into.

There were concerns raised about the measurements currently cited in the recommendations (e.g. BMI) and the validity and usefulness of these measures. Indeed, delegates suggested that the BMI was not a valid measure and would be very difficult to collect.

### **3.5 Barriers to children's involvement in activities**

Delegates cited a range of points that can limit children's involvement in sport, play and physical activity, these are noted below. Delegates outlined the potential barriers, which they felt the recommendations should address, and offered suggestions on how to overcome these barriers (which again should be included in the recommendations).

#### **3.5.1 Perception of safety**

One of the major barriers for these recommendations to overcome is people's perception of safety. It was thought that parent's perception of their child's safety both in terms of 'stranger danger' and road safety created the largest barriers. It was suggested that the relative risk of these could be communicated to the parents to try to change their attitudes and allow their children more freedom to walk or cycle to school and to play outside.

Another major barrier is the perception of the general public towards young people outside together. In some groups, young people will be dispersed by the police. In general it was thought that a lot needs to be done to change the attitudes of the public that not all young people are 'out to cause trouble'.

Feedback suggested that in order for children to cycle to school they must be provided with adequate training such as cycling proficiency training and practical facilities must be provided at schools, such as a safe place to store their bike, lockers to keep their books overnight and to store their helmets.

### 3.5.2 Funding

Cost of delivery and service provision was highlighted by the majority of stakeholders in the fieldwork. *“The problems are that it would take a lot of money to arrange this. The good thing is once provisions are in place progress and improvements will be seen and monitored.”* (Quotation taken from on-line survey)

Some suggested that more linked up working with other departments may help to reveal certain funding streams that some may not be aware of.

There could be resource and capacity issues to deliver all the recommendations and this would need to be addressed. It was felt that it was very important that if something is advocated that it can be delivered to all that want it and to avoid making ‘empty promises’.

### 3.5.3 Sedentary behaviour

How to reduce sedentary behaviours and activities was highlighted as a barrier. Feedback suggested that this was potentially a very sensitive area. Parents can become very defensive if they are told that their family ‘spend too much time in front of the television’. Suggestions include using clear direct but sensitive language to communicate the message sensitively but effectively to families.

### 3.5.4 Access to facilities

Obtaining access to facilities and venues such as access to school facilities out of hours was identified as a barrier. There were mixed opinions as to how much schools were willing to provide their facilities to be used by others in the community. Some schools were already doing this; others were not and raised several practicality issues, such as:

- Who would be available at the school to open it up and lock it etc;
- Also issues relating to health and safety, and;
- In some cases their public liability insurance would not cover them for activities being carried out in the schools.

### 3.5.5 Individual motivation

Individual motivation and empowerment of individuals to make their own choices –

*“It is the CULTURE of activity that needs changing within the minds of the children: simply training hundreds of volunteers to run activity programmes will have no effect unless the children are motivated to participate.”* (Quotation taken from the on-line survey).

It was thought that this was a very significant issue and that the recommendations do not cover the motivation of children and some are not interested in sport or physical activity.

### 3.5.6 Parental influence

The involvement of families in activities was thought to be a very important factor and many thought that the role of parents and families in general was key in ensuring the success of these recommendations. Having an active parent was thought to set a good example and would mean children are more likely to be active. For example,

*“Lead by example. An active parent is more likely to have an active child.”* (Quotation taken from the on-line survey of teachers).

The feedback was that parents and families have a large influence over their children. It was noted that parents set an example of how to behave to their children. If parents are inactive then it is more likely that their children will also be inactive. A suggestion to overcome this was to educate parents about the importance of physical activity and active play. Parents can also influence children's participation levels as they quite often transport to and from activities. If parents are working full time they may have limited time to do this. One suggestion to overcome this was to put on family activities that will encourage all family members (parents, children, siblings, grandparents etc) to participate in physical activity together. If this was not possible then to run sessions for children and parents in parallel so that they could both partake in physical activity. This then makes it more worthwhile to parents as they are getting some activity as well.

## 3.6 Inclusiveness

There were mixed views on whether the recommendations were inclusive. Many thought that it depended on the interpretation of the recommendations as to whether they were inclusive or not. Generally it was thought that the recommendations were inclusive; however, there should be a clear statement at the beginning of the recommendations that explains which groups of children they apply to.

Others felt that the recommendations were not inclusive of the following;

- Rural areas;
- Ethnic minority groups;
- Children excluded from school;
- Young carers;
- Summer clubs;
- Young offenders;
- Young people in apprenticeships or full time work;
- Those at college and university.

### 3.7 Implementability

#### 3.7.1 Interpretation of the recommendations

There were mixed views regarding the recommendations in terms of how easy it would be to implement them. For example, “*excited to see them written, looking forward with hope to the practical application and the infrastructure to allow for implementation.*” (Quotation taken from the on-line survey of teachers).

Some thought that there was insufficient detail in the recommendations and would welcome additional information regarding the implementability of these recommendations.

The overall feedback from the fieldwork suggested that although the recommendations contained a lot of useful information they would benefit from additional information on how to implement them. Suggestions for this included a delivery strategy, or clear examples and case studies to exemplify different programmes already in operation. Others thought that the recommendations would benefit from being re-structured to include all the different developmental stages, as it was felt each age group would have different needs.

Others thought that the recommendations were meant to be fairly generic and that it was down to local areas to interpret the recommendations at a local level and implement them according to the needs of their local community.

#### 3.7.2 Usability

It was felt that in order for the recommendations to be more useable they would benefit from:

- Having a clear and meaningful title. The feedback suggested that the recommendations would benefit from having a clear title for each recommendation as at present the purpose of the recommendation is not clear until the detail of the recommendation is read;
- Reducing the number of recommendations by merging those recommendations together that are similar such as recommendations seven and eight;
- Presenting all the active travel recommendations together such as recommendations 5, 11 and 16. The feedback suggested that each recommendation was not possible without the involvement of the other partners. For example, the feedback on recommendation 11 that focuses on schools, suggested that this would not be possible to implement unless there was involvement from local transport planners (recommendation 5) and ‘buy-in’ from parents (recommendation 16) to ensure the successful implementation. Therefore by combining the recommendations it will highlight that the involvement and ‘buy-in’ from all is required to be successful;
- Providing a simple summary document. Delegates thought that this could be used for schools to get their ‘buy-in’ or parent’s to help educate them;
- Wording of the recommendations: The delegates felt that in some cases the wording or terminology used in the recommendations was not clear. For example the use of the term ‘motor skills’ (recommendations 10 and 12) was thought to be unclear and clarity on what ‘moderate-vigorous physical activity’ meant in practice was needed. Delegates in general wanted more help in terms of how to practically implement these recommendations, with examples and case studies of successful schemes.

There were also cases where delegates thought the terminology used was not inclusive to all. And therefore instead of words such as ‘catching’ and ‘throwing’ (Recommendations 10 and 12 first bullet point under ‘What action should they take?’) these should be replaced with ‘sending’ and ‘receiving’ in order to be inclusive to all including disability groups.

The wording was also found to be contradictory for example, in recommendation 4 it was thought that providing ‘non-traditional settings for physical activity’ was then contradicted by ‘spaces and facilities used for physical activity meet or exceed recommended safety standards for design, installation and maintenance’;

- Use of the term ‘sport’, ‘physical activity’ and ‘play’. The findings from the research have indicated that clearer definitions were needed of the terms sport, physical activity and play. And that quite often it is not clear what the recommendations are referring to throughout the document;
- Who should take action? In several cases the feedback was that additional organisations should be added to the ‘who should take action’ section of the recommendations such as Director of Children’s services or schools (see section 4.5 Recommendation 4).

### 3.7.3 Communication

The feedback suggested that the implementation stage of these recommendations should provide clear advice on how to communicate the recommendations to both practitioners and also how to communicate with target audiences.

### 3.7.4 Education

Ensuring that parents, carers and other stakeholders are fully educated about the relevance, importance of the content of the recommendations is very important. Also ensuring that the adequate provision and resources for educating practitioners to be able to implement the recommendation successfully. For example coaches may need education on how to include children with disabilities in physical activity sessions and pre-school leaders being suitably educated on how to engage young children in physical activity.

### 3.7.5 Responsibility

Highlighting who is the main lead in each recommendation. The recommendations list who should take action, but feedback suggested that they wanted to know who was the lead in each case, as they felt this was key to ensuring that the implementation of the recommendations is managed effectively.

### 3.7.6 Referencing

It was thought that the recommendations would benefit from more references to other NICE guidance such as the Physical Activity and the Environment and the NICE guidance on Community Engagement.

### 3.7.7 Performance targets

It was thought that the recommendations would benefit from having clear performance targets in which to work towards. A particularly relevant example of this is in schools where at present there are targets set for literacy and numeracy and so these subjects take a precedent over physical education as there are no targets for PE in schools.

