

let's make scotland **more active**

A strategy for physical activity
Physical Activity Task Force



healthy**living**

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First Minister's foreword



Physical inactivity is clearly a very common and certain risk to health and wellbeing in Scotland. This results not only in death and disease but also limits the extent to which many people in Scotland can take part fully at school, in work, in their communities and in family life. The evidence, provided by the Physical Activity Task Force, about the scale and consequences of inactivity is a stark warning of the need for further action.

However, the action needed is not something we can deliver overnight. Evidence shows that successful approaches are long term, involve many sectors and agencies, and are best aimed at preventing inactivity. In short, it will take a lot of us, working together over many years, to change the social, cultural, economic and environmental roots of this problem.

The challenge is to provide a combined effort across a wide range of policies – transport, education, social justice, health, housing and economic regeneration. To support this challenge, we have already appointed a National Physical Activity Co-ordinator, started a review of physical education, and committed an extra £20 million over the period 2004-2007 to the development of Active Primary Schools and School Sport Development Officers. We are also aware that there are many good policies and programmes already in place across Scotland that are helping to change the culture of growing inactivity.

But as John Beattie, the Chairman of the Physical Activity Task Force, has reminded us, this is just the start. It will need more action by the government, communities and individuals to make a real difference.

Over the next year 2003-2004, we will produce a series of four implementation plans to clearly set out how we will work together and what we will do to help develop Active Schools, Active Communities, Active Workplaces and Active Homes. These four areas of work will be vital to our overall strategy for improving the health of the people of Scotland. Through this approach we acknowledge that physical activity is not an isolated or insignificant issue in Scotland – it is vital to good health and wellbeing.

The Physical Activity Task Force has presented us with new targets for levels of physical activity to be achieved by the year 2022 and we now approve and support these. They have also mapped out a strategic framework for us based on the best available evidence. This strategic framework has given us a clearer picture of the areas which we now need to prioritise through our implementation plans.

We thank the Physical Activity Task Force for their work over the past 18 months. The quality of their report, its accessibility to a very wide range of stakeholders and partners and the acceptance of the recommendations through the consultation highlights the efforts of the group. We also give special thanks to the commitment of the chairman, John Beattie, who has driven this process forward and challenged us to respond.

We look forward to working with you, the people of Scotland, to meet this challenge.



Jack McConnell, MSP
First Minister

Chairman's foreword



This foreword is being written, ironically, in very inactive times, when the people of our country would rather drive than walk and when parents are terrified to let their children play in the streets because they are full of cars. Even in sport our rugby team has to be bolstered by overseas players and our Premier League football teams need to import players from all over the world to succeed.

Until I became chair of this Task Force I didn't know what active living really meant and I knew even less about the health risks of being inactive – and I'm a former international rugby player. It wasn't very comforting to find out that I wasn't alone – most Scots are the same.

Many Scots of all ages die before they have to, when they could be enjoying a good life. And getting active can be so easy – walking more, taking the stairs, playing with the kids, digging the garden, washing the car... anything that makes us breathe a little bit harder than usual and makes us feel a bit warmer. It just needs to add up to 30 minutes most days of the week.

But statistics predict that this week in Scotland 42 people will die of heart disease because they're inactive, 42 more will die next week and the week after that, and that will go on until we do something about it. Chances are they didn't know how easy it is, or even if they did, no-one cheered them on and encouraged them when they made an effort. We're also taking it for granted that people have well-lit and safe places to walk and somewhere nice to play with their kids.

In the work of the Task Force we found some great examples of what can be done to change things – but most were small projects running on a shoestring and many had now stopped. We have also learned a huge amount from good research from around the world about what works – but we don't have the political profile or the infrastructure for physical activity to make that a reality here.

It's clear that we in Scotland have not taken physical inactivity as seriously as many other health issues. There are three times as many inactive Scots as there are Scots who are smokers – but we struggle to even get a mention of physical activity in health improvement plans. How can that continue and the health of Scotland be improved?

The Scottish Executive, in its White Paper *“Towards A Healthier Scotland”*, recommended that this Task Force be set up and now we’ve been given this one chance to make recommendations to deal with this crisis. Our first recommendation is that we must have a permanent, full-time physical activity policy team within the Scottish Executive, with the responsibility of changing and monitoring the activity levels of the Scottish population. Without this ongoing commitment from the centre, the rest of us will always be struggling at the margins to be taken seriously. We could ask people to try harder, we could ask people to do more with less but to be frank, it simply isn’t good enough. Without extra support now, could we really say to the families of the 42 that may die every week from now on that we really did our best?

I believe we can create a more active population, with active youngsters and men and women of all ages who can bring massive health and sporting benefits to Scotland.

I am delighted that Scottish ministers have already begun to act on the findings of this report. We now have a national physical activity co-ordinator, a review of physical education is underway and funding has already been announced to take forward the work of Active Primary Schools and School Sport Development Officers. However, I firmly believe that this is just the start. In our culture of growing inactivity there is no room for complacency. I make a plea for continued commitment to leadership from this government and those that may follow over the next 20 years.

I want to thank the members of the Task Force and the project team supporting them for their excellent work.

Yours



John Beattie

1

Introduction



'We do not cease to play because we grow old
we grow old because we cease to play.'
George Bernard Shaw

Background

- 1 For centuries, people in Scotland lived active lives – but not any more. As a nation, Scotland is inactive, unfit and increasingly overweight (obese). The health of two-thirds of the Scottish adult population is now at risk from physical inactivity, making it the most common risk factor for coronary heart disease in Scotland today. Perhaps most worryingly, this trend starts before young people have left school. Tackling this is now crucial.
- 2 The health effects of an inactive life are serious. Inactivity accounts for over a third of deaths from heart disease and threatens the progress made in this area over many years. Added to this is the disease, disability and poor mental health that come from growing levels of obesity and a lack of physical strength. Physical inactivity has been called the ‘silent killer of our time’.
- 3 The National Strategy for Physical Activity aims to change this. This Strategy sets out the vision that:



“People in Scotland will enjoy the benefits of having a physically active life.”

- 4 This needs changes in both policy and culture. However, as the World Health Organisation (WHO) has noted:

“There is insufficient action and limited policy orientation for encouraging the adoption and maintenance of physically active lifestyles within supportive political, social and physical environments... political leaders and decision-makers need to be convinced of the importance of physical activity for health.”

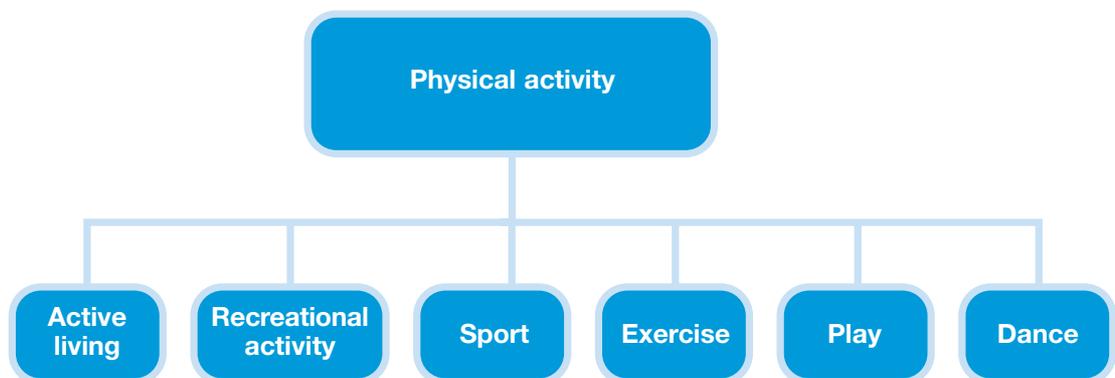
- 5 Scottish ministers set up the National Physical Activity Task Force in June 2001. This followed a commitment in the Government’s White Paper ‘Towards A Healthier Scotland’. We recognise that being set up by ministers is a positive sign of commitment to developing a national strategy for physical activity. However, we also support the view of WHO. It is clear that there are no comprehensive strategies, policies or programmes that have long-term funding to deal with the problem of inactivity in Scotland. Where good practice exists, it is not available throughout Scotland. Also, many examples of good practice are short-term projects.

- 6 For this reason, we are aiming this report at Scottish ministers, the Scottish Executive and its agencies. We are asking them to provide leadership, co-ordination and resources for a strategic approach to physical activity. Without this, we do not believe it is possible for those at a local level to develop comprehensive programmes to deal with the crisis of inactivity.
- 7 We acknowledge that there is no simple solution to change a national culture of inactivity. However, there is now solid research evidence about effective approaches using many strategies. These strategies are consistent with WHO policy and the five main strategies of the *'Ottawa Charter for Health Promotion'* (1996).
- Building healthy public policy.
 - Creating supportive environments.
 - Strengthening community action.
 - Developing personal skills.
 - Directing health services at the people who need them most.
- 8 The recommendations of this report are entirely consistent with this approach to promoting health.
- 9 Given the scale of inactivity that we face, we believe that reaching the target levels for physical activity (described in the next section) in this strategy will take 20 years. However, a commitment from Scottish ministers, the Scottish Executive and its agencies is needed urgently. It will only be possible to develop co-ordinated action plans for taking forward the priority areas when there is a clear planning and co-ordination framework in place nationally and resources have been identified.
- 10 The benefits will be reduced healthcare costs through the reduction of chronic disease and the potential contribution of physical activity to support the delivery of major social, economic, environmental and community policies is enormous. Our recommendations reflect a belief that investment to achieve these targets is "one of the best buys in public health", as stated by Professor Jeremy Morris, one of the UK's leading researchers in this area.

Physical activity and health

What is physical activity?

