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Since my appointment as Chief Medical Officer for Northern Ireland, I have become increasingly concerned about the growing levels of overweight and obesity in Northern Ireland, and particularly among children and young people. Recent figures suggest that around 20% or more of our primary one children are overweight or obese.

Fit for Play was quite rightly cited in the original Fit Futures Strategy, and the draft implementation plan, as a good practice project for its development of partnership working between key stakeholders, for helping to engender physical play as the fun option, and for not only increasing children’s participation in physical activity, but also ensuring that healthy eating messages were delivered as part of the project.

It is estimated that obesity causes around 450 deaths each year in Northern Ireland. It is therefore clear that being obese can reduce life expectancy and also lead to considerable health problems including coronary heart disease and cancer. Obesity also increases the risk of developing type-2 diabetes and can lead to depression and lack of self esteem. Initiatives like Fit for Play are extremely important in creating an environment within which children, and indeed those who care for them, realise the importance of lifestyle in avoiding health problems of this kind.

The Department cannot, of course, effectively tackle the problem of obesity alone. There is a role for a wide range of organisations, communities and individuals to play their part and ensure our population remains healthy.

The Department’s Fit Futures Strategy, which was published in March 2006, seeks to encourage a positive focus on healthy eating and active living, and to discourage overemphasis on body image. One of the key recommendations of the Strategy was that policies and programmes to tackle obesity in children need to recognise that the most effective solutions are likely to focus on promoting and developing the self esteem of children and young people, and that there is significant benefit to be gained from making the healthy option the fun option.

This evaluation report highlights that Fit for Play has holistically addressed a number of serious and important issues around children’s health, diet and play. I am delighted Fit for Play will continue to be funded until 2009 from the Eastern Health and Social Services Board and Sport Northern Ireland.

I hope that other organisations will use the learning and experiences set out in this evaluation, so that they too develop approaches that lead to reduced obesity in children and young people.

Well done to PlayBoard and others involved in supporting this important venture.

Dr Michael Mc Bride
Chief Medical Officer for Northern Ireland.
Department of Health, Social Services and Public Safety
Sport Northern Ireland is delighted to support PlayBoard and the innovative ‘Fit for Play’ initiative. The importance of sport and physical recreation is now well recognised and publicly acknowledged. People in Northern Ireland are passionate about sport and physical recreation; being active can lead to improved health and quality of life. It is vital to educate young children on the importance and benefits of a healthy lifestyle through participation in sport and physical recreation.

At a time when obesity levels are continually rising, the need to take action has never been more apparent. According to the Annual Report of the Chief Medical Officer for Northern Ireland 2006, 64% of adult men and 54% of adult women are either overweight or obese, and 20% or more of primary one children are either overweight or obese – alarming figures.

Ongoing low levels of participation among some sections of our community means that we must also continue to advocate the need for increasing levels of investment in sport and physical recreation. This will ensure that everyone is given the opportunity to partake in sport at whatever level matches their aspiration and ability, and that those with talent are given the opportunity to nurture and develop their potential.

I welcome the progress made by PlayBoard in developing the Fit for Play award. Targeting children and projects in disadvantaged areas in order to influence early lifestyle choices in physical activity and healthy eating habits through the use of play is a positive step in the right direction. Influencing early stages of a child’s life can result in them fully embracing lifelong involvement in sport and physical recreation, enjoying a healthy lifestyle.

I congratulate PlayBoard on their continued drive, determination and commitment to the development of the Fit for Play Award.

Dominic Walsh
Acting Chairman
Sport Northern Ireland
Good nutrition is essential during childhood as it is a time for rapid growth, development and activity. Eating patterns formed in the first years of life can have a big impact on our future health. In 2003/2004, one in four girls and one in five boys in Northern Ireland are overweight or obese in primary one (Northern Ireland Child Health System, DHSSPS cited in Fit Futures 2006).