## 3.8 Other miscellaneous points

### 3.8.1 Olympic Games

It was noted on several occasions throughout the fieldwork that these recommendations should capitalise on our success at the 2008 Olympic Games in Beijing and future hosting of the 2012 games. However, there were some concerns that after the 2012 games in London that a lot of funding streams that have opened up will stop. It was important to ensure a “*continued legacy*” from the Olympic Games.

### 3.8.2 Role of NICE

One main finding from the fieldwork was the potential need for NICE to raise awareness of its role in developing non-clinical guidance. Many organisations that were consulted felt that some other organisations would not see the relevance of NICE guidance and thought one way to overcome this was for NICE to raise the awareness of its role in the non-clinical setting.

## 3.9 Other evidence

The following provide some summaries of other evidence that stakeholders were aware of that might not have been taken into account by the recommendations.

**Wellbeing South East website** – this website holds information and case studies of initiatives taking place. It was felt that a website such as this should be promoted for practitioners to gain access to successful initiatives that have taken place and provide advice on how to implement new initiatives.

**Active Start Project** – this programme delivers staff training and healthy physical activity for all pre-school children in Clackmannanshire, with the support of other council agencies such as Early Years Psychological Services and Sports Development. This has received investment from different parties and could be rolled out nationally to help deliver coaching and training trainers for early years.

**Beauty and the Bike** – the programme involves teaming up with the private company The Body Shop to promote cycling to young girls by providing information sessions on cycling and beauty advice. This has been successful in increasing young girls taking part in cycling and shows how services can benefit from teaming up with private companies.

**Obesity levels** – in wealthy areas obesity levels in children are linked to maternal employment so the recommendations should be addressing children through a “*population approach*” (Quotation taken from workshop – Newcastle 11<sup>th</sup> September 2008 pm).

**Growing food in school gardens or community allotments** – encourage children to find out about food and how to grow healthy food and also encourage them to be outdoors and physically active.

**Walking Bus Rewards in Gateshead** – children were encouraged to take the walking bus to school. If they did so for a term they were rewarded by an active family swim voucher for their local leisure centre.

## 4 RECOMMENDATIONS

### 4.1 Introduction

This section of the report presents feedback against each specific recommendation. The recommendation is presented in full, followed by the feedback from respondents. As with all results, the views expressed are those of respondents.

Full details of the workshop summaries, on-line survey results and telephone interviews can be found in Appendix A, Appendix B and Appendix D respectfully.

### 4.2 Recommendation 1

#### **Recommendation 1**

##### **Who is the target population?**

Children and young people aged 18 and under, their families and carers.

##### **Who should take action?**

The Department for Culture, Media and Sport, the Department of Health, the Department for Children, Schools and Families, the Department for Communities and Local Government, the Department for Transport, the Department for Environment, Food and Rural Affairs, Sport England.

##### **What action should they take?**

- Develop a long-term (minimum 5 years) national campaign to promote physical activity among children and young people. The campaign should:
  - be aligned with and support other national health campaigns and strategies such as those for reducing obesity and increasing play and sports participation
  - use formative research to determine the best media vehicles and the most effective messages and language for different populations (for example, families, parents and carers, and children of different ages or facing different circumstances).
- Ensure the campaign is consistent and sustained. It should convey that physical activity:
  - is fun and enjoyable, makes you feel good and can be sociable (that is, it can be undertaken with existing friends or can help develop new ones)
  - can involve a wide variety of formal and informal activities, for example, play, dance, swimming, gym, sport (including street sport and games) and active travel (a mode of transport involving physical activity, such as walking or cycling)
  - can (and should) become a regular part of daily life and that small lifestyle changes can be worthwhile (for example, walking to school or the park, using the stairs instead of lifts, helping with the housework and spending less time watching TV)
  - helps develop children's motor skills
  - can be maintained by trying new and challenging activities to keep children and young



people interested and motivated

- is something that adults, especially parents and carers, should incorporate into their lives set an example.

• Cascade the campaign's message down to regional and local areas where examples of regional and local physical activity opportunities should be promoted. Develop resources for regional and local dissemination of the campaign (for example, promotional materials and support for those delivering it). (For more on training see recommendation 8.)

Use process and outcome measures to ensure local and regional campaigns are delivered correctly and effectively. For recommendations on the principles of evaluation, see 'Behaviour change at population, community and individual levels' (NICE public health guidance 6).

This recommendation was reviewed in the workshops only.

This recommendation detailing a National Campaign was generally met with positive feedback, there were suggestions of how to refine the recommendations and link it into existing schemes as elaborated below.

### **National campaign supports other recommendations**

It was felt that this recommendation would give more grounding to other initiatives and that new schemes could be linked into a National Campaign to help to promote it. Without a National Campaign it was felt that the rest of the recommendations would not be promoted.

### **Length of national campaigns**

Feedback suggested that the fact that a National Campaign should be a minimum of 5 years was good, however suggestions were given that it would be better if the commitment was longer e.g. 10 plus years to support sustainability.

### **Need to link into other national schemes**

Consistently it was felt that this recommendation was already "*out there*" (Quotation taken from workshop - Newcastle 11<sup>th</sup> September 2008 am) and it was a replication of other schemes such as the 'Change for Life' scheme. The recommendation could be linked into other schemes (such as 'Change for Life') and should utilise high profile activities such as the Olympic Games in 2012 and popular media shows such as Strictly Come Dancing. Indeed children are more likely to buy into ideas if they are linked to popular features.

### **Collaborative working to avoid public confusion**

Collaborative working was felt to be very important in the success of this recommendation such as working with the 'Change for Life' scheme. Otherwise there was a danger that it would be very confusing for the public and that they would be receiving difference messages from the array of campaigns and local initiatives in place.

### **Time and cost**

There were concerns about the time and cost of implementing this recommendation and whether there would be funding available. Suggestions were put forward that this recommendation should also be implemented at local level and could be linked into LAA targets.

### **Who would take the lead in national campaigns?**

Emphasis was needed on who would take the lead for this recommendation as there were numerous departments listed in the ‘Who should take action’ section but no overall responsibility for any of them.

### **Need for branding to avoid confusion between campaigns**

The clarity of the message put across by a National Campaign was emphasised and the importance that this message was clearly branded so that the public received a clear message of the focus of the National Campaign.

### **Multi media**

In order to promote a National Campaign it was felt that all forms of media were important to use. Promotion of the campaign needs to be attractive and targeted at the relevant groups; the campaign needs to be “*sold to the public* (Quotation taken from London workshop 11<sup>th</sup> September 2008 pm)”. The fun and benefits of physical activity need to be advocated to the public especially to parents who can often be one of the barriers in children and young people becoming involved in physical activity and sport.

### **Need for more age specific targeting**

Suggestions were given that the target group was too general and that it would benefit by being split by age category.

### **Need to avoid “empty promises”**

It was felt that access and provision of facilities could be a barrier with this recommendation and that it should be ensured that service provision is available to all before the campaign is promoted as the public would not react well to “*empty promises*” (Quotation taken from workshop - Liverpool 09<sup>th</sup> September 2008 pm). Ongoing evaluation of the National Campaign was felt to be important and was not mentioned in the recommendation.

## **4.3 Recommendation 2**

### **Recommendation 2**

#### ***Who is the target population?***

Children and young people aged 18 and under, their families and carers.

#### ***Who should take action?***

Directors of children’s services, chairs of children’s trusts and chairs of local strategic partnerships.

#### ***What action should they take?***

Ensure children and young people’s plans, sustainable community plans and strategies and local development frameworks explicitly address the need for children and young people to be physically active.

Ensure there is a coordinated local strategy to increase physical activity among children and young people, their families and carers. The strategy should help achieve local area agreement targets and should ensure:

- there are safe, local indoor and outdoor opportunities for physical activity
- individuals responsible for increasing physical activity levels are aware of national and local government strategies as well as local plans for increasing physical activity
- partnership working within local physical activity networks is developed and supported to establish and deliver multi-component interventions involving schools, families and communities. (Partners may include: schools, colleges, out-of-school and play services, youth services, further education, community clubs and groups and private-sector providers)
- local factors that help children and young people to be (or which prevent them from being) physically active are identified and acted upon
- local transport and school travel plans are coordinated so that all local journeys can be carried out using a form of travel involving physical activity.

Ensure physical activity initiatives for children and young people are regularly evaluated.

Evaluations should:

- record any changes in physical activity, physical skills and health outcomes, such as body mass index (BMI)
- monitor progress towards local area agreement targets.

Identify a senior council member to be a champion for children and young people's physical activity. They will:

- promote their cause across council portfolios
- ensure physical activity is a key priority when planning local authority programmes
- liaise with council members who have lead responsibility for relevant departments to promote partnership working (for example, transport, leisure and health teams)
- explain to the public the local authority's role in promoting physical activity.

This recommendation was reviewed in the workshops only.