- 11 Physical activity is a broad term to describe movement of the body that uses energy. It can be as simple as walking. Some people think about getting active as getting fit and assume that it means vigorous physical activity. It doesn't.
- 12 We do get fitter as we get more active. But, the goal for good health is to increase the amount of physical activity that we do. In doing more physical activity, we will develop the health-related areas of our fitness. These are cardiovascular fitness (our heart, lungs and circulatory systems), muscle strength and stamina, flexibility and body composition (percentage of body fat). There are also skill-related areas of fitness – power, speed, agility, co-ordination, balance and reaction time. These are not vital for good health but are important for sports performance.
- 13 The First International Consensus Statement on physical activity, fitness and health recognised that physical activity is a general term. There are many types of physical activity: exercise, sport, play, dance and active living such as walking, housework and gardening.



- 14 Given this very broad range of ways in which we can be active, there is no single department, agency or organisation that currently develops and promotes and delivers all areas of physical activity.

How much physical activity is enough?

- 15 Physical activity does not need to be strenuous to have significant effects on people's health, general wellbeing and productivity. Reviews have led to two well-accepted health messages:
- Adults should *accumulate* (build up) at least 30 minutes of moderate activity on most days of the week.
 - Children should *accumulate* (build up) at least one hour of moderate activity on most days of the week.

('Moderate activity' is using about five to seven calories a minute – the equivalent of brisk walking.)

- 16 Evidence shows that this is a complicated message to get across. It has three parts – time, intensity and frequency. Also, the time part is different for adults and children. A recent international physical activity conference (Whistler 2001) decided that, in order of priority, the emphasis should be on:
- 'be active most days';
 - 'moderate activities are good for you'; and
 - 'be active for at least 30 minutes in total or one hour if you are a child or young person'.

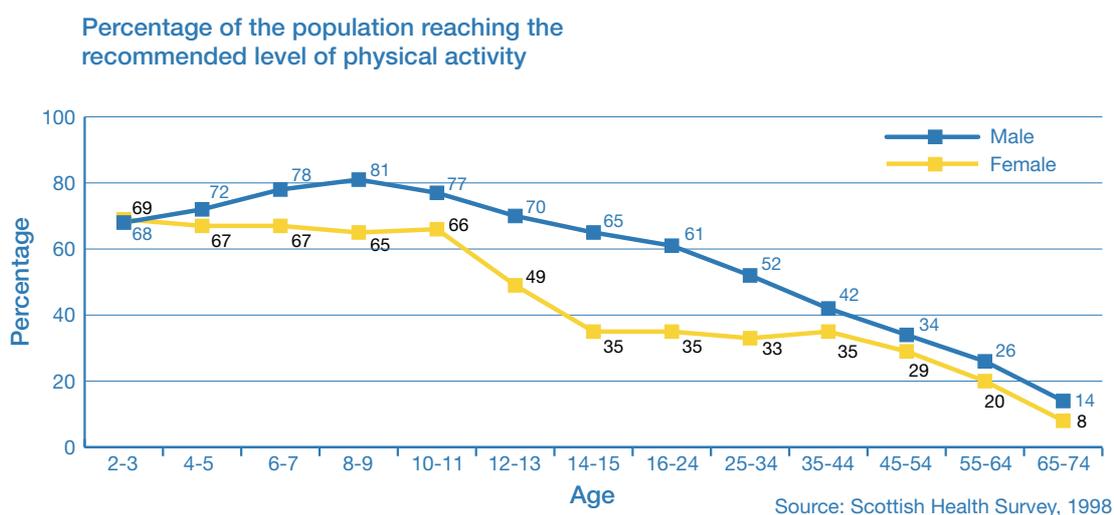
- 17 As this is a complicated message, we need to put it across to the public and policy-makers as simply as possible. There is evidence from the Health Education Population Survey (1998) that only 34% of the population are aware of this message.

- 18 There is strong evidence that the greatest health benefits happen when the least active people become moderately active. In a 20-year study of men and women in the United States, Professor Stephen Blair and his colleagues at the Cooper Institute for Aerobics Research in Dallas found that the risk of dying (at any age) of someone with low fitness was at least twice that of someone of moderate fitness.

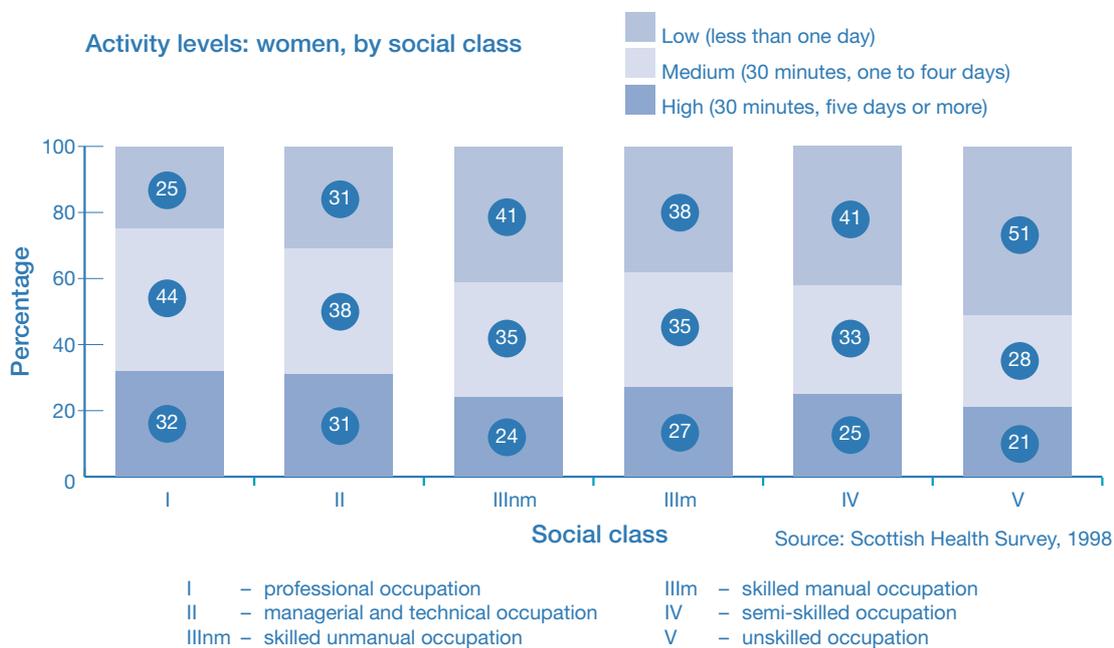
- 19 People can become physically active in many ways. However, evidence suggests that moderate activities are the most appropriate and effective for inactive people. It is important to keep the strategic focus and priority on getting inactive people to be active and on preventing people from reducing the amount of activity they do. It is not the main goal of this strategy to get people who are already physically active to do more physical activity. If our efforts were focused on these people, this would result in wider health inequalities.

Who is inactive?

- 20 The Scottish Health Survey shows that most people in Scotland are not active enough. The numbers are large and the implications are immense. For example:
- 72% of women and 59% of men are not active enough for health;
 - this scale of physical inactivity makes it the most common risk factor for coronary heart disease in Scotland (more so than smoking or obesity); and
 - even among children, 27% of boys and 40% of girls are not active enough to meet the guidelines.



- 21 A closer look at the table shows that activity levels vary by age, stage of life and sex. For women, activity drops sharply at 12 to 13 years, levels off from 14 to 35 years and then goes down throughout later life. For men, there is a more gradual decline in activity starting at age 10 to 11 years and continuing for life.
- 22 Within this general picture of inactivity is a major issue of health inequality. The proportion of sedentary adults (doing 30 minutes or less of physical activity on one day a week or not at all) in the lowest socio-economic groups is double that among those from the highest socio-economic groups. However, any actions to deal with this inequality need to be very carefully targeted as people from the lowest socio-economic groups are also among the most active (largely accounted for by more manual work and lack of access to private motorised transport).



23 The lack of research makes it difficult to comment on differences in activity levels for people with disabilities, people from ethnic-minority groups, people over 74 and people with specific health conditions. However, research from elsewhere suggests that they are likely to be less active than the general population.

What are the risks of inactivity?

- 24 Inactive people (those who do not meet levels set out in the guidelines) face serious health risks. For example, research shows that inactive people have:
- twice the risk of coronary heart disease that active people have;
 - higher blood pressure – which in itself is a major risk factor for coronary heart disease;
 - a higher risk of colon cancer – 3.6 times more at risk than active people;
 - a higher risk of developing Type II diabetes – regular activity can reduce risks of Type II diabetes by 50%;
 - lower bone density leading to a higher risk of osteoporosis leading to fractures – up to 50% of hip fractures could be avoided with regular physical activity;
 - a greater risk of being overweight or obese – which also increases risks of other types of cancer as well as osteoarthritis and back problems; and
 - more injuries and accidents.
- 25 These are serious health problems with serious consequences. Although the social and economic costs of inactivity are not often stated, they are no less severe.
- Inactive children are at risk of poorer self-esteem, higher anxiety and higher stress levels. They are also more likely to smoke and use alcohol and illegal drugs than active children are.
 - Among working adults, inactive employees have double the number of days off work compared with active employees.
 - In later life, inactive people lose the basic strength and flexibility for daily activities and so many lose independence and have poor mental health.

What are the benefits of physical activity?

- 26 Evidence shows that active people have:
- a longer life;
 - less risk of developing many diseases;
 - greater wellbeing;
 - fewer symptoms of depression;
 - lower rates of smoking and substance misuse; and
 - more ability to function better at work and home.