Dental decay (caries) in children is a significant public health problem in Northern Ireland too, with 12 year old children having more than double the level of decay compared to the UK average for this age group (Oral Health strategy for Northern Ireland, June 2007).

The Food 4 Play module, which addresses these public health concerns, was produced by the Health Promotion Agency for Northern Ireland in partnership with PlayBoard, community dietitians from Armagh and Dungannon HSS Trust, Causeway HSS Trust, North and West HSS Trust and the Western Health Action Zone.

The overall aims of the Food 4 Play module are to:
- raise awareness of the importance of good nutrition for the general health and well being of children in NI;
- ensure that children attending play projects are provided with healthy snacks and drinks to enable them to play to their full potential;
- equip playworkers with knowledge and ideas for how children’s play opportunities can be extended in relation to food.

Playworkers are equipped with the knowledge and skills to deliver the Food 4 Play module through training in nutrition and food hygiene, which is provided by dietitians and environmental health officers. The training is practical in nature and addresses issues such as healthy eating, safe snacking and food hygiene practices. Small changes such as only offering milk and water as drinks between meals, offering tooth friendly snacks and washing hands before handling food can have huge health benefits for the children in their care.

The Health Promotion Agency believes that the Food 4 Play module is making a significant contribution to improving children’s health in Northern Ireland. The HPA is committed to making better health for everyone a priority and recognises the importance of working in partnership with a range of organisations to achieve this.

Dr Brian Gaffney
Chief Executive
Health Promotion Agency Northern Ireland
Executive Summary

The following is a summary of the main contents of the report.

Background and Project Context introduces the main issues that spurred PlayBoard into developing the Fit for Play project. The aim of the project is to improve the long-term health and well being of children by increasing physical play opportunities and healthy eating habits. Fit for Play was designed as a prevention project to reduce long term health problems such as coronary heart disease, stroke and cancer which develop later in life. This report examines the need for the project and why play is the most appropriate answer to the obesity problem. It details the policies that Fit for Play deliver against and explains PlayBoard’s approach.

The Project Description explains the framework for, and the premise of, the project. PlayBoard’s Fit for Play programme started in January 2004 and is a Quality Award for play focused provision, working with 4-14 year olds and underpinned by a three module training programme. Fit for Play targeted children and projects mainly in disadvantaged areas in order to affect lifestyle changes early in life in the belief that these lifestyle patterns would follow into adulthood. The chapter describes the targets and inputs. The main funding bodies were the Big Lottery through the four Health and Social Services Boards and Sport Northern Ireland.

The section Development of the project has a short history of the developments predating 2004.

Fit for Play Quality Award introduces in detail the quality criteria and how groups are supported to change their practice and achieve Fit for Play status. Playwork staff can access training modules that provide both theory and practical ideas. They are then supported to implement good practice through the provision of reflective practice tools.

Challenges and ways forward describe some of the issues that were negotiated as part of the development of the project. There were challenges such as building an effective team, developing partnerships, standardising support, dealing with barriers to implementation, securing matching funding and working within a very unstable sector.

Project outputs, outcomes and impacts. Over the period of funding, 706 playworkers working in local play projects with 10,016 children were trained. Three training modules were provided over twelve 2½ hour sessions to each group and focused on outdoor and physical play and healthy snacks. All groups trained were invited to go forward for the Fit for Play Quality Award. By the end of the funding 195 groups have started the programme and 87 groups have been deemed Fit for Play. The section also presents the findings of the evaluation. Here are some examples:

- According to the children, daily physical activity levels have gone up by 32%
- According to staff, the number of groups that provide milk and water only has gone up from 17% to 85%
- 75% of playworkers report that children spend over 30 minutes of each session on physical play outdoors
- 88% of playworkers say that they are more confident now
- 63% of parents responded positively to the changes implemented
The **Project achievement criteria** focuses on play, health and economic benefits. The evaluation has shown that children play more and are making healthier choices.