### **Overall importance of recommendation 2**

The recommendation was found to be very useful and benefits from aspects such as inviting council members to appropriate meetings and identifying a Senior Council member to be a champion. This would allow practitioners to promote their initiatives and gain support and commitment from the council. It was also felt that, *“having political clout is needed to get all the partners together and ensuring that the whole process will work.”* (Quotation taken from Workshop, Newcastle 11<sup>th</sup> September 2008 am)

Some felt that this recommendation was key and the most important in the guidance. For example, having key partners involved in consultation of the strategy is very important. Therefore, the guidance should begin with this recommendation.

### **Link to other initiatives**

The recommendation would fill in the gaps of initiatives already taking place; however, it could build on and reference such initiatives. For example, multi-agency partnership working is taking place through Community Support and Physical Activity Networks (CSPANS) as they include representatives from health organisations, Local Authorities, sports clubs and volunteers. The recommendation could build on these and help them to focus on physical activity, as CSPANS tend to currently take a main focus on sport. The recommendation could also link in with the Healthy Schools Initiative.

### **Practicality issues**

Practicality issues do arise within the recommendation. For example, taking health outcome measures such as BMI. This would raise issues such as employing qualified professionals to take such measurements along with data storage and protection issues. It was also felt that this is not an accurate measure and can be interpreted incorrectly. Therefore, the ‘health sector’ should be included in those who should take action. Measuring BMI could also be perceived as intrusive by children and could result in preventing their participation in activities. It is well known that increased physical activity improves health outcomes, therefore, the recommendation may benefit from suggesting the measurements of self-esteem and self-efficacy be taken. Evaluating the recommendation and monitoring any changes in physical activity would be a difficult process. Therefore, a validated tool for measuring physical activity in children would help to overcome this barrier.

### **Listed organisations**

Due to the large amount of organisations that would be involved in this recommendation and the areas that are covered, it would benefit from expanding the list of organisations who should take action. For example, transport organisations should be included in order to cover the travel actions included. A stronger link to education institutions could also be made as this could encourage schools to be more open to community engagement. This may require a top-down approach from the Department for Children, Schools and Families or Ofsted to enforce schools to implement the recommendation.

## **4.4 Recommendation 3**

### **Recommendation 3**

#### **Who is the target population?**

Children and young people aged 18 and under, their families and carers.

#### **Who should take action?**

- All local authority departments and other local strategic partnership agencies responsible for facilities and services that provide opportunities for children and young people to be physically active.

•Policy makers and planners working in the public, voluntary, community and private sectors.

#### **What action should they take?**

Identify groups of local children and young people who are likely to be doing less than one hour of moderate-to-vigorous physical activity a day. Use the best available evidence, including local knowledge, to achieve this. Use the resulting information to inform planning.

Regularly consult with different groups of children and young people and their families, especially those who are likely to be less physically active, to understand the local factors that help children and young people to be (or which prevent them from being) physically active.

Use information gathered from local consultation to increase opportunities for children and young people to be physically active. (For example, by feeding into local plans on transport, open spaces and the provision of sport, dance and play facilities).

This recommendation was reviewed in the workshops only.

#### **Mixed view of recommendation 3**

There was a mixed response to this recommendation and there were a number of areas where improvements were suggested such as consultation and partnership working.

The response to this recommendation was a general conclusion that the recommendation was:

- “*Nothing new*” (Quotation taken from workshop - Newcastle 11th September 2008 am) and;
- Somewhat vague in specifying ‘how’ to engage children and young people in consultation.

It was felt that there needed to be more instruction on this within the recommendation.

#### **Consultation concerns**

Consultation was one of the key themes of this recommendation and it was felt that it was difficult to consult with children and young people for a number of reasons. Firstly, consultation is time consuming and does not always give true answers; children in particular are more likely to give a socially acceptable answer. Secondly, children most likely to respond to consultation are those that are already active, rather than the target group of individuals that are inactive.

There needed to be more information on how to consult with children and who would consult with children. It was suggested that this would require partnership working with the voluntary sector, youth workers and advocates for ethnic minority groups to gain insight and find out what children really want. There were some ideas given of how to consult children and young people and this included through a school pupils forum, use a suggestion box or run focus group sessions. Some suggestions to make the consultation more effective were to include parents, split by area, include all findings from the consultation in planning, repeat the consultation regularly and integrate into other social marketing campaigns.

#### **Link to healthy school partnerships**

It was suggested that this recommendation could be linked into the Healthy Schools Partnership. Evaluation methods needed to be incorporated into this recommendation too so that the impact of the recommendation could be measured effectively.

### **Defining and segmenting types of inactivity**

This recommendation does not explore why children are inactive and suggest ways to engage these groups. The distinction between groups of inactive children was not clear in this recommendation either, for example those children that are inactive for a reason (e.g. lack of suitable facilities, outdoor spaces) and those that are not interested in engaging in physical activity. Suggestions to help encourage children and young people to get involved in physical activity centred around making open spaces more accessible to children and young people rather than putting heavy investment into the provision of new facilities. Linking to the NICE guidance on physical activity in the environment was also raised to help support this recommendation.

### **Barriers to implementation**

There are a number of barriers to the success of this recommendation, including:

- Restriction on activities (such as ‘no ball games’ signs in parks) and;
- A negative public attitude towards young people that needs to be addressed.

The importance of empowering children and young people to adopt an active lifestyle was stressed too and ensuring that they feel safe in their environment.

Funding and resources would need to be available to successfully implement this recommendation. There were suggestions of a specific post that could be put in locally to implement this recommendation successfully.

## **4.5 Recommendation 4**

### **Recommendation 4**

#### **Who is the target population?**

Children and young people aged 18 and under, their families and carers.

#### **Who should take action?**

- Directors of planning and regeneration.
- Planning and regeneration service managers, project managers and those involved in developing the ‘Unitary development plan’ (UDP) or other strategic planning documents.
- Directors of leisure and cultural services.
- School governors, office managers and other decision-makers involved with buildings and outdoor spaces within the public, voluntary, community and private sectors.

#### **What action should they take?**

Liaise with local strategic partnerships to ensure:

- Physical activity facilities are suitable for children and young people with different needs and their families, particularly those from low socioeconomic groups, some minority ethnic groups and those who are disabled. (For more on local strategic partnerships see recommendation 3.)
- Children and young people are provided with safe spaces and facilities (both indoors and

outdoors) where they can be physically active. These could be provided in the public and private sectors (for example, in schools, youth clubs, on local business premises and at private leisure facilities). Local authorities should coordinate availability of these spaces and facilities.

- School facilities are available to children and young people before, during and after the school day, at weekends and during school holidays. These facilities should also be available to public, voluntary and private-sector groups and organisations offering physical activity programmes.
- The use of non-traditional settings for physical activity is encouraged, for example, office car parks outside office hours.
- Town planners make safe provision for children, young people and their families to be physically active in an urban setting. Provision should encourage new activities which are appealing to children and young people (for example, in-line skating). Town planners should also ensure open spaces and outdoor facilities make use of the outdoor environment to encourage physical activity.
- Spaces and facilities used for physical activity meet or exceed recommended safety standards for design, installation and maintenance. For example, outdoor playgrounds should have areas of shade from the sun and sheltered areas where children can play to reduce the impact of adverse weather.
- For further recommendations on the environment, see ‘Promoting and creating built or natural environments that encourage and support physical activity’ (NICE public health guidance 8).

The findings from the workshops, on-line survey and the telephone interviews have been analysed and the following synthesis of findings produced.

#### **Positive impact of recommendation 4**

Findings from the on-line survey, telephone interviews and the workshops show this recommendation to be well received and to be effective. For example, just over 90% of respondents to the on-line survey felt that the recommendation was useful or very useful and over 80% of respondents thought that the recommendation would be either effective or very effective in promoting physical activity. The findings from the workshops and telephone interviews suggested that one of the reasons as to why this recommendation was felt to be useful is that it is tied into the Local Area Agreement (LAA) and national indicators to decrease the prevalence of obesity. It also highlights the importance of the obesity objective on the Local Strategic Partnership (LSP) agenda.

Findings from the on-line survey, telephone interviews and workshops felt that the recommendation would be successful in influencing policy. 65% of respondents to the on-line survey felt the recommendation would have a positive effect on the current policy, service provision or practice. Findings from the workshops and the telephone interviews found that as NICE has developed this guidance; it will add more weight to the initiatives and recommendations already in place and could well become a national policy. It was felt that the recommendation underpins 'Every Child Matters' and the recommendation may help this "*move from theory to practice that will be easily picked up.*" (Quotation taken from telephone interview - Teacher Association).

The recommendation suggests good ideas such as using urban/non traditional spaces for play and activity. However, this would require organisations to work together and agreement from the public. For example, older children are often dispersed from parks or open spaces due to a lack of tolerance from the public. Awareness needs to be raised on the usability of these non-traditional settings. Therefore, the recommendation could provide case studies and good practice examples of how to promote this. For example, "*signs such as 'You can walk on the grass' or 'You can play ball games here' would be really helpful and beneficial to encourage activity in non-traditional settings.*" (Quotation taken from Workshop - London 11<sup>th</sup> September 2008 am).