- 27 Showing what the possible cost benefits would be to the economy is also becoming recognised worldwide for making decisions in healthcare. Measuring the economic burden on public funds arising from physical inactivity on morbidity (disease) and mortality (death) is developing. Studies in Canada, Australia, the United States and Northern Ireland have tried to estimate the cost of savings to the economy if physical inactivity is reduced. The Physical Activity Task Force has joined in this discussion by carrying out a study. This study applied a similar model used by previous studies and focused on Scottish data for coronary heart disease, colon cancer and stroke.
- 28 The study estimated the economic effects based on a goal of reducing the level of inactive Scots by 1% each year for the next five years. The study found that 2,447 people in Scotland die prematurely each year due to physical inactivity. This is made up of 2,162 deaths from coronary heart disease (42% of total coronary heart disease deaths each year), 168 deaths from stroke (25% of total stroke deaths each year), and 117 deaths from colon cancer (25% of total colon cancer deaths each year). If the goal for reducing inactivity levels over the next five years is achieved (that is, only a 1% change a year), the number of deaths due to inactivity will fall by 157. The economic benefit associated with the number of life years saved due to preventing these deaths is estimated to be £85.2 million. Yearly hospital admissions for coronary heart disease, colon cancer and stroke would also fall by around 2,231 cases and the possible yearly cost savings to the NHS as a result is estimated at £3.5 million. These estimates, although cautious, are consistent with other economic benefit studies of physical activity.
- 29 It is widely accepted that these figures present the tip of the iceberg in terms of possible economic benefits if the population became more active. There are many other benefits of increased physical activity that were not considered in this study. Reduced medical costs from treating other conditions such as depression, fractures due to falling, hypertension and diabetes can also be seen. Measuring the cost benefits due to improved wellbeing and other areas of quality of life is complicated and difficult at the moment. So too is the effect on workplace productivity due to fewer employees being off sick. The Physical Activity Task Force recommends that this study is extended so that the true cost benefits of an active nation are known.
- 30 We are asking Scottish ministers to adopt a 'spend to save' (spend extra money now to save healthcare costs later) approach to resourcing the work needed to develop action plans to deal with the priorities in this strategy.

What are the barriers?

- 31 Given the scale of both risks from inactivity and benefits from being more active, it is difficult to understand why so many of us are inactive. Studies such as the Health Education Population Survey provide a broad picture of the barriers to being more physically active.

Barriers to being more physically active, by age

Barriers	Age group					
	16-24	25-34	35-44	45-54	55-64	65-74
	%	%	%	%	%	%
Preferring to do other things	36	24	16	16	18	9
Feeling too fat or overweight	11	18	10	14	15	17
Do not enjoy exercise	8	12	15	13	10	6
Being too old	3	1	3	9	8	21
Lack of time due to other commitments	58	71	71	53	37	21
Ill health, injury or disability	14	17	28	28	38	37
Lack of suitable local facilities	34	22	18	22	12	14
Lack of money	28	14	13	10	4	3
Lack of transport	11	14	4	5	2	6
Nobody to go with	32	15	21	14	6	7
Put off by traffic, road safety or the environment	2	7	8	6	10	7
Put off by the weather	16	14	14	19	17	33
Don't have the skills or confidence to do it	9	6	8	8	5	9

Source: Health Education Population Survey 1997, Health Education Board for Scotland (HEBS)

- 32 This chart shows that there are a wide range of personal, social and environmental barriers and that these differ depending on our age and stage of life. For people in later life, poor health and bad weather are greater barriers than lack of time or money. For young people, the attraction of other activities and other time commitments are barriers to being more physically active.
- 33 Fortunately, many of these barriers can be tackled. Research shows the things that help people to change their behaviour are high levels of belief in their ability (self-efficacy), a strong intention and readiness to change, and supportive social networks and environments with no barriers. We have taken account of these in our strategic priorities and objectives.
- 34 The Task Force commissioned further research to look in greater detail at the barriers for children under five and their parents, teenage girls and men in their mid years, as well as the effectiveness of reducing charges as a way to encourage people to take part. This provides further evidence of issues that we will need to consider in our action plans. This data is available on the Task Force website.

The National Strategy for Physical Activity

- 35 The National Strategy for Physical Activity is not a one-off report. This is about supporting long-term change.
- 36 This report presents the conclusions and recommendations from the first stage of the process. In this stage, we looked at:
- research about active and inactive people in Scotland;
 - the links between physical activity and health;
 - the social and economic effects of inactivity; and
 - evidence about the best ways to bring about change.
- 37 This report also states our vision, goals, strategic objectives and priorities. We have deliberately provided only a broad framework of objectives and priorities for developing physical activity in Scotland. We recognise that Scottish ministers, the Scottish Executive and its agencies and community planning partnerships now need to consider how they can best put physical activity objectives and priorities into practice nationally and locally.

2

Summary of our recommendations



'If we take the right direction we can make Scotland more active.'
Paths for All network,
Killearn, Stirlingshire.

Values

38 We propose that work associated with this strategy is consistent with the following values.

-  Long-lasting structures and programmes of work.
-  Equal opportunities and access, regardless of age, sex, race, religion, social class, ability, disability, health status or geographic location.
-  Working in partnership and sharing responsibilities.
-  High-quality development influenced by evidence where it exists and experimentation and research where it does not.
-  Gives equal value to social and emotional outcomes as well as the physical health benefits.

Vision

39 Our vision is that:

-  “People in Scotland will enjoy the benefits of having a physically active life.”

Goal

40 Or goal is:

-  “To increase and maintain the proportion of physically active people in Scotland.”

41 We are setting targets to achieve 50% of all adults aged over 16 and 80% of all children aged 16 and under meeting the minimum recommended levels of physical activity by 2022. To meet this goal will need average increases of 1% a year across the population. These targets should now replace those set out in the White Paper: *“Towards A Healthier Scotland”*.

For the foreseeable future, we will use the Scottish Health Survey to measure progress.

We recommend that the targets should be reviewed every five years following the publication of the Scottish Health Survey. This should be part of an overall review of putting the strategy into practice.

42 We believe this pace of change is realistic based on reviews of progress in other countries. However, we are aware that overall targets can be achieved through different approaches, including:

- maintaining existing levels of physical activity (that is, making sure that we reverse the trend towards reducing activity levels);
- increasing activity levels across the entire population; and
- bringing about basic changes in activity levels in specific sections of the population.

We suggest that we need to work on all three of these approaches at the same time. We recommend that community planning partnerships should consider whether they need to set sub-targets for specific population groups based on their assessment of local needs.

Strategic objectives

43 A general programme of work is needed to support all of the strategic priorities. We are asking Scottish ministers, the Scottish Executive and its agencies to take a lead in developing policies and identifying resources to support the development of these four strategic objectives. We believe that these changes will help to reverse the trends towards reducing levels of activity and to achieve gradual improvements in the overall levels of physical activity across the entire population.

 To develop and maintain long-lasting, high-quality physical environments to support inactive people to become active.

44 Environmental policies are essential to help people be active as part of their everyday lives. A good example of this is the current use of ring-fenced resources (resources that can only be used for one particular purpose) in the public transport fund to support development that helps people to walk and cycle.

 To provide accurate and evidence-based advice to staff who are involved in government policy and service delivery and who work in the voluntary and private sectors.

45 There is potentially a very broad range of staff that could help develop physical activity in Scotland. However, there is limited awareness of and knowledge about physical activity, and limited opportunities for training and education.

 To raise awareness and develop knowledge and understanding about the benefits of physical activity and provide access to information.

46 Currently, only 34% of the population are aware of how much physical activity is needed for good health. Education programmes and the media can be effective in raising awareness and developing knowledge and understanding of the importance of physical activity. We recognise that this activity does not result in changes in people's behaviour without local services to back this up.

47 For children and young people, it is vital that we do not miss the opportunity while they are at school to provide this health education, as well as helping them gain skills through physical education for a physically active life.

 To carry out research, monitoring and evaluation.

48 We will need ongoing commitment and resourcing for research, monitoring and evaluation to make sure that programmes are high-quality and effective.

Strategic priorities

49 As well as the strategic objectives that will benefit everyone in Scotland, the Task Force has identified strategic priorities for life stage groups and settings. We believe that this approach is necessary to bring about basic changes in levels of physical activity.

50 For each of these areas, action plans will need to be developed – both nationally and locally. At this stage, we are asking Scottish ministers, the Scottish Executive and its agencies to provide leadership, co-ordination and resources to start this process to plan action.

Priorities to support children and young people

51 Parents should be given support to gain the necessary skills and confidence to take an active role in helping their children to enjoy an active life.

52 All children and young people, including those with disabilities, should have the opportunity to be physically active through their home, school, college or university and community. This should include:

- having the opportunity and being encouraged to take part in physical activity for at least one hour a day; and
- having access to a range of physical activities including play, sports, dance, exercise, outdoor activities, active travel, such as walking and cycling, and being encouraged to be active in daily tasks in and around school, college or university.

- 53 We need to make stronger links between school and community, and between nursery, primary, secondary school and further and higher education.
- 54 All children, including children with disabilities, should be physically educated in nursery, primary and secondary school. This should include:
- taking part in at least two hours of quality physical education classes a week (the definition of what we mean by quality physical education is in Annex B); and
 - gaining the appropriate movement and behavioural skills needed for an active life.
- 55 We recommend that the Scottish Executive's Review of Physical Education tackles the status and content of the physical education curriculum and the resources available for its delivery.
- 56 Teaching Profession for the 21st Century (McCrone) gives us the chance to deal with some of these issues and we recommend that the Scottish Executive explores this as a matter of urgency.
- 57 National priorities for education have given the Task Force the opportunity to develop and consult on performance and quality indicators (measures of performance and quality) for physical activity. The proposals are shown in Annex C. The Scottish Executive should act on the findings of this consultation.