In the section **Sustainability and future development** the argument for long term funding is made while at the same time celebrating the recurrent funding from the Eastern Board already committed. The rest of the project is secured until March 2010 through an investment from Sport Northern Ireland, through the Sport in Our Community Programme.

The main **Conclusions and recommendations** are that this is a holistic, highly over-achieving and successful project that makes a real difference to children’s lives. It has also raised the awareness of the role of play in health promotion. The recommendations for Fit for Play mainly focus on small adjustments to increase the impact of the programme. In light of this evaluation, Government should consider the significant positive impact of removing barriers to children’s natural drive to be physically active.
Thank you to

- **Sport Northern Ireland** - for their support in the production and publishing of this document.
- **Bob Hughes** - for play and playwork theory
- **The Fit for Play Team** - Eva, Caroline, Lorraine, Patricia and Sharon - for hard work, passion, patience and commitment
- **The Children in the Settings** - their feedback gave us the direction
- **The Playwork Advisory group and the playwork participants** - for making Fit for Play real and meaningful
- **Health Promotion Agency** - for nutritional expertise, time and funding for the Food 4 Play pack as well as participation on external verification panel
- **Community Dietitians** - for developing the Food 4 Play pack and delivering Food 4 Play training together with PlayBoard staff
- **Environmental Health Officers** - for delivering introduction to food hygiene as part of the Food 4 Play training
- **Youth Sport Trust** - for access to training and expertise on physical activity and participation on external verification panel
- **Belfast Metropolitan College** - for participation on external verification panel
- **All PlayBoard staff** - for constructive feedback and support

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Big Lottery Fund
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Health Promotion Agency
Western Health and Social Services Board
Northern Health and Social Services Board
Eastern Health and Social Services Board
Southern Health and Social Services Board
Eastern Physical Activity Co-ordination Group
Northern Childcare Partnership
Southern Childcare Partnership
Eastern Childcare Partnership
Western Childcare Partnership
1 Introduction

This report will describe the value base and practice model developed in PlayBoard’s Fit for Play programme during the 2004 - 2006 period. It also describes the outputs and outcomes achieved. The evaluation was completed using a number of methodologies including continuous monitoring, semi-structured interviews, focus groups and a survey. The Fit for Play programme is still ongoing, however, as this report describes a previous phase of the project, we have chosen to write about it in the past tense.

2 Background and Project context

2.1 Obesity

The state of our children’s health has been a subject of increasing concern for many years now. The number of children and young people who are overweight or obese is continually growing. In 2002-2003, one in four boys and one in five girls entering school at Primary One in Northern Ireland were either overweight or obese (House of Commons Hansard Written Answers: June 2006). Being overweight or obese is associated with both short and long term risks to physical, social and mental health. Short term - increased risk of type 2 diabetes and worsened symptoms of respiratory conditions such as asthma. Children who are overweight or obese are also more likely to suffer from bullying or exclusion and to have lower self-esteem. In Northern Ireland, oral health is the worst in the United Kingdom; the rate of tooth decay in children aged 12 here is twice the average. Long term - research has shown that there is a considerable correlation between Coronary Heart Disease (CHD), stroke and cancer and overweight and obesity in childhood. The funding provided by the Big Lottery through the Health Boards Umbrella bids was aimed at resourcing preventative measures against CHD, stroke and cancer.

“evidence suggests that childhood obesity may well be the single most important modifiable risk factor in the pathogenesis of CHD during childhood.”

Boreham, C., Twisk, Murray, Savage, Strain & Cran (2001: 270-274)
2.2 Assessment of need

When Fit for Play was designed in 2002 the following statements were used as an indication of need:

Investing for Health states:

(4.56) “… only four out of ten children exercised vigorously for at least 20 minutes three or more times a week - the minimum amount recommended for good health …”

(4.60) “eating patterns established in the first few years of life influence health during childhood and adulthood” DHSSPS 2002.