The recommendation also benefits from giving the public ownership of facilities, which decreases the chances of vandalism taking place. This has been proved by the success elsewhere such as US schools opening their facilities to the public.

### **Extend – who should take action section**

Feedback indicated that the list of 'who should take action' should be extended to include Director of Children's Service and Extending Schools.

### **Practicality concerns**

There are some practicality issues that accompany this recommendation. Although the idea of opening schools in the evenings or weekend to the community was thought to be very beneficial, it is largely dependent on the co-operation from schools. Funding and resources may not be available to staff the extended school opening hours. However, 70% of respondents from the on-line survey reported that their school had the resources to implement the recommendation. Therefore, this recommendation may benefit from being implemented at a policy level to encourage all schools to co-operate. A larger emphasis could also be placed on parents and carers to take the responsibility off teachers and governors. Town planners and other services would need to be involved and it was reported that, "*Local leaders in the community would also be good to involve.*" (Quotation taken from Telephone Interview - Education Association)

It was felt that authorities are working against the recommendation by closing leisure/sports facilities due to funding and selling the rights to school fields. This must be addressed to ensure the implementation of the recommendation.

It was thought that there is often funding for building open spaces. However, it must be ensured that there is additional funding to maintain open spaces. Therefore, there is a need to involve key stakeholders such as Local Authorities and architects from the very beginning.



## Barriers to implementation

Over 70% of respondents from the on-line survey thought that there were many or some barriers to implementing the recommendation. The findings from the workshops and telephone interviews found that many businesses may not want children to congregate outside their premises in car parks due to fear of vandalism. It was also felt that the recommendation is contradictory by encouraging the use of car parks as play spaces but also suggesting play spaces need to be safe. There are many safety concerns regarding children using busy urban areas that are used by motorists to play in. Therefore, the terminology could be amended by using the phrase ‘any open space’ rather than ‘car park’.

Some schools and organisations may suffer from a lack of staff and qualified staff to open the schools and run activities. Therefore, it was suggested that more staff could be employed and extra training provided in order to overcome this barrier.

The way in which the recommendation is marketed will also affect its implementation, especially when it is marketed to planning and travel organisations. Therefore, leavers will need to be used to help market the recommendation by linking it with other organisation’s strategies. The Government would need to take this into consideration when relaying it to the private sector.

Social marketing could be used by organisations to determine exactly what facilities and activities children want, as many different types of people may want different types of facilities. This social marketing could ensure that the recommendation is successful.

## 4.6 Recommendation 5

### Recommendation 5

#### Who is the target population?

Children and young people aged 18 and under, their families and carers.

#### Who should take action?

Local transport bodies (for example Transport for London), transport planners, road safety officers and school travel plan advisers.

What action should they take?

- Liaise with the local strategic partnership to ensure local transport and school travel plans are fully aligned with other local authority plans which may impact on children and young people’s physical activity. This includes local area agreements.
- Ensure local transport plans are developed with local authority departments and other agencies that provide spaces and facilities for children and young people to be physically active.
- Ensure local transport plans make specific reference to children and young people. They should aim to increase the numbers who regularly walk, cycle and use other modes of travel involving physical activity.
- Work with schools to develop, implement and promote school travel plans. This may, for example, include mapping safe routes to school and organising walk- and bike-to-school

days, walking buses and cycle training.

- Organise training courses for school travel plan advisers.
- Identify any aspect of transport policies which discourages children and young people from using active travel (travel involving physical activity, such as walking or cycling). For example, policies that aim to keep traffic moving may make it difficult to cross the road. Consider how these policies can be improved to encourage active travel.

This summary is from the findings of the workshops only.

### **Positive impact of recommendation 5**

Recommendation 5 is useful as there are currently many problems with local transport that can prevent children from having active lifestyles. For example, there are few bus services to sports facilities and limited infrastructure in place to allow children to walk to facilities. There are already some initiatives in place that the recommendation can build on and add to. For example, many schools already have travel plans in place. However, there is inconsistency across the country regarding the effectiveness of these travel plans. Therefore, this recommendation could ensure all schools implement their travel plans effectively. Regional Government Offices could also be included in the recommendation to ensure that schools see these issues as a priority.

### **Targeting parents and carers**

The recommendation will benefit from targeting parents and carers to a greater extent. The implementation of the recommendation can be dependent of the willingness of parents and the lifestyle of the parents. For example, their lifestyle may not allow time for them to walk their child to school, especially if they have children in different schools. Therefore, it is important to educate parents on the recommendation and encourage their children to be more active. Parents may also have safety concerns regarding their children walking or cycling to school on their own. Therefore, suggestions were made to encourage initiatives such as 'bike buddies' to ensure children are not cycling alone. This recommendation could also promote training programmes for children such as cycling proficiency and bike maintenance.

### **Supporting implementation of the recommendation**

In order for the recommendation to be implemented successfully facilities will have to be provided for children. For example, bike racks, storage facilities such as lockers and safe cycle routes will have to be provided. Therefore, commitment and resources from schools will be important to the success of this recommendation. The responsibility could also extend to transport organisations to encourage people to be more active. For example, walking buses could be promoted better and bus/tube stops could advertise how long it would take to walk between transport stops.

This recommendation could benefit from being accompanied by a positive media campaign to show the benefits of walking and cycling to school and to reduce parents' fears of children being outside alone. Working with LAAs would also help to overcome barriers, particularly if the recommendation became part of a statutory agreement for LAAs.

## 4.7 Recommendations 6 and 9

### Recommendation 6

#### Who is the target population?

Children and young people aged 18 and under, their families and carers.

#### Who should take action?

- Public, voluntary, community and private-sector managers and decision-makers responsible for – or able to influence – opportunities for children and young people to be physically active.

#### What action should they take?

Identify local factors that may affect whether or not children and young people are physically active.

Find out what type of physical activities children and young people enjoy, based on research or local consultation. In response, plan physical activities that children and young people want to participate in (for example, some children might prefer non-competitive or single-gender activities).

Remove locally identified barriers to participation, such as lack of privacy in changing facilities, inadequate lighting and poorly maintained facilities. Any dress policy should be practical, affordable and acceptable to participants without compromising their safety or restricting participation.

Provide regular, local and well-publicised physical activity programmes in safe and challenging environments (both indoors and outdoors). They should be run by people with the relevant training or experience.

### Recommendation 9

#### Who is the target population?

Children and young people aged 4 to 18 who attend school or other education institutions.

#### Who should take action?

- Public, voluntary, community and private-sector organisations involved in designing physical activity projects and programmes.
- School governors and headteachers.

#### What action should they take?

Identify education institutions willing to deliver multi-component physical activity programmes involving school, family and community-based activities. Identify community members, groups and organisations, and private sector organisations willing to contribute and encourage the families of children and young people to become actively involved.

Develop multi-component physical activity programmes. These should include:

- education and counselling to increase awareness of the benefits of physical activity and

give children and young people the confidence and motivation to get involved

- policy and environmental changes, such as creating a more supportive environment and new opportunities for physical activity during breaks and after school
- family components, such as homework activities which children and parents do together, education on creating a supportive home environment (for example, by providing transport to locations where children can be active or doing an activity with their child) and school-based family activity days
- community components, such as raising awareness of community-based opportunities for physical activity.

The findings from the workshops, on-line survey and the telephone interviews have been analysed and the following synthesis of findings produced.

The researchers combined recommendations 6 and 9 due to the similar nature of the content. In all cases during the fieldwork these recommendations were presented together. The findings below refer to recommendations 6 and 9 together unless specified.

### **Positive impact of recommendations 6 and 9**

The workshops, telephone interviews and on-line survey responses cited benefits of these recommendations.

#### ***Recommendation 6***

This recommendation was felt to benefit from the mention of non-competitive and single-gender activities. However, this could be expanded on and include other activities e.g. dance, outdoor activities etc. Other positive elements include the requirement to remove locally identified barriers and providing privacy to children in changing facilities and ensuring activities are affordable.

#### ***Recommendation 6 and 9***

Findings from the on-line survey showed that almost 90% of respondents thought that these recommendations were useful and over 85% of respondents thought that the recommendations would be either effective or very effective in promoting physical activity. The findings from the telephone interviews and the workshops suggested the recommendations highlight important issues and are also useful as they can build on policies and initiatives already in place. For example, early years foundation stage framework settings have to provide safe, secure and challenging environments. Therefore, these recommendations will align very well with policies for early years.

The recommendations also benefit from the inclusion of a needs assessment as consultation with children was thought to be essential. However, consultation can face certain barriers. For example, active children are more likely to participate in consultation, resulting in the views of inactive children not being considered. It was also reported that children often do not know what they want until they try things out. The recommendations would benefit from consulting with families and children to identify the reasons why they do not currently take part in activities, rather than focusing on what they would like to do. In addition to this consultation with different age groups and with boys and girls separately is needed.