Priorities to support adults

- 58 Adults who come into contact with primary care should be offered an assessment of the health risks associated with their level of inactivity and then be referred to appropriate counselling and community activities that are tailored to their specific interests.
- Promoting activities for adults should include a range of things such as environmental changes, social support networks, education and using local media. These should be planned together as community-wide campaigns.
- 59 Employers should be given incentives to promote physical activity and this should be developed through initiatives such as Scotland's Health at Work (SHAW). This is an award scheme to encourage and support employers to develop policies for promoting health in the workplace.
- 60 Employees should have opportunities and be supported to be active in their workplace.

Priorities to support adults in later life

These proposals are on top of the proposals for all adults.

- 61 Adults later in life should have the opportunities and should be supported and encouraged to remain active in the community for as long as they choose.
- 62 Frail older people living independently should have self-help resources and staff support to be physically active within their homes.
- 63 People living in residential care should have opportunities for physical activity in line with the Care Home Standards 2001.

Strategic Co-ordination Framework

- 64 Currently, there is no department, organisation or agency with a clear duty for taking this strategy forward. Physical activity has been everyone's and no-one's responsibility. We believe that it is positive that so many have a role to play. However, we also believe that a clear framework for co-ordinating work needs to be developed as a matter of urgency at both national and local levels.
- 65 The action planning needed to take forward the strategic objectives and priorities will not be effective without this in place.

National Co-ordination Framework

- 66 To deal with this lack of co-ordination and overall responsibility for physical activity at a national level, we recommend that Scottish ministers, the Scottish Executive and its agencies do the following.
 - Make the post of national physical activity co-ordinator a permanent one.
 - Set up a physical activity national co-ordination group, with members from a range of departments and national agencies as well as organisations who can support, challenge and motivate.
 - Appoint to this team senior representatives who are able to make decisions about how resources are used and how the strategy is put into practice.

Local Co-ordination Framework

- 67 We recommend that local community planning partnerships are given political support and enough resources to help them co-ordinate and put into practice actions to support the development of physical activity.

3 Strengthening the infrastructure



'Active planning for an active community.'
Esk Valley Trust,
Dalkeith.

Strategic co-ordination framework

- 68 The Scottish Executive is committed to cross-cutting policy (joint working between departments) to deal with a wide range of issues. However, there is a lack of co-ordinated planning for physical activity. There are many different national agencies that could help put the objectives and priorities of this strategy into practice. But, these agencies often have to compete with each other for resources and the initiatives between departments and agencies are often not co-ordinated. This needs to change.
- 69 We believe that it is vital to challenge and change *how* the Scottish Executive and its agencies work to develop this strategy as well as *what* is done. Putting in place a system to co-ordinate the existing policy-making, design and delivery will be as vital as developing new areas of work. The cross-departmental representation on the Task Force project team showed that this can happen for forming strategies. We now need an identifiable and accountable cross-cutting (joined-up) structure for putting the strategies into place.

Strengthening the national infrastructure

- 70 To deal with this lack of co-ordination and overall responsibility for physical activity at a national level, we recommend that Scottish ministers and the Scottish Executive do the following.
- Make the post of national physical activity co-ordinator a permanent one.
 - Set up a physical activity co-ordination group, with members from many departments and national agencies as well as other organisations who can support, challenge and motivate.
 - Appoint to this team senior representatives who are able to make decisions about how resources are used and how the strategy can be put into practice.
- 71 The co-ordination group should identify and agree on the main departments and agencies responsible for carrying out more detailed work to support the strategic objectives and priorities. These departments and agencies would play a major role in resourcing, developing, putting into practice and monitoring their area of responsibility. They should also have the main responsibility for:
- supporting national and community planning partners in developing action plans;
 - identifying baseline data and performance indicators;
 - evaluating the effectiveness of their action; and
 - reporting on progress.

72 However, identifying lead departments and agencies should be consistent with the broader values of this strategy. In promoting partnership working at a national level, the Task Force would like to see more of the following.

- Using consistently budgets for putting the programme into practice.
- Shared or cross-departmental appointments.
- Staff working between departments and agencies.
- Shared information systems.
- Consistent systems to measure progress.

Strengthening the local infrastructure

73 Community planning is an important system for meeting locally identified needs and delivering national policy. To deliver the strategic vision for physical activity in Scotland, it will be necessary to strengthen local policy, service delivery and activity. We believe that the community planning process is the best system for doing this.

74 Community planning is a partnership between the local authority, the NHS, other public agencies, employers, voluntary and community groups, service users and businesses. Together, they are the community planning partnership.

75 The purpose of community planning is to make a difference by:

- committing the partners to developing an agreed strategic vision for their community; and
- dealing with cross-cutting issues that affect the social, economic and environmental health of the community.

76 The community planning partnership will achieve this by working together for the benefit of local people by:

- involving all sections of the community;
- collectively identifying needs and deciding how these can be dealt with; and
- co-ordinating activity to help deliver improved and effective services.

77 Different tools may be used in this process, such as setting objectives and targets, drawing up plans and monitoring and evaluating the work done.

78 The shared vision for health will be laid out in a clearly expressed set of objectives known as the *Joint Health Improvement Plan*, which is part of the community planning process.

- 79 We recommend that community planning partnerships:
- deal with the strategic priorities of this strategy, taking account of local needs and priorities;
 - make sure that these are expressed clearly as objectives within the Joint Health Improvement Plan;
 - put these objectives into practice across relevant service areas;
 - monitor progress relating to these objectives and evaluate their effects; and
 - make sure that everyone involved acts in line with any existing or new legislative or audit requirements that may affect community planning partners.

80 The following table (taken from *Our Community's Health: Guidance on the preparation of joint health improvement plans*) shows where a wide range of local services could help to achieve our objectives.

Organisation	Contribution (examples only)
Local government	<p>Transport and planning – changes to the built environment, for example, traffic-calming, pathways and cycleways, street lighting.</p> <p>Education – for example, physical education, extracurricular activities, school use of facilities by communities, safe routes to school.</p> <p>Leisure, recreation and culture – access to parks and play areas, swimming pools, allotments and leisure centres.</p> <p>Cultural services through drama, dance and music.</p> <p>Social services – promote physical activity with their client groups, for example, frail elderly, people with learning difficulties.</p> <p>Human resources – by promoting SHAW and staff health.</p>
NHS – health boards, LHCCs	<p>Coronary and respiratory rehabilitation services.</p> <p>Services working with people with special needs.</p> <p>Care of the elderly services, for example, preventing falls.</p> <p>Primary care services, for example, exercise and activity on prescription.</p> <p>Supporting activities within communities, for example, Walk About a Bit, Fit Ayrshire Babies, SNAPPY (Fife), Guid Fettle (Borders).</p>

Organisation	Contribution (examples only)
Voluntary organisations	<p>Specific groups – physical activity will be an issue for specific groups from either a medical or environmental point of view, and a significant issue for groups relating to mental health.</p> <p>Activity clubs – much of current activity relating to both sport and youth organisations depends on a strong volunteer base.</p>
Local enterprise companies and businesses	<p>The promotion of physical activity can be seen as part of developing a healthy workforce. Links with Scotland's Health at Work Scheme could be associated with encouraging good business practice.</p>
Other organisations	<p>Universities and colleges – education and training, access to facilities, help with research and evaluation.</p> <p>Housing associations and how new buildings will influence physical activity.</p> <p>Local access forums – access to the countryside and outdoor recreation.</p> <p>Media – general promotion and publicity, communication and features on specific areas of activity.</p> <p>Community safety – preventing accidents and injury, working with young people at risk.</p> <p>Partnership groups coming together to support new developments such as The Paths to Health Initiative which is funded by the Paths for All Partnership, British Heart Foundation, Health Education Board for Scotland, Scottish Natural Heritage and the New Opportunities Fund.</p>

81 We recognise that this can only be fully achieved by the proposed national co-ordination group providing leadership and resources.

4 Strategic objectives



'Streets for people'
National cycle network,
Edinburgh.

82 We are asking Scottish ministers, the Scottish Executive and its agencies to take a lead in developing policies and identifying resources to support the development of four strategic objectives. We believe that these changes will help to reverse the trend towards reducing levels of activity and to achieve gradual improvements in the overall levels of physical activity across the entire population. The objectives can be supported with evidence from research.



Objective 1: To develop and maintain long-lasting, high-quality environments to support inactive people to become active.

83 Supporting physical activity is part of the core business of a wide range of services. These services include transport, planning, environment, community safety, leisure and recreation, education, housing, children's services and many others. Policies in these areas help to promote physical activity. To make sure that these services do all they can, we will need leadership and support from the centre as well as creativity and flexibility at a local level.

84 We are asking Scottish ministers, the Scottish Executive and its agencies, through the proposed strategic planning framework, to take a lead in developing policies and identifying resources to make sure that environments help people be active as part of their everyday lives. A good example of this is the contribution of the Cycling and Walking Strategies of the Scottish Executive to helping make Scotland more active. This is supported with the use of ring-fenced resources (resources that can only be used for one particular purpose) in the public transport fund to support people to walk and cycle.

85 Evidence shows that informal and unsupervised activities such as walking and climbing stairs are effective ways of getting inactive people to be more active. These activities can be cheap (or free), convenient, done quickly and done throughout the day. They do not need special planning, clothing or skills.

86 However, evidence also shows that many of the barriers to promoting such active living are environmental. Communities are not always designed or managed to promote physical activity. In research people mention safety concerns, unattractive surroundings, traffic fumes and lack of paths and open spaces as barriers to living more active lives.

87 Examples of some possible activities to achieve this objective.

- Produce policy and practice guidelines for a wide range of departments and services.
- Develop and distribute methods of assessing the effect of environments on opportunities to be more physically active.
- Explore how codes and standards, legislation and incentives could support this objective.



Objective 2: To provide accurate and evidence-based advice to staff who are involved in government policy and service delivery, and who work in the voluntary and private sectors.