“Obesity is beginning to take over asthma as the biggest threat to children’s health and the driving force behind this has been reduced physical activity. Obese children tend to become obese adults, facing an increased risk of diabetes, heart disease, orthopaedic problems and other chronic diseases.” Braddon et al 1986.

“Obese children are 77% more likely to have asthma” Von Mitus et al, 2001.

“40% of children already have at least one risk factor for heart disease - reduced fitness due to inactive lifestyle.” Fishburn and Harper - Tarr, 1992.

“There has been decreasing access to the outdoors environment and lack of free outdoor play. Research into children’s mental health has also shown a link between restrictions on children’s access to challenging unsupervised play and rising levels of stress and mental health problems. The benefits of exercise are enormous, not just for the body but for the mind. Increasing the heart rate speeds up the blood flow for the brain which makes us think faster, feel more alert and above all, feel happier.”

Prof. R Winston (BBC’s Child of Our Time)

Specific training and resources for physical play and nutrition are almost non-existent for those working with children in play services.

Thus the key areas of need in reducing obesity and preventing Coronary Heart Disease, Stroke and Cancer were identified as:

1. Providing opportunities for outdoor play
2. Promoting and encouraging healthy eating patterns
3. Promoting and encouraging physical play
4. Support staff to deliver on these areas once they had undertaken the programme

2.3 Policy context

Since the inception of Fit for Play, the policy context has developed considerably. When the project started the terms ‘obesity scare’ and ‘obesity crisis’ were often used but there was little evidence available to suggest the best way to reverse the trend. There is still a considerable need for longitudinal research in relation to childhood obesity. The Fit Futures strategy (2006) has now identified key stakeholders and outlined clear action points to initiate a co-ordinated approach to tackle the problem. Below is a summary of some of the policy drivers for Fit for Play past and present.
Investing for Health (2002)
Objective 2: To enable all people, and young people in particular, to develop the skills and attitudes that will give them the capacity to reach their full potential and make healthy choices.

The focus of Fit for Play was, and still is, to enable playworkers to facilitate play opportunities that meet the play needs of children both in terms of physical literacy as well as their need to be outdoors. It also ensures access to healthy snacks.

Objective 3: To promote mental health and well-being at individual and community level.

Hughes (2003) argues “inability to engage in play can only result in behavioural instability, neurological dysfunction, unhappiness and a lack of mental well-being in affected children” and he also asserts that “play deprived children become disturbed, aggressive and violent adults.”

Fit for Play promotes playworkers’ increased awareness and understanding of the holistic benefits of play.

Objective 4: To offer everyone the opportunity to live and work in a healthy environment… and Objective 5: To improve our neighbourhoods and wider environment.

Fit for Play promotes outdoor play and the opportunity for children to play in environments such as local green spaces.

“To increase the number of people participating in physical activity by providing safe, accessible and appealing opportunities for activities to meet individual needs preferences and life circumstances.”

Fit for Play aims to ensure safe, accessible and appealing physical and outdoor play opportunities.

Children and Young People’s Strategy (2006)
“Provision of quality, affordable and accessible childcare, afterschool care and playcare… Continued implementation of the Community Sport Programme and further expansion to cover all relevant areas in Northern Ireland.”

Development of a play and recreation strategy for Northern Ireland which includes:

• raising public awareness of the value of play, culture, arts, recreation and leisure activities;
• quality and quantity standards at community level for age-appropriate, imaginative play/leisure facilities;”

Fit for Play contributes to quality play and care and has raised awareness of the link between play and fundamental movement skills. Through its promotion of reflective practice among staff and the identification of quality standards, it has also raised awareness of the importance of play and created benchmarks.
UN Convention of the Rights of the Child (1989)
Article 3 refers to the best interest of the child.
Article 6 refers to the child’s right to life. Governments must ensure that children survive and develop healthily.
Article 31 refers to the child’s right to play and leisure.
Articles 12, 13 & 23 refer to the participation rights and provision for children, including children with a disability.

Article 29 refers to the development of the child’s personality, talents, mental and physical abilities to their fullest potential.