## **Barriers to implementation**

Barriers to these recommendations were found. For example, over 70% of respondents from the on-line survey thought that there were many or some barriers to implementing these recommendations. For example, findings from the workshops and the interviews suggested that effectiveness of the recommendations is dependent on the funding and resources available such as showers, lockers and other facilities. The use of hair dryers and straighteners were thought to be a factor that would affect young girls' participation in sports and activities. Although the provision of such facilities could be difficult due to funding issues, over 70% of respondents thought that their school had the resources to implement the recommendations. It must be ensured that all people have easy access to facilities as the availability of them to children and families does differ across the country. This suggests that the recommendations will be more practical in areas where initiatives are not already in place. Initiatives should also be funded with a long-term plan.

The recommendations benefit from recognising that people with relevant training or expertise should run activities. However, this could be more formalised and to ensure staff have appropriate qualifications the word 'relevant' could be replaced with 'recognised/appropriate training'. It was also felt that this should be the case in school settings but it may not be practical elsewhere.

A practicality issue regarding staffing is the necessity for Criminal Bureau Records (CRB) checks. These will be required for all those running activities or teaching children. Cost implications do accompany these checks, particularly as one is needed for each activity run. Many volunteers are also required to pay for these checks themselves. This could prevent staff taking on the responsibility to run activities for children. Therefore, a suggestion for this issue is to have a more centralised system in place where criminal convictions are sent to CRB by the police, resulting in only one CRB check being required.

## **Focus on parents**

The recommendations would benefit from taking a greater focus on parents and extended families. This would involve educating them on what constitutes physical activity and the benefits of it. For example, parents could be made aware that children engaged in activities and sports are less likely to become engaged in criminal behaviours such as drug and alcohol taking. This would help to gain the support from families in encouraging children to become active. A toolkit would help to deliver this.

Education should also involve encouraging the parents to increase their activity levels and take part in activities with their children, as their behaviour and attitudes influence that of the children. This could be sold to parents as a way of building closeness and intimacy with their children.

Advertising campaigns could be developed to promote the links between activity, family and child health. At a local level, local campaigns could address any cultural issues.

## **Focus of recommendation 9**

Recommendation 9 would be more valuable if it took a greater focus on physical activity rather than sport. Physical activity is more inclusive to all children and could encourage more children to take part. For example, it was reported, "*Don't lose the emphasis on fun!*" (Quotation taken from Workshop - London 11<sup>th</sup> September 2008 pm).

Recommendation 9 would also benefit from amendments to the terminology used. There was agreement that the word ‘deliver’ in the first paragraph under ‘What action should they take?’ needed to be amended to ‘facilitate’. The term ‘counselling’ needs to be defined as involving behaviour change and motivation – not just being about traditional therapy (first bullet point under ‘What action should they take?’).

#### 4.8 Recommendations 7 and 8

##### **Recommendation 7**

###### **Who is the target population?**

People involved in running physical activity sessions.

###### **Who should take action?**

Employers or supervisors of people who run physical activity sessions.

###### **What action should they take?**

Ensure informal and formal physical activity sessions for children and young people (including play) are led by staff or volunteers who have achieved the relevant sector standards or qualifications for working with children. (For example, they should meet the criteria in relation to child protection and health and safety.)

Ensure staff and volunteers have the skills (including interpersonal skills) to design, plan and deliver play and physical activity sessions that meet children and young people’s specific needs and circumstances. Sessions should be inspiring and enjoyable and should encourage personal development.

Use community networks and partnerships to encourage, develop and support local communities and volunteers involved in providing physical activities for children and young people. For recommendations on the principles of networking and partnership working, see ‘Community engagement to improve health’ (NICE public health guidance 9).

##### **Recommendation 8**

###### **Who is the target population?**

People involved in running physical activity sessions.

###### **Who should take action?**

Employers or supervisors of people who run physical activity sessions.

###### **What action should they take?**

Establish a programme of continuous professional development (CPD) for people involved in organising and running physical activity programmes. It should ensure they can:

- give children and young people information and advice on physical activity, taking into account their developmental age
- give children and young people confidence in their own abilities and motivate them to be

physically active (including encouraging them to set goals, where appropriate)

- understand the practical issues and problems that may discourage families or groups of young people from getting involved (for example, time constraints, accessibility and the cultural appropriateness of activities)
- develop and foster partnership working and know how to get the local community involved.

Train people to deliver physical activity CPD programmes.

The findings from the workshops, on-line survey and the telephone interviews have been analysed and the following synthesis of findings produced.

The researchers combined recommendations 7 and 8 due to the similar nature of the content. In all cases during the fieldwork these recommendations were presented together. The findings below refer to recommendations 7 and 8 together.

### **Positive impact of recommendations 7 and 8**

Overall these recommendations were considered useful and the findings from the on-line survey were that 85% of respondents found them either useful or very useful and 84% of respondents found the recommendations either effective or very effective at promoting activity. Findings from the workshops and the telephone interviews found that there was a great need for these recommendations as there were many organisations providing a poor service and that these recommendations would help provide a level playing field by potentially “*embedding systematic processes into organisations*” (Quotation taken from workshop – London 11<sup>th</sup> September 2008 pm). The findings from the telephone interviews and workshops also suggested that these recommendations could be really good if implemented successfully “*if they get the process, support mechanism and finances right the whole thing could be fantastic*” (Quotation taken from telephone interview – Education Association).

The findings from the workshops and telephone interviews were that the recommendations would have an impact on policy. Especially to those organisations that are not currently carrying out much of this in their organisation it will provide the necessary guidance on how to develop policies. For those already carrying out all of this the guidance will provide reassurance for the work they are doing and also advice on how to develop existing policies.

Although these recommendations were considered useful and necessary there were some points that were omitted, including guidance for self-employed people. Also it was felt there needed to be more information on training of early year’s providers – it was thought that this was very different as younger children have different needs of older children.

## Barriers to implementation

There are a few barriers that were highlighted that would need to be considered when implementing these recommendations. Criminal Records Bureau (CRB) checks were noted to be a major barrier. Volunteers would need to pay for their own CRB checks which may put some people off. It was also highlighted that if people work in several different areas then they need a separate CRB check for each area, this is time consuming and costly. This may also put off people such as volunteers. Staff should also have child protection training and this was raised as another potential barrier.

Some suggestions on how to overcome barriers include involving and engaging politicians, Local Councillors and traffic and transport planners in the recommendations and indeed some felt that they should have been invited to the workshops. It was suggested that by all different departments working together they would be more effective at implementing this recommendation. It was felt that this was important to get the right people involved in the discussions and to their 'buy-in'.

Funding was highlighted as an issue and there was concern as to where organisations would find the funding to ensure that these recommendations are successfully implemented.

## 4.9 Recommendation 11

### Recommendation 11

#### Who is the target population?

Children and young people aged 18 and under who travel to school or to a pre-school or early years facility, or to out-of-school activities within the local community.

#### Who should take action?

School governors and headteachers and those involved in governing or leading pre-school and early years education.

#### What action should they take?

Encourage a culture of active travel (travel involving physical activity, such as walking or cycling).

Encourage children and young people, especially those who live within a 1-mile radius of the destination to use active travel.

Work with local authorities to map safe routes to school and to local community play and leisure facilities, using input from pupils, parents and carers, and in consultation with local communities.

Develop a school travel plan in line with existing guidance<sup>2</sup>. It should be integrated with the travel plans of other local schools, so that children are encouraged to choose the active travel option throughout their school career.

Involve children and young people, parents and carers, the local community and external agencies in implementing the school travel plan. Use a mix of measures to promote it (for example, walking buses, walk- and bike-to-school days). Work with the local authority school travel plan adviser to recruit volunteers on a long-term basis to help implement it.

Set performance targets for school travel plans which are audited annually and which form part of delivery plans for local strategic partnerships. Remedial action should be taken when agreed targets are not reached.



The findings from the workshops, on-line survey and the telephone interviews have been analysed and the following synthesis of findings produced. Overall the findings from the workshops, on-line survey and telephone interviews raised similar points.

### **Impact of recommendation 11- mixed views**

75% of respondents from the on-line survey thought that this recommendation was either useful or very useful and 70% of respondents thought that the recommendation would be either effective or very effective in promoting activity. However, findings from the workshops and telephone interviews were mixed about the impact that this recommendation would have. Some thought that a lot of this was already happening and that this recommendation only supported work already underway. For example it was noted that there was already a target for all schools to have an active travel plan by 2010. However, others thought that having an active travel plan did not mean that schools would actually implement it.

Many had concerns that schools on their own could not implement this recommendation and that there were many others that needed to be involved to ensure the successful implementation “*if everyone works together they are a practical possibility*” (Quotation taken from a telephone interview – Education Association). It was suggested that schools, local planners, parents and families all need to work together to implement this. Therefore some suggested that recommendation 5 (local transport planners), 11 (schools) and 16 (parents and families) be combined to produce one holistic strategy.