- 88 There is potentially a very broad range of staff that could help develop physical activity in Scotland. Currently, there are limited professional development opportunities for physical activity. This is the case even among health promotion and sport and recreation staff. If the objective is to be achieved, education and training should be provided to, for example, transport planners, road engineers, health visitors and teachers as well as those responsible for directing government policy.
- 89 Examples of some possible activities to achieve this objective.
- Carry out regular briefing sessions with Scottish ministers and their departments.
 - Collect, put together and distribute best-practice evidence.
 - Produce a series of handbooks and support training and education for specific professions.



Objective 3: To raise awareness and develop knowledge and understanding about the benefits of physical activity and provide access to information.

- 90 Raising knowledge and awareness among the public about the goals and the priorities is essential. Currently, only 34% of the population are aware of how much physical activity is needed for good health. Education programmes and the media can be effective in raising awareness and developing knowledge and understanding of the importance of physical activity. We recognise that this activity does not result in changes in people's behaviour without local services to back this up. We recommend that mass-media approaches are only used if they can be supported with local community-wide campaigns that tackle the need for strong social support and appropriate places in which to enjoy being active.
- 91 There will also be an ongoing need to campaign for political and policy support for physical activity.
- 92 For children and young people, it is vital that we do not miss the opportunity while they are at school to provide this health education, as well as helping them gain skills through physical education for a physically active life.
- 93 Examples of some possible activities to achieve this objective.
- Develop and maintain a physical activity website, including a database of local opportunities and contacts.
 - Carry out and monitor public-relations exercises.
 - Make sure that physical activity is given equal status with other health topics such as smoking and alcohol within broader health-improvement communications.



Objective 4: To carry out research, monitoring and evaluation.

- 94 We will need ongoing commitment and resourcing for research, monitoring and evaluation to make sure that programmes are high-quality and effective.
- 95 Many initiatives fail to be effective because they do not have clear goals, do not collect information that provides good-quality indicators of progress, and fail to establish whether and how they achieved their outcomes. If we are to build successful and long-lasting programmes, this needs to change.
- 96 Examples of some possible activities to achieve this objective.
- Draw up an overall research and evaluation plan.
 - Set up a monitoring system that covers all the agencies involved.
 - Provide monitoring and evaluation guides and templates for use locally.
 - Compare ourselves with other countries.
 - Explore research links with other agencies internationally about what works.
 - Make sure that everyone involved acts in line with existing or new recommended legislative and audit requirements.

5 Strategic priorities



'Play time.'
Leith Walk Primary School,
Edinburgh.

Children and young people

What are the benefits of activity for children and young people?

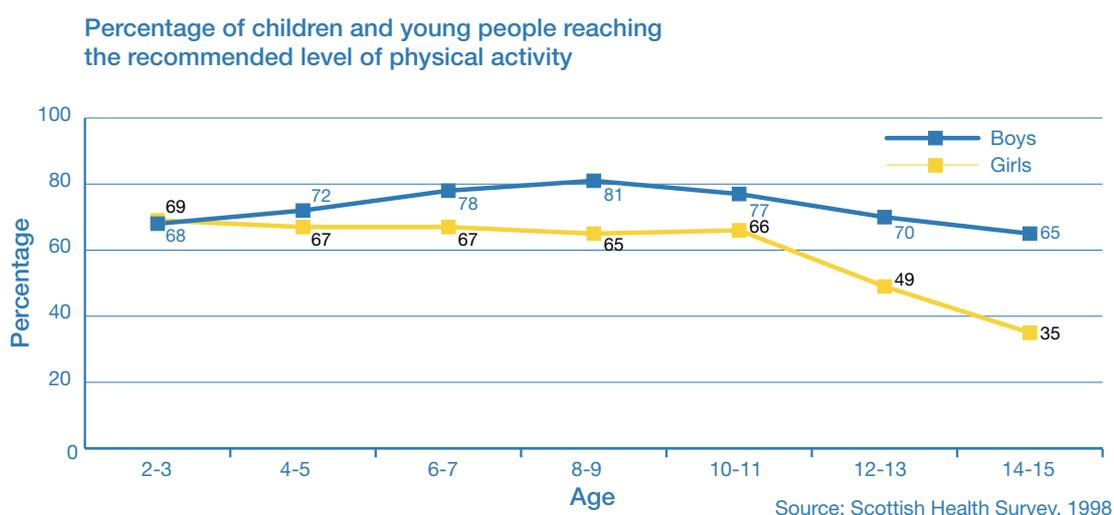
- 97 Regular physical activity is vital for healthy growth. Being active from an early age can do the following.
- It reduces the risk factors for heart and circulatory diseases.
Why is this crucial for children in Scotland? A study by Freedman et al in 1999 found that in overweight children aged five to 10 years, 61% had one or more risk factors for heart and circulatory diseases and 27% had two or more.
 - It helps prevent weight gain.
Why is this crucial for children in Scotland? A study by Armstrong et al in 2001 found that in Scotland 8.6% of three-to four-year-olds and 15% of those in S3 were obese (very overweight). The UK reference standard is 5%.
 - It promotes positive mental health.
Why is this crucial for children in Scotland? The West of Scotland 'Twenty-07' study showed that at 18 years old, 33% of young women and 42% of young men had symptoms of potential mental ill health.
- 98 There is also evidence for the role of physical activity in improving social and moral development. The evidence linking physical activity to academic achievements is not solid but there are many positive links (ability to concentrate, lower levels of stress and anxiety, better classroom discipline). Also, studies show that giving more curriculum time to physical activities does not have a negative effect on other subjects.

How much activity do children and young people need?

- 99 The direct effects of physical activity on a child's health are important. However, ingraining the attitudes, skills and behaviours for lifelong physical activity and health are as important. **Children should accumulate (build up) at least one hour of moderate activity on most days of the week.** The World Health Organisation supports this guideline. One hour a day is the minimum needed to:
- provide direct health benefits;
 - learn and practise a wide range of activities; and
 - live actively as a daily habit.
- 100 However, this hour will only result in a positive outcome if it is 'quality time'.

How active are Scottish children?

- 101 The 1998 Scottish Health Survey showed an alarming level of inactivity among children and young people. One in three primary school-aged girls and one in four primary school-aged boys does not achieve the minimum levels.



- 102 From the age of four, girls are less active than boys. This gap between the sexes is greatest during adolescence. By the age of 16, two in three girls and one in three boys do not reach the recommended minimum levels of physical activity. This accelerated decline in teenage years continues into adulthood and later life.
- 103 This situation is not unique to Scotland. Similar trends were reported for most European countries and the USA in a recent WHO Cross-National Study of the Health Behaviours of School Children.
- 104 A number of studies show that children and young people with a disability and those from ethnic-minority groups are, overall, less active than other young people. This puts them at higher risk of the diseases associated with inactivity earlier in their adult life. Also, they are less likely to have developed the necessary foundations for activity in later life.

So what needs to be done?

- 105 We have identified a number of areas that, based on the best available evidence, will have the greatest effect on the greatest number. Special efforts are needed to make sure that action responds to the children and young people in greatest need – in particular teenage girls.



We recommend that all parents should have support to gain the necessary skills and confidence to take an active role in helping their children enjoy an active life.

- 106 Families play an important role in a child's physical activity. Parents can influence the quality of a child's physical activity from birth by:
- the way they hold and handle their child – gentle rolling, swaying, bouncing and turning can all help a baby develop muscle mass and motor skills;
 - toys and how they use them – these can stimulate and challenge babies to reach out, sit up and move around; and
 - the environment they provide for activity – children are more likely to challenge themselves physically in environments that are stimulating, safe and secure.
- 107 Developing skills that help a child to be active does not 'just happen'. Motor skills (the skills that allow them to move) develop when parents and carers expose babies and children to supportive opportunities and stimulating environments, such as those discussed above.
- 108 There is some evidence that parents need support in their efforts for their child. In particular, they need to be reassured that they are 'doing the right things'. There is also evidence that parents' and siblings' activity levels influence a child's activity levels. In this situation, it is important that families get support to be active.
- 109 There have been few research trials on the effectiveness of family-based interventions for physical activity. Those that have been carried out have included, keeping records of activity, family events in the community, setting goals and solving problems. There are no strong conclusions from these studies.

We can learn from Play@home

- 110 Parents in Fife get support to teach their child motor skills through an interactive movement and play programme. 'Play@home' started as 'Kiwi Babes' in New Zealand and was adapted and introduced in 1999 by Fife Council and Fife Primary Care NHS Trust. The programme has three books. They guide parents and carers through progressive activities that are appropriate to a child's stage of development from birth to five years old. Health visitors give the Baby Book to all new parents, the Toddler Book when their child is one year old and a pre-school book when the child is three years old. The programme supports the development of good parenting skills and introduces positive attitudes to physical activity from birth.



We recommend that all children and young people, including children with disabilities, should take part in at least one hour a day of physical activity.



This physical activity should include physical education, play, sports, exercise, dance, outdoor activities, active travel and support to be active in their daily tasks at home, at school and in the community.

- 111 Schools have a major influence on a child's physical activity – no institution other than the family has more effect on a child. Only schools can provide equal opportunities and a consistent, high-quality, safe and developmentally appropriate learning environment at no, or very limited, cost to a family. Given the pattern of health inequalities in Scotland this is an important consideration. However, strong links to opportunities in the home and community also need to be set up.
- 112 Through home, the school and the community, children and young people can access a wide range of activities, including the following.
- *Play*
The Scottish Health Survey shows that 'playing' accounts for the greatest proportion of children and young people's physical activity. Even in early teenage years, young people 'play' more than they take part in formal sports or exercise.
 - *Sports*
There is evidence that the more sports a young person has experience of in childhood, the greater the chance of them continuing to play sports as an adult.
 - *Active travel*
55% of primary-aged pupils walk to school. Although this figure is high, this is less than in previous decades. The Scottish Executive Transport Division wants to increase the number of pupils who walk and cycle to school. Promoting physical activity could help achieve this.
 - *Active tasks*
It is important that children and young people learn the value of using up energy on everyday tasks such as walking, lifting and carrying, pushing and pulling. They should be encouraged to respond positively to every opportunity to be active. Taking two flights of stairs may seem irrelevant, but if they did this every day, it would add up to 14,560 calories in a year – the same as four pounds of fat.
- 113 The list of possible activities is even greater and includes dancing, exercise and fitness routines and outdoor activities.
- 114 In a review of successful school-based physical activity programmes, Pate et al (1999) found that the following are important factors to increase the range and quality of physical activity in schools.
- To have a district-level co-ordinator.
 - To make sure that every year group takes part in PE lessons.
 - To employ physical education specialists.
 - To work with others who provide opportunities to be active outside school hours.

We can learn from the Active Primary School Programme

- 115 The Active Primary School Programme has been developing since it was set up by sportscotland in August 2000. An Active Primary School provides opportunities for young people to be more physically active within the school day and beyond. The programme employs primary school teachers as co-ordinators to work across a group of schools. The co-ordinator consults closely with teaching staff, parents and pupils to review and improve the school's physical activity programme. The main themes supported by Active Primary School co-ordinators are active play, physical education, after-school sports and active travel. Co-ordinators help to pull existing resources and initiatives together (such as the TOP Programme and The Class Moves). Schools show their commitment to this programme in their development plans. All Active Primary Schools are linked to a secondary school with a school sports co-ordinator. Thirteen groups of primary schools within five local authorities were involved in developing the first phase of this programme. Building on the success of this, the second phase has extended the network of Active Primary Schools across Scotland. At April 2002, there were 37 Active Primary School co-ordinators working across 22 local authorities in around 280 primary schools. sportscotland has secured funding for the Active Primary School Programme from the Scottish Executive until 2005.

We can learn from the School Sports Co-ordinator Programme

- 116 Developing sports programmes for outside school hours and combining them with opportunities in the wider community are the ideas behind the School Sports Co-ordinator Programme. An example of this is the work in Arbroath Academy. A physical education teacher within the school is released from formal teaching for one day a week to co-ordinate the programme. sportscotland provides 50% of the costs to employ the co-ordinator through the sports lottery fund. Angus Council's education department and the school then provide the other 50% between them. Now in its fourth year, the programme has increased the range of opportunities available for all pupils to take part in sport and dance before, during and after the formal school day. A range of team and individual sports is offered daily, and a promotional campaign aims to motivate and encourage all pupils to take part. The range of what's available reflects pupils' needs. A special feature of this programme is the commitment to reach those who are 'turned off' by sport. There is less emphasis on performance and competition, although pupils can still compete with each other if they choose this as an option. A measure of this programme's success lies in the recruitment of staff and local volunteers as coaches and helpers to promote and deliver the activities on offer. Strong links to local clubs and primary schools improve the programme's effect within the wider school community of Arbroath.
- 117 68% of young people between 16 and 21 are in full-time or part-time education. This is a critical environment in which to support them to be more physically active.

- 118 The arguments for providing physical activity in school apply to this group of young people. It is also important to make sure that opportunities to be active are financially and geographically accessible due to students' limited finances.

We can learn from Glenrothes College

- 119 Glenrothes College supports students to be active by providing a variety of opportunities throughout term time. Corporate membership of local leisure facilities is provided by the student association, with the main benefit to students being cheaper access. This makes it easier to take part in lunchtime games, activity classes and swimming. Students can also be active on campus with a daily programme of free lunchtime and evening classes, including yoga, belly dancing, lunchtime walks and table tennis. The activity programme is changed each term to suit students' choices and the teaching timetable. A health and fitness leadership course, provided through the academic programme, helps students become physical activity leaders within the college activity programme. These students also lead and promote physical activity in the community as part of professional development work placements. Glenrothes College is working towards achieving a Scotland's Health At Work Award at bronze level.

 **We recommend that all children and young people, including those with disabilities, should take part in at least two hours of physical education classes a week.**

 **We also recommend that all children, including those with disabilities, should gain the movement and behavioural skills necessary for an active life.**

 **To achieve this we recommend that the Scottish Executive's Review of Physical Education should tackle the status and content of the physical education curriculum and the resources for its delivery.**

- 120 We recognise that putting these recommendations into practice needs high enough staffing levels and staff training. Teaching Profession for the 21st Century (McCrone) gives us the chance to deal with some of these issues.

- 121 There is a common belief that children 'naturally' develop the competence to enjoy being active. Research suggests this is not the case. Children run, jump, throw, catch, twist and turn at different levels of ability depending on the quality of the teaching and the opportunities to practise them. Research by Jess et al at the University of Edinburgh notes that children need to have opportunities to be adaptable with these moves by understanding space (where we move), effort (how we move) and relationships (who and what moves around us).

- 122 These basic movement skills support all our physical activity in later life. The extent to which we are competent, and see ourselves as competent, is important to developing self-efficacy (see paragraph 33 for what we mean by self-efficacy). Research shows that self-efficacy is a very important predictor of activity levels.

123 In a recent (2002) review of the evidence about the effectiveness of approaches to increase physical activity which reviewed evidence from all over the world, school-based PE was strongly recommended. This was the highest level of recommendation available, and compared with health education approaches was seen as more effective. In these studies, children were given more time in PE, spent more time being active during existing timetable allocations, or were taught different activities. In these research trials, pupils burned more calories, spent more time being active outside of PE and improved their aerobic capacity compared with children who took PE classes as usual. The results were strongest for primary-aged children and equally valid in urban and rural settings.

We can learn from the Basic Moves Programme

124 The Basic Moves Programme will help children develop their basic movement skills so they will be able to take part in physical activity throughout their lives. Researchers at the University of Edinburgh have created a three-year pilot programme to explore the effectiveness of a framework to develop children's basic motor skills. The Basic Moves Programme combines quality teaching, appropriate learning experiences and opportunities for children to practise physical movements.

125 Given the levels of inactivity in Scotland it is alarming that the amount of physical education in schools has gone down. There is clear evidence linking physical activity to people's health. This shows the importance of physical education.

126 In primary schools, physical education is provided within a broader 'Expressive Arts' curriculum. Although there are published curriculum guidelines for the physical education of three – to 14-year-olds in Scotland, these in themselves are not enough to make sure that children and young people experience a quality physical education.

127 The recent (2001) report by Her Majesty's Inspectorate (HMI) *Improving Physical Education in Primary Schools* found that "only about one-third of schools had very good programmes for physical education".

128 This report goes on to identify six main areas that need to be improved to raise achievement in physical education.

- Raise expectations of what can be achieved.
- Develop programmes for physical education which increase the opportunities in the school programme and promote sport, dance and outdoor education opportunities outside school hours.
- Improve the effectiveness of learning and teaching.

- Make better use of assessment to provide pupils with the kind of feedback that will improve their performance and keep them motivated in physical education.
- Provide clearer advice and better support for teachers to develop their confidence and skills in teaching physical education.
- Improve the management of physical education.

129 *Guidelines on Curriculum Design for the Secondary Stages* recommends that physical education should take up at least 5% of the curriculum (80 minutes a week). The school itself is able to choose how much time to set aside. In 1999, sportscotland in *Sport 21*, the national strategy for sport, called for a minimum time of 120 minutes a week in each school, and their draft strategy for the period 2003-2007 continues to support this. The European Heart Forum (2001) calls for at least three hours of activity a week in schools.

130 Rob Littlefield and colleagues from the University of Strathclyde (2002) found differences in the time that secondary schools set aside for physical education. Although most schools provide the minimum amount recommended in the *Guidelines on Curriculum Design for the Secondary Stages*, the average is less than it was 10 years ago.

131 Although certificated physical education courses have been very successful in Scottish schools, especially with boys, there is evidence that certificated physical education has led to a reduction in core physical education for all other pupils who have not chosen to take an exam in the subject. In 43% of the schools in their survey, no physical education or games were provided for pupils in S5 and S6. In a small number of schools, Littlefield found only 50 minutes of physical education to S1 and S2 and no core physical education in S3 and S4.

132 The Task Force believe that the nature and possible scale of work that needs to be resourced to improve core physical education for pre-school, primary and secondary pupils is such that it deserves a more thorough analysis. It is not clear that the current weaknesses can be dealt with and that the examples of good practice developed within the current resources are available.

133 National priorities for education have given the Task Force the opportunity to develop and consult on performance and quality indicators for physical activity. Our proposals are attached in Annex C. The Standards in Scotland's Schools etc Act 2000 creates a new statutory framework for school education. Under the Act, local authorities and schools must plan, monitor and report on improvement in education. National priorities and measures of performance for education in Scotland are published to help schools develop education.



'Take a step in the right direction.'
Employee lunchtime walking group.

Adults

What are the benefits of physical activity for adults?

134 Physically active adults live longer than inactive adults. Given that life expectancy at birth in Scotland is less than in England, Wales or Northern Ireland, it is an important area to deal with. However, active adults also have an improved quality of life and suffer less ill health. Being an active adult does the following.

- It reduces the risk of heart disease by half.

Why is this crucial for adults in Scotland? The Report of the Coronary Heart Disease Task Force says that Scotland's death rate is still the second highest in Western Europe. Around 12,500 people in Scotland die each year from this condition.

- It reduces the risk of a number of cancers, particularly colon and breast cancer.

Why is this crucial for adults in Scotland? Scotland's death rate from cancer is the highest in Western Europe, with colon and breast cancer having some of the fastest-growing rates.

- It reduces the risk of Type II diabetes.