Others had concerns that this recommendation did not take into consideration all types of schools including private schools. Findings suggested that different guidance would be needed for different types of schools as they will have different needs.

### **Barriers to implementation**

Several suggestions were made to overcome any potential barriers in implementing these recommendations. Firstly it was suggested that schools could prevent parents from parking near the school in order to drop their children off. Other suggestions included:

- Incentivising the initiative, for example providing financial rewards to schools that successfully implement their active travel plans;
- Incentives to individuals that take part in active travel such as free florescent jackets or free cycling proficiency courses;
- Making parents and local employers more aware that there needs to be flexibility for parents who need to walk their children to school.

Although this was thought to be a useful recommendation several barriers were identified. As noted above it was thought that transport planners needed to be involved, but that there needed to be an overhaul of the transport system in England for people’s attitudes to change towards active travel. At present it was thought that the roads were too busy and dangerous and that this needed to change. Examples were provided of Amsterdam where many more people cycle than use the car as the transport infrastructure is designed for this and people’s attitudes are very different. It was thought that this is very different to England where attitudes towards cyclists are very different and there are simply too many cars on the road.

Another barrier that was noted was that it is important to address road safety and that as noted above the whole road infrastructure needs to change before people will feel safe to cycle or let their children cycle to school. Other concerns included parent's perceptions and other people's perceptions of how safe it is to let their child walk to school. *"If a parent/carer let a 10 year old walk home alone, they would be regarded as a bad parent"* (Quotation taken from a telephone interview - Parent and Carer Association). One suggestion to improve parent's attitudes to personal safety is to educate the parents in the relative risk of something happening to their child whilst walking to or from school in comparison to other risks that we face.

Other suggestions were made to ensure successful implementation of this recommendation. It was thought that schools active travel plans need to include practicality issues such as providing school children with space to store their bikes during the day and lockers for them to store books and helmets in during the day. Schools could also do route planning with children to identify safe routes to and from school. Also it was suggested the schools could provide wet weather clothing for children so that this does not prevent them from being outside and active during the day if there is rain.

#### 4.10 Recommendations 10 and 12

##### **Recommendation 10**

###### **Who is the target population?**

Children aged up to 11.

###### **Who should take action?**

- Public, voluntary, community and private-sector managers and decision-makers responsible for – or able to influence – opportunities for children to be physically active including:
- Early years providers and carers of young children including nursery and playgroup (crèche) providers.
- School governors, headteachers and teachers and support staff

###### **What action should they take?**

- Ensure opportunities, facilities and equipment are available to encourage children to develop motor skills, such as running, skipping, hopping and climbing or throwing, catching and kicking a ball. For children under 5, activities should be based on the early years foundation stage principles. Older children should be introduced to more complex skills by qualified individuals in a variety of settings, based on the primary school national curriculum for physical education.
- Ensure children have the opportunity to explore a range of physical activities to help them identify those they can enjoy by themselves and those they can do with friends and family. Provide daily opportunities for participation in active play, by providing guidance and support, equipment and facilities. Keep children motivated to be physically active by

updating and varying the way physical activities are delivered (including the resources and environments used).

- Ensure opportunities are available at weekends and after school. Activities should be led by appropriately trained and qualified staff (paid or voluntary) and take place in schools and other community settings.

## **Recommendation 12**

### **Who is the target population?**

Children aged up to 11.

### **Who should take action?**

- Early years providers such as playgroup (crèche) leaders and child minders.
- Teachers and support staff;
- Local deliverers of physical activity opportunities in the voluntary, community and private sectors.
- Parents and carers.

### **What action should they take?**

- Provide a range of indoor and outdoor physical activities for children on a daily basis. Activities should be tailored according to developmental age and should be inclusive, progressive and enjoyable. They should develop children's motor skills (from crawling, running, skipping, hopping, climbing or throwing, catching and kicking a ball to more advanced activities such as cycling, playing football and dancing). Give guidance and support to make these both enjoyable and developmental.
- Provide opportunities for physical activity at intervals throughout the day in pre-school establishments; during playtimes and lunch breaks at school; as part of extra-curricular, after-school club and extended school provision; and during leisure time (including weekends and holidays) in wider community settings and the private sector.
- Provide children with equipment and access to environments that stimulate their need to explore and which safely challenge them (such as adventure playgrounds, parks, woodland or common land).
- Help children identify which activities they can enjoy by themselves and with their friends.

The researchers combined recommendations 10 and 12 due to the similar nature of the content. In all cases during the fieldwork these recommendations were presented together. The findings below refer to recommendations 10 and 12 together unless specified.

The findings from the workshops, on-line survey and the telephone interviews have been analysed and the following synthesis of findings produced. Overall the findings from the workshops, on-line survey and telephone interviews raised similar points.

### **Impact of recommendations 10 and 12 – mixed feedback**

The findings from the telephone interviews and the workshops were that these were useful recommendations. 85% of respondents that completed the on-line survey found that these recommendations were either useful or very useful and 85% thought that they would be either very effective or effective at engaging children up to 11 years of age. However, the findings from the workshops and telephone interviews suggested these two recommendations should be merged as they are similar. Others felt that once the recommendations were combined then they could be split down by age, one concerned with the foundation stage (0 years to reception) and the second concerned with reception age upwards.

It was thought that the recommendations would benefit from more practical advice in the implementation stage.

Consultation was a key factor in ensuring that the practices would be successful. Not only do the right questions need to be asked e.g. do they want a competitive or social environment, but the conduct of the consultation is important. Concerns have been raised that some methods such as surveys only have ‘sporty children’ reply. Therefore the responses are skewed towards the interests and opinions of those already engaged in sports and physical activity. The consultation needs to target those that are not engaging and these typically will not respond to a survey. Other techniques identified included focus groups however, these also need to be planned carefully to ensure proper facilitation.

There was a suggestion made to make these recommendations clearer and that for these recommendations to be effectively implemented it would take a motivated and influential leader for example a head teacher.

### **Access to facilities**

There were concerns raised about these recommendations in terms of access to facilities. There were mixed views surrounding the use of school facilities. Some thought that this would be very challenging and there would be many practical difficulties in using school facilities such as staff being available to open up the school. However, other feedback was that this is something already taking place and that there is no problem using school facilities out of hours.

### **Funding**

One of the main barriers that was reported in both the workshops and the telephone interviews was the issue of funding. *“I cannot see this happening if it comes out of school funds.”* (Quotation from a telephone interview - Parent and Carer Association).

### **Involving parents**

The telephone interviews and the workshop findings suggested that one of the major barriers that could be faced with implementing these recommendations was the involvement of parents as we *“need to engage parents and carers otherwise kids will not get involved.”* (Quotation from a telephone interview - Parents and Carers Association).

### **Wording of recommendations**

The phrase ‘motor skills’ in the first bullet point of recommendations 10 and 12 was felt to be unclear – the use of the phrase ‘fundamental movement’, or linking into developmental stages was thought to make this clearer. There were also concerns raised about the wording in terms of inclusiveness. One suggestion to ensure these recommendations are inclusive is for the wording to be amended slightly from ‘throwing’ and ‘catching’ to ‘sending’ and ‘receiving’ and the word ‘moving’ should be included in bullet point one in recommendations 10 and 12.

### **Specific recommendation 10 comments**

In terms of specific wording it was felt that under ‘What action should they take?’ there needed to be a section on consultation and programme planning.

The term ‘qualified individuals’ needs to be defined as this is not clear.

### **Specific recommendation 12 comments**

It was felt that the term ‘developmental age’ in bullet one under ‘What action should they take?’ Was not clear and that many would not know what it is.

In bullet point two (‘provide opportunities for physical activity at intervals throughout the day in pre-school establishments...’) it was felt that all lessons need to be as active as possible, that teachers should move the children around as much as possible. Examples included: ‘wake and shake’ (2-3 minutes of dance), ‘class moves’ and yoga.

It was felt that this recommendation needed to include ‘consultations with families’ with some mention of school councils to influence what goes on.

## **4.11 Recommendation 13 and 14**

### **Recommendation 13**

#### **Who is the target population?**

Girls and young women aged 11–18.

#### **Who should take action?**

Practitioners responsible for physical activity opportunities in the public, voluntary, community and private sectors.

#### **What action should they take?**

Consult with girls and young women to find out what type of physical activities they prefer. Provide a range of options in response. This may include formal and informal events and non-competitive activities such as dance, aerobics and the gym. It may also include single and mixed-gender group activities.

Offer school-based interventions outside physical education lessons to encourage physical activity. This should include advice on self-monitoring techniques, stage-matched feedback and counselling.

It should also include teacher-led extra-curricula physical activities.

Address any psychological, social and environmental barriers to physical activity. For example, provide opportunities in easily accessible community settings with appropriate changing facilities offering privacy. Any dress policy should be practical, affordable and acceptable to participants without compromising their safety or restricting participation.

## **Recommendation 14**

### **Who is the target population?**

Girls and young women aged 11–18.