Why is this crucial for adults in Scotland? The number of cases of Type II diabetes has been increasing and is expected to continue to increase. Over 2.5% of the Scottish population are affected (over 125,000 people). The number of cases of diabetes is estimated to double in the next 10 to 15 years. Type II diabetes accounts for almost 90% of all cases of diabetes.

- It helps promote positive mental health.

Why is this crucial for adults in Scotland? One in five Scots will experience a mental-health problem, such as anxiety and depression, in any one year. 30% of all GP consultations involve mental-health problems (*Our National Health 2000*).

135 Keeping active is also important to maintain strength for everyday tasks. The Allied Dunbar Fitness Survey (1990) found that among women aged between 55 and 64, over half (55%) did not have the knee strength to get up from a chair without any help.

How much physical activity do adults need?

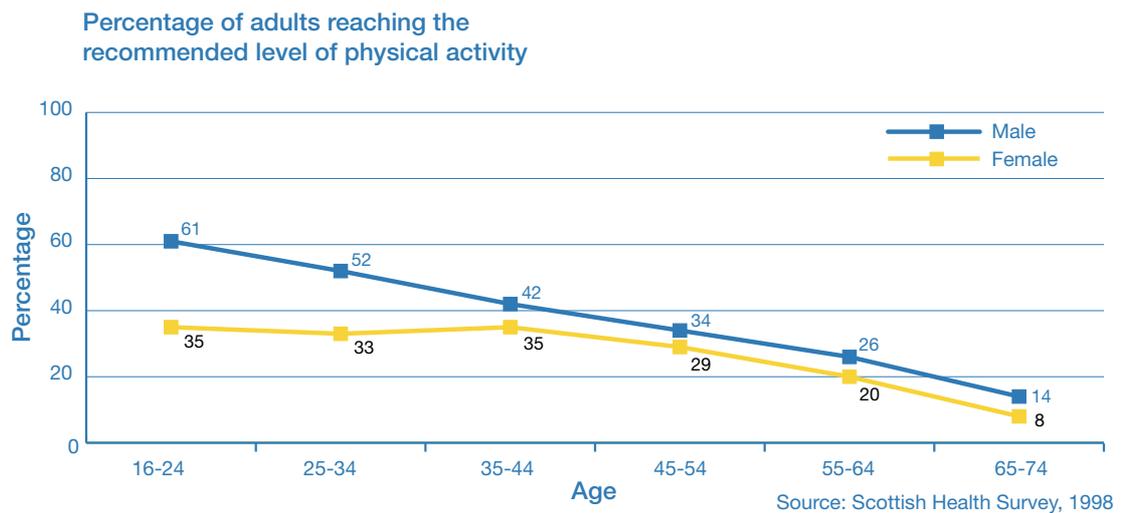
136 The direct effects of physical activity on our adult health are important. In fact, many of the benefits, such as reduced blood pressure and improved moods, only happen for a few hours immediately following the activity. This means that everybody needs to do some physical activity regularly every day to get the health benefits. Inactive adults are at risk of ill health no matter how active they have been in the past.

137 Recommended types and quantities of physical activity are based on good evidence and strong international research. **Adults should accumulate (build up) at least 30 minutes of moderate activity on most days of the week.** This is based on the minimum activity needed to:

- provide direct health benefits;
- maintain and develop a higher bone and muscle mass for later life; and
- live actively as a daily habit.

How active are Scottish adults?

138 The 1998 Scottish Health Survey shows an alarming decline in activity among adults. Six in 10 men and seven in 10 women do not meet the minimum recommended levels.



139 The patterns of activity vary for men and women in their 20s and 30s. Although the activity levels of women in their 20s and 30s are stable, they start from a much lower base. During this time, men's activity levels steadily go down to a point in middle age where their inactivity levels are similar to that of women. By the time they are between 65 and 74, almost nine in 10 men and women fall short of the minimum recommended amount of physical activity.

- 140 The World Health Organisation, together with its partners and centres, particularly CDC (Centres of disease control and prevention, Atlanta), has recently developed an International Physical Activity Questionnaire (the IPAQ Study) and the Health Education Board for Scotland are currently piloting this alongside their Health Education Population Survey. This will provide international data that can be compared in the future.
- 141 A number of studies show that, overall, adults with a disability and those from ethnic-minority groups are less active than people from other groups. This puts them at higher risk of the diseases associated with inactivity.

So, what needs to be done?

- 142 We have identified a small number of areas that, based on the best available evidence, will have the greatest effect on the highest number of people. However, special efforts are needed to make sure that any action taken responds to adults in greatest need – in particular men and women aged between 35 and 55 from the most deprived households.



Adults who come into contact with primary care should be offered risk-factor screening and then be referred to appropriate counselling and community activities that are tailored to their specific interests.

- 143 Published reviews of physical activity trials show that programmes that include frequent contact with trained professionals are more effective in getting people to take part and encouraging them to continue doing so.
- 144 The evidence also suggests that programmes are more effective if people are matched to the stages involved in individual behaviour change. Individuals at different stages need a different type of intervention to support the behaviour change process.

Stage of Behavioural Change	Characteristics	Needs	Appropriate initiatives
Stage 1	Is aware that inactivity and its consequences are a health problem.	Information about the problem	National and local media, leaflets, posters, advice from GP.
Stage 2	Personalises the problem (I need to get more exercise).	Opportunities to personalise	Taster sessions, promotional events and campaigns, fitness testing.
Stage 3	Balances the potential benefits of taking exercise against the costs (time, money, effect on others).	Opportunities for discussion	Discussions with an exercise or health professional, exercise counselling.
Stage 4	Prepares to take action and then takes action.	Knowledge of facilities or opportunities and prompts to take action	A variety of opportunities and events.
Stage 5	Continues to be active regularly or take part in exercise activities (or both).	Support to continue new actions	Clubs, support groups.

Adapted from: Health Education Authority, 1995: pages 48 and 49, Tables VIII and IX.

- 145 Programmes that are not tailored to individual characteristics and do not allow for personal contact with other people (for example, aerobics classes) are more appropriate for those who are already active.
- 146 A recent review of training for health-related physical activity promotion found that there are few training courses for physical activity generally and even fewer that relate to behaviour change counselling in particular.

We can learn from A Little Physical Activity Means A Lot

- 147 A 'Little Physical Activity Means A Lot' is a training resource targeted at people whose work could affect physical activity, and was created by the Glasgow Physical Activity Forum and NHS Argyll and Clyde. It will support a rolling programme of training and professional development for people working in areas such as health, leisure, education and planning. The delivery of 'A Little Physical Activity Means A Lot' within further and higher education institutions will let the future workforce in these areas know about the potential for promoting physical activity. Supporting behaviour change, considerations for special groups and the health effects of physical activity are the themes covered by the resource. People taking part will gain the information and skills needed to become involved in promoting physical activity to the public.



Activities for adults should include a range of things such as environmental changes, social support networks, education and using local media – these should be planned together as community-wide campaigns.

- 148 Community-based strategies to increase physical activity have been more successful where the need for a range of support has been acknowledged. Evidence shows that tackling only one area (such as providing information) is rarely effective. Campaigns that have tackled the need for better environments, social support and information are strongly recommended.

- 149 Such locally developed campaigns need to be based on a thorough assessment of local needs. However, the following are some of the more successful individual elements that have been used to affect entire adult populations (rather than individual and counselling approach).

- Create or improve places for activity through:
 - urban design;
 - planning transport and travel;
 - plans for using land; and
 - access to facilities: programming and costs.
- Social support in community settings:
 - Build, strengthen and maintain social networks that can support physical activity; and
 - create new methods specifically to develop support for physical activity (for example, walking groups and activity buddies).
- Providing information about reducing risks and simple actions that could reduce risks through:
 - signs on stairwells, at lifts, on escalators and so on;
 - local community events (family walks and health fairs); and
 - local media features.



We recommend that employers should be given incentives to promote physical activity and that this should be developed and supported through initiatives such as Scotland's Health at Work (SHAW). This is an award scheme to encourage and support employers to develop policies for promoting health in the workplace.



We recommend that employees should have opportunities to be active at work and through activities organised by their workplace.

- 150 Workplaces are an ideal setting to reach a large section of the adult population. Also, 'pressure of work' is one of the most common barriers to increasing levels of physical activity. With time being scarce for many working adults, the convenience of being active at and through work can be very attractive.
- 151 Evidence suggests that having a physically active workforce means:
- fewer days off work – research shows that active employees take 27% fewer days sick leave than inactive employees;
 - lower staff turnover – studies show that following the introduction of an on-site fitness programme, turnover was reduced by between 8% and 13%; and
 - fewer industrial injuries – studies show that following the introduction of physical activity initiatives to workplaces, the number of injuries was reduced by 25%.
- 152 Despite these benefits, jobs increasingly offer fewer opportunities for moderate physical activity. This trend looks set to continue with people carrying out meetings using video links, the use of e-mail, and more desk-based employment. Larger companies have made some progress towards dealing with physical activity (such as corporate fitness centres) but much still needs to be done to support the number of employees who take up the opportunities. Arguably, more needs to be done to extend the benefits of a physically active workforce to small and medium-sized businesses.
- 153 Policies and actions that have been proven to have a significant effect include:
- discounts for employees who want to use recreation facilities;
 - flexible working hours;
 - longer lunch breaks;
 - installing equipment and facilities (showers, bicycle storage and so on); and
 - organising workplace active buddy systems (where colleagues can support and encourage each other by regularly taking part) and recreational events.



Exercise class for older adults.
Fife Sports Institute, Glenrothes.

We can learn from Walk in to Work Out

- 154 'Walk in to Work Out' is a pack designed to support people who are thinking about walking or cycling to work. The pack can help them plan journeys and set goals and includes safety information. It shows how walking and cycling some or all of the way to work can help people reach their daily physical activity target. Glasgow employees took part in a pilot study carried out by Greater Glasgow NHS Board and the University of Glasgow. Those who received the pack were almost twice as likely to increase walking to work as those who did not. Many were still doing this one year later. HEBS distributed 'Walk in to Work Out' throughout Scotland. Travel plan co-ordinators and health promotion officers are using the packs to work with major organisations and businesses to help them support employees. The Department of Health distributed this resource in England in early 2002.

Adults in later life

What are the benefits of activity for adults in later life?

- 155 There is a wide range of evidence and a number of reviews dedicated to physical activity and people in later life. It is clear from these that physical activity is effective in dealing with many health problems in later life as well as giving people the chance to meet new people and remain mentally active. In particular, physical activity does the following.
- It develops and maintains strength.
Why is this crucial for adults in later life in Scotland? Muscle strength is a critical part of our ability to walk. The Allied Dunbar Study (1990) found that 30% of all men and 60% of all women could not maintain walking speed of three miles an hour walking up a moderate slope (three to four miles an hour is a 'brisk' pace).
 - It develops and maintains postural stability ('balance').
Why is this crucial for adults in later life in Scotland? Having frequent falls is a sign of poor balance. Roughly one in three people over 65 reported having a fall in the past year. This rate rises to 40% for those over 80 years old. Among women 90% of hip fractures are the result of a fall.
 - It is effective in preventing and treating depression and mood disorders.
Why is this crucial for adults in later life in Scotland? Of all suicides, 25% happen in older people, although they account for only 15% of the population. 90% of such cases had serious depression and had visited their doctor in the three months before they died.
- 156 Even among frail and very old people, trials show positive results for people who become more active.

How much activity do adults in later life need?

- 157 Recommended types and quantities of physical activity are based on good evidence and strong international research. **Adults should accumulate (build up) at least 30 minutes of moderate activity on most days of the week.** This is also appropriate for healthy adults in later life.
- 158 However, for all adults from about the age of 55, including those who are frail, three sessions a week of strength and balance exercises is also recommended.
- 159 Activity programmes for frail and elderly people should focus on specific strength and balance training. This approach is more relevant than aerobic training for this group of people.

How active are adults in later life?

- 160 There are few active older people in Scotland.
- Of those aged between 55 and 64, 74% of men and 81% of women fall short of the recommended level.
 - Inactivity among those aged between 65 and 74 is even greater. This is especially so among women, with 92% being inactive. Men are only slightly less inactive at 86%.
- 161 In Scotland, there is no information on levels of activity for adults aged 75 and over. There is no national screening or testing of strength and balance for adults in later life. This could be considered in the review of over 75s screening identified in the *Report of the Expert Group on the Health Care of Older People*.

So, what needs to be done?

- 162 We have identified a small number of areas that, based on the best available evidence, will have the greatest effect on the highest number of adults in later life. However, special efforts are needed to make sure that the action we take responds to adults in greatest need – older people in deprived households.



We recommend that adults later in life, who are able, should be supported and encouraged to stay active in the community for as long as they choose.

- 163 The physical activity goals of adults in later life are no different to those of young adults – to feel good, look good and keep well. As such, the recommendations for adults of working age also apply to many adults in later life – particularly those who continue to work. However, there is evidence that adults in later life may choose environments that they believe are supportive for inactive adults of their age.

164 Research shows that opportunities to meet people at similar life stages (possibly retired, widowed, and having a smaller circle of friends) are important. Physical activity programmes are proven successful strategies to meet the need to keep active as well as broader social needs. Successful community programmes usually:

- involve the people taking part in designing and delivering the programme;
- provide opportunities for individuals and small groups and large groups;
- provide opportunities to learn new activities;
- have sensitive, stimulating and challenging leaders; and
- combine physical activity with broader lifestyle and community issues.

We can learn from Lothian Ageing Well

165 Lothian Ageing Well programme recruits volunteers to help their age group move into or step up their campaign for active healthy living. Since the programme began (in the late 1990s), volunteers have been trained to work with people over 50 through one-to-one contact or group situations across Lothian. Ageing Well recognises that older people are a valuable resource to their families, friends, and their communities.



We recommend that frail older people living independently should have self-help resources and staff support to be physically active within their homes.

166 There is a common myth that becoming inactive is a 'natural' part of our ageing process. There is no doubt that we age biologically in ways that we cannot control. However, much of this ageing takes place faster than necessary because we lead largely inactive lives.

167 However, even for frailer adults who want to become more active in their own homes, there is limited support to keep active. Many of these adults believe that it is too late to make a difference. It is not!

168 Home-visiting programmes have produced significant reductions in death rates and in admission into long-term institutional care. Trials of a tailored home-based exercise programme for over 75s in New Zealand showed falling was reduced by 46%. Serious injuries and hospital admissions due to falls were also reduced. Despite the evidence supporting home-based activity programmes for the frail elderly who live independently, these programmes do not yet exist in Scotland, even though there is an urgent need for them.



We recommend that those living in residential care should have opportunities for physical activity in line with the Care Home Standards 2001.

- 169 A care home can be the ideal place to provide physical activity that is relevant to the needs of the residents. However, there is a critical need to improve physical surroundings, the range of activities available and staff training. This would allow all residents (including younger disabled adults) to enjoy and benefit from appropriate physical activity.
- 170 We have already influenced the review of the Care Home Standards. From 2002, inspections of care homes will include an assessment of the opportunities for physical activity.
- 171 However, it is recognised that staff in care homes need support and training to encourage people to do physical activity. A review of existing programmes and evidence of effective practice should guide future delivery of physical activity programmes within care homes.



We can learn from Exercise and Older People in Fife

- 172 Older people who live in care homes in Fife are benefiting from more opportunities to be physically active. Since 1992, Fife Council, in partnership with St Andrews University and NHS Fife, has provided a training programme aimed at those who provide care for older people. 'Exercise and Older People' combines training and ongoing support to help care-home staff to promote physical activity. The course also attracts social services, health services and those working in the voluntary and private sector. Since it began, over 300 staff have taken part in the training course delivered by people involved in all areas of care for older people. There is now a growing network of older people's activity leaders across Fife.

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'People in Scotland will enjoy the benefits of having a physically active life.'
Play@home baby Gregor and grandfather Eric.

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Annex A

Physical Activity Task Force – duties and membership

The objective for the Task Force was to consider and make recommendations on a strategy for increasing physical activity in Scotland. The Task Force was helped by a dedicated project team and aimed to investigate and recommend ways to:

- raise physical activity levels in **all** age groups in Scotland;
- use physical activity to reduce health inequalities;
- make sure that the relevance of physical activity to raising and maintaining the quality of life to all age groups is fully recognised;
- promote physical activity as enjoyable and accessible;
- increase the number of people taking part in physical activity;
- identify the scope of working with the relevant agencies at a policy and practical level to achieve these objectives;
- advise on how current services, facilities and programmes can be used to better effect and where further investment should be concentrated; and
- set national targets for physical activity.

Task Force membership

Members

John Beattie (Chair)
Richard Brickley
Gabe Docherty
Lindsay McHardy
Stephanie-Anne Harris
Joan Henderson
Alan Jones
David Leslie
Angus MacDonald
Stuart MacKenzie
James McLellan
Professor Nannette Mutrie
Anne Pearson
Sandy Watson
Dr Helen Zealley

Project Team

Mary Allison
Morag Hamil
Jim Hislop
Rosanne McMahon
Elizabeth McNeil
Jessica McPherson
Denise Swanson
Kate Vincent

Contributions from

The University of Edinburgh
HM Inspectorate of Education

Salary

None of the members in the Task Force is paid for their work.

Annex B

The characteristics of quality PE

Quality PE emphasises the movement, knowledge and behavioural skills for being involved in physical activity throughout people's lifetimes.

It is based on the national achievement targets that define what pupils should know and be able to do.

It offers a range of appropriate physical activity experiences that:

- offer pupils worthwhile and enjoyable physical activity experiences;
- meet the needs of all pupils;
- keep pupils actively involved for most of the class time;
- include co-operative and competitive experiences;
- develop and maintain pupils' self-confidence; and
- help pupils evaluate their performance.

It is delivered by appropriately-trained teachers who:

- assess pupils' progress towards appropriate national achievement targets; and
- promote physical activity within and outside school.

Annex C

National priorities for education

Health-related levels of physical activity for children and young people means being active for an hour a day on most days of the week. Currently, about a third of all school-aged pupils in Scotland do not achieve these levels. The Task Force believes that schools should promote opportunities for children to be active at this level. This would include, for example, PE classes, active break times and extra curricular activities as well as promoting opportunities for active travel to school and providing links to broader community activities.

The Standards in Scotland's Schools etc Act 2000 creates a new statutory framework for school education. Under this Act, local authorities and schools must plan, monitor and report on improvement in education. National priorities and measures of performance for education in Scotland are published to help schools to develop education. National priorities for education have given the Task Force the opportunity to develop performance and quality indicators for physical activity.

The Physical Activity Task Force has provided these indicators.

National priority

To equip pupils with the foundation skills, attitudes and expectations necessary to prosper in a changing society and to encourage creativity and ambition.

Outcome

Pupils are equipped with the necessary foundation skills, attitudes and expectations to prosper in a changing society.

The indicator for pupils in primary and secondary schools

Percentage of pupils achieving health-related level of physical activity

Target = 80% of pupils

The indicator for local authorities

Percentage of schools delivering two hours a week of physical education to each class

Target = all schools

The Task Force proposes that a small consultation group should be set up to determine how this data can be collected without creating too much extra work for schools.

The indicator for local authorities is information that should already be collected.



SCOTTISH EXECUTIVE

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