### **Who should take action?**

Practitioners responsible for physical activity opportunities in the public, voluntary, community and private sectors.

Practitioners who lead physical activities, including youth leaders, teachers, coaches and volunteers.

### **What action should they take?**

Ensure all physical activity opportunities emphasise participation, enjoyment and personal development. Support participants of all abilities in a non-judgemental way which is sensitive to cultural and religious issues. Encourage those who initially choose not to participate in physical activities to watch. Help them move gradually from observation to full participation.

This summary provides a synthesis of findings from the workshops, telephone interviews and the on-line survey.

These two recommendations had mixed feedback due to the fact they targeted a specific group, there were innovative suggestions on how to approach and engage girls and young women. The findings from the on-line survey, telephone interviews and workshops raised similar points and issues for this recommendation.

### **Impact of recommendations 13 and 14 – mixed feedback**

There was mixed feedback to these two recommendations due to the fact that they were specifically targeting an age range of girls and young women. It was felt that there were other groups that would benefit from a specific recommendation, and that labelling girls specifically as inactive could have negative repercussions. Other feedback from the telephone interviews suggested that “*single-gender activities are good*” (Quotation taken from a telephone interview of a Local club) and over 87% of respondents to the on-line survey felt that the recommendations were either useful or very useful.

### **Linking to other schemes**

Suggestions for inclusion in both recommendations included linking and signposting to other activities and schemes which would be helpful and also important to stress parental involvement and the importance of strong female role models. The telephone interviews suggested that the recommendations should still allow for competitive sports to be played as some girls would want this. The workshops and telephone interviews stated that the reference in this recommendation to ‘stage-matched feedback’ should be clear explained as some people may not know what this is.

### **Barriers**

The barriers that were suggested that may prevent girls from partaking in physical activity included lack of confidence and self-esteem, peer pressure, public showering, types of activities on offer, access to facilities (although 80% of the on-line survey respondents felt that their school would have enough resources to implement these two recommendations), parental support, economic barriers, emotional barriers, religious and ethnic barriers, barriers for young carers, safety, transport, cultural issues and school uniform (e.g. for cycling to school) and PE kit. Respondents from the telephone interviews felt that funding and facilities for private changing would be the main barriers along with resourcing the need for female coaches. 75% of respondents to the on-line survey felt that the barriers that women faced were either addressed ‘a lot’ (33%) or ‘moderately’ (42%).

The workshop findings suggested that physical activity needed to be approached for girls needs and dealt with in a “*sneaky way*” (Quotation taken from workshop summary - London 09/09/08 am) focusing on beauty and fashion too. The range of activities should not be specified in the recommendations (e.g. dance and gym) as this is too prescriptive and could make these two recommendations rapidly out of date.

### ***Specific points for recommendation 13***

#### **Impact**

The workshops suggested that the PESSYP (PE, school, sport for young people) focuses on 11 to 19 year olds, therefore it would be a more consistent approach to target this recommendation up to 19 year olds.

### **Linking to other schemes**

It was suggested that the inference of recommendation 13 should be taken off just the school so paragraph two of ‘What action should they take?’ should be amended to state “...Offer school *and community* based interventions outside physical education lessons...” and “...It should also include *adult-led* extra-curricula physical activities.”

It was felt that this does not need to be just teachers, but could include sports coaches, sixth formers, parents etc. Motivation was felt to be a key factor to engage girls and it was not felt that teachers would always be the correct deliverers of activities as they may not have the training or experience to deliver the activities that the girls wanted. There may be practical issues with the provision of suitably qualified and experienced personnel to deliver the activities that girls want which could act as a barrier for girls.

## **Consultation**

Consultation was discussed in detail and it was felt that this was a good approach (83% of the on-line survey respondents felt that the recommendations would be either effective or very effective) and it would be essential to find out what girls wanted. It was also felt that it would be important to review what barriers were preventing girls from partaking in physical activity? Regular consultation was essential as girls are often driven by fashion and the media and these are rapidly changing. It was suggested that consultation should be administered at a local level as there may be local differences.

## **Barriers**

The telephone interviews mentioned that the inclusion of dress policy is really useful as there should not be added barriers such as having a certain P.E. kit.

### ***Specific points for recommendation 14***

#### **Use of all Medias**

The findings from the workshops suggested that the use of the media should be encouraged to promote physical activity and be sure to emphasise its benefits and how it is fun and healthy. The findings from the telephone interviews suggested that there was a need to “*appeal to the way that they (young girls/women) think.*” (Quotation from a telephone interview of a Parents and Carers Association).

#### **Linking to families**

Delegates from the workshops felt that linking into getting families involved in physical activity would help this recommendation to be successful. They felt that using parent’s workplaces as an area to access parents could be effective and that we should be encouraging parents to be good role models for their children.

#### **Support from National Governing Bodies**

Delegates at the workshops discussed how national governing bodies need to buy-in to the recommendation so that they can encourage their coaches to be sensitive to the needs of all children, and raise awareness of how best to engage children and young people.

#### **Barriers**

An “*innovative approach*” (Quotation taken from a workshop - Newcastle 11/09/08 pm) needs to be used to engage girls in sport and physical activity and it was felt that observation of activity was not the best approach for this. Other ideas included putting on taster sessions for girls targeting girls in their friendship groups, encouraging leadership activities and promoting coaching or volunteering opportunities.



## 4.12 Recommendation 15

### Recommendation 15

Who is the target population?

Children and young people aged 18 and under, their families and carers.

#### Who should take action?

Professionals and practitioners who have an opportunity to provide parents, carers and their children with advice on physical activity.

#### What action should they take?

Ensure parents and carers are aware of government advice that children should undertake a minimum of 60 minutes moderate-to-vigorous physical activity a day.

Provide information and advice on the benefits of physical activity, emphasising how enjoyable it is. Provide examples of local opportunities.

Encourage parents and carers to get involved in physical activities with their children. This may involve anything from providing help with travel or acting as a referee to active participation.

- Act as a role model by incorporating physical activity into daily life. For example, opt for active travel (travel involving physical activity such as walking or cycling), use the stairs and regularly participate in recreational activities or sport.

This summary provides a synthesis of findings from the workshops and telephone interviews.

#### Impact of recommendation 15

This recommendation has some clear strengths such as the use of role models and involving parents and children in physical activity together, but needs clarification and expansion in places to make it more practical and effective in practice which are discussed below. The findings of the workshops and telephone interviews raised similar points and issues for this recommendation.

Delegates felt that this recommendation needed to be more specific on how and where involvement was needed. Ensuring that this recommendation is sustainable and advocates cross departmental collaboration is essential. Integrating the recommendation with schemes such as ‘Change for Life’ could make it more successful and reach a wider audience. The importance of ensuring that there is somebody responsible for implementing this recommendation would be key, this was cited by both the workshop delegates and telephone interviewees “*how are they going to ensure this?*” (Quotation from a telephone interview of a Parents and Carers Association)

### **Importance of parents**

The importance of the role of parents was consistently mentioned for this recommendation in both the workshops and telephone interviews. Educating parents on the benefits of physical activity, engaging parents when their kids were young and securing their involvement in schemes were suggested as routes to appeal to parents. Evidence was cited that suggests that healthy and active parents encourage healthy and active children. Family based activities were also consistently mentioned by the delegates from the workshops and telephone interviewees and how useful they can be for engaging children and young people. Suggestions such as looking to engage the kids first and use “*pester power*” (Newcastle 11/09/2008 pm) to engage parents were put forward. However more effort would be needed to reach inactive families and so that not just those that are already active are included. The telephone interviews suggested that care needed to be taken in how the message was communicated to parents so it does not come across as patronising or like a ‘big brother’ approach. Parents need to be given advice on how they can incorporate the recommendations into their everyday lives.

### **Integrated with national campaign**

Responses from the workshops suggested that there needs to be a focused effort on selling active travel and promoting the enjoyment and benefits of it. However some responses from the telephone interviews suggested that emphasising enjoyment in this recommendation could be patronising. It was suggested that this recommendation could be expanded to a national campaign to help to promote the benefits of physical activity. The telephone interviewees suggested that this recommendation should be incorporated with healthy lifestyle strategies.

### **Clarifications needed**

More clarification is needed on who the professionals and practitioners are that should be taking action for this recommendation and what training and support they would need. Further to this, clarification was needed on whether the one hour per day of physical activity should be 7 days (e.g. 7 hours a week) or 5 hours a week as previously advocated. There were some concerns from both the workshop and telephone interview findings that one hour of physical activity per day was far too much to expect from previously sedentary children. Terminology such as ‘moderate-vigorous’ was felt to be concerning and needed to be clarified further with examples of what this meant in practice. Both the telephone interviews and workshops suggested that a simple consistent message needs to be used and clear guidance on how to practically implement this recommendation.

### **Role models**

The importance of positive role models was picked up upon in both the telephone interviews and the workshops and suggestions such as using teachers and celebrities to endorse physical activity were suggested. Suggestions were put forward that this was a particularly useful section of the recommendation and that it should be the first point in the ‘What action should they take’ section. Findings from the telephone interviews suggested that parents and carer’s should be given tips on “*how they can incorporate the recommendations*” into their everyday lives (Quotation from a telephone interview of a Parents and Carers Association).

## Securing commitment from children and parents

Commitment from children and parents was cited as being very important and free sessions were not always the answer to this. Delegates at the workshops felt that it was better to get children and parents to pay a small (affordable) amount towards the activity and so they in effect buy-in to a scheme and feel a greater responsibility to attend sessions.

### Barriers

The barriers to this recommendation included the timing of classes so that parents and children can attend the same activity session or parallel activity sessions and the facilities available to implement the recommendation. Main groups that were mentioned that were difficult to engage or may experience barriers were secondary school age children, children of parents with lower socio-economic status, disabled children and children that receive free public transport (e.g. children in London). Other groups that may have barriers to accessing and/or partaking in this recommendation included teenage parents, parents without the abilities and skills to engage in physical activity, parents of secondary school children. Suggestions for overcoming these barriers included advertising in GPs surgeries, bus stop shelters, places of worship, utilising media that would appeal to children such as 'Facebook' and 'YouTube', having a directory of locally available physical activities that is well advertised and accessible to all and encouraging other individuals to become advocates of physical activity such as dinner ladies.

## 4.13 Recommendation 16

### Recommendation 16

#### Who is the target population?

Children and young people aged 18 and under, their families and carers.

#### Who should take action?

Groups and individuals who have regular contact with children and their parents including: local authority personnel, physical activity professionals, health practitioners and volunteers and staff from community organisations.

#### What action should they take?

Establish active travel (travel involving physical activity, such as walking or cycling) as a life-long habit, by:

- Promoting it as a family activity and raising awareness of how it can help children and young people achieve the recommended daily amount of daily physical activity.
- Developing parents' and carers' awareness of its wider benefits. For example, by detailing how active forms of travel can help improve children's motor skills, social wellbeing, self-confidence and independence. It's also worth pointing out that it can help children to explore, become familiar and at ease with, and use the environment in ways which increase

their physical activity.

- Encouraging parents and carers to walk with young children for some part of local journeys on most days of the week.
- Encouraging (and helping) parents and carers to allow their children to gradually make more journeys independently using an active form of travel.

This recommendation provides a synthesis of findings from the workshops and telephone interviews.

### **Impact of recommendation 16 – need to be linked to existing schemes**

This recommendation when linked to existing schemes would be successful, although it would require buy-in from key people (e.g. parents, town planners) and needs to be expanded to include groups such as disabled children. The findings of the workshops and telephone interviews raised similar points and issues for this recommendation.

This recommendation is useful as it links into existing schemes such as the school travel plan and current thinking on protecting the environment. Findings from the telephone interview and workshops suggested that consideration needs to be given to environmental issues such as road safety and the speed of traffic so that children have safe routes that they can utilise to actively travel to school.

### **Widen range of “Who should take action”**

The section on ‘Who should take action’ should be widened to include Town Planners, School Travel Advisors, Workplace Travel Planners and PCT travel planners too. Referencing or signposting existing schemes in the recommendation would be very useful, as there are a lot of schemes already being run. There were questions as to how this recommendation would sit with other government run schemes such as Health Schools and active travel plans. It was important that someone was given responsibility for this recommendation. Clarification of the phrase ‘motor skills’ within the recommendation is needed and perhaps providing examples such as ‘co-ordination’ were suggested. Telephone interviewees felt that the inclusion of ‘motor skills’ or a similar definition was very important and encouraging. It was also raised that the recommendation did not mention how to measure or evaluate this recommendation and whether it would be linked to any new or existing targets.

## Parental support

The importance of buy-in and parental support for this recommendation was felt to be very important in the success of this recommendation and this finding was echoed in the telephone interviews and workshops. Parents and teachers could act as role models to encourage children and young people to take up active travel. Parents need to be encouraged to integrate active travel in their busy work schedules and active travel needs to be developed as a “*family habit*” (Quotation taken from a Parents and Carer’s Association). The telephone interview findings suggested that developing parents awareness of the activities available and the wider benefits of partaking in these activities was very important and finding out what “*actually motivates people*” (Quotation from a telephone interview of a Parents and Carer’s Association). The telephone interview findings suggested that incentives could be used and that the recommendation should not preach as “*this will not affect behaviour*” (Quotation from a telephone interview of a Parents and Carers Association).

## Barriers

There are a number of individuals that may find significant barriers to this recommendation picked up by both the workshops and telephone interviews including in particular those barriers for disabled children, disabled parents and those not in full time education (e.g. at college, apprenticeship, in full time work). Children that use the walking bus may miss out on after-school activities as they need to get the walking bus home. Other barriers to children include the distance to school from their home, dark evenings in the winter, weather conditions, safety, fear of crime, lack of education (e.g. availability of ‘bikeit’ schemes) and lack of facilities (e.g. bike racks, lockers). Disabled children were mentioned consistently by both the telephone interviews and workshops as a group that may struggle to get involved in this recommendation; provisions for disabled children should be incorporated into school travel plans.

Suggestions to overcome some of the barriers raised included addressing parents perceptions of safety, encouraging children to cycle together or join a ‘cycle train’, walking buses, advocating innovative examples of active travel such as scooter, skateboarding and rollerblading, offer cheap or free hire bikes to children, giving examples of the benefits of active travel (e.g. cheap, can be sociable) and promoting active travel as a “*family habit*” (Quotation from a telephone interview of a Parents and Carers Association).

## **5 CONCLUSIONS**

### **5.1 Usefulness and relevance**

Overall these recommendations were thought to be both useful and relevant and that if successfully implemented would have a significant impact of policy and service provision. They were thought to be well structured. It is thought that for areas that are not doing so much work they will be useful guidance to help develop new policies. For areas currently carrying out a lot of the work highlighted in the recommendations, then they provide reassurance and weight to the work already being carried out.

### **5.2 Implementation**

The feedback from the fieldwork came up with several suggestions on how to help implement these recommendations, these include:

- Providing a summary document of recommendations that highlight the main points and themes;
- Providing clear advice on how to communicate the recommendations to both practitioners and also how to communicate with target audiences;
- Ensuring that parents, carers and other stakeholders are fully educated about the relevance, importance of the content of the recommendations;
- Highlighting who is the main lead in each recommendation;
- Providing more referencing to other relevant NICE guidance;
- Providing performance targets for practioners to work towards.

### **5.3 Joined up working**

The feedback suggests that these recommendations would be very effective if successfully implemented. However, there were concerns around how to go about working with all the relevant stakeholders (e.g. transport planners) and departments within an organisation to ensure that all the relevant people are aware of their responsibility. Other suggestions included involving Politicians in the recommendations as it was felt they may help influence the decisions that may need to be made to ensure successful implementation.

The feedback suggests that many of the stakeholders that would need to be involved in these recommendations may not know NICE and that the recommendations that they publish would directly impact their work. Therefore it is suggested that NICE have an awareness-raising campaign of the role of NICE. This may have the benefit of highlighting to organisations that consider NICE purely clinical what other work they are involved in under the remit of health.

## 5.4 Barriers to successful implementation

The fieldwork highlighted several barriers that were felt were not addressed in the recommendations and could potentially impact how successful these recommendations are, these included:

- People's perceptions of children's safety in terms of 'stranger danger';
- Road safety – how safe it is for children to cycle to school in their area;
- Cost of delivery and service provision;
- How to reduce sedentary behaviour;
- Access to facilities and venues – both in terms of availability and transport to them;
- Individual motivation and empowerment of individuals to make their own choices;
- Impact of parental influence.

## 5.5 Further development of the recommendations

The evidence suggests the recommendations would benefit from a clear title per recommendation to make it apparent to the reader what the main themes of the recommendations are.

In order to make it clearer that the recommendations are inclusive of all groups of children including those with disabilities there should be a clear statement at the front of the document that clearly highlights who is included in the recommendations.

Some of the recommendations were thought to be very similar to each other such as recommendations **7 and 8** and **10 and 12** and the feedback suggested that these should **be merged together**. Other recommendations that the researchers having analysed the feedback feel should be merged are recommendation **5, 11 and 16**. These all refer to active travel and vary in terms of who should take action, such as transport planners, schools and parents. Feedback suggested that a holistic approach to active travel is needed to ensure that the recommendations are implemented effectively.

Other feedback that was suggested to improve the implementability of these recommendations included:

- Clear advice is needed on how to communicate the recommendations to both practitioners and to the target audience;
- Ensuring parents, carers and other relevant stakeholders are fully educated about the relevance and importance of the recommendations;
- Highlighting who the main lead is for each recommendation;
- Providing more reference to other NICE guidance;
- Providing performance targets, analogous to school literacy targets, for practitioners to work towards.
- Providing advice on evaluation.

The feedback per recommendation provides specific suggestions on their further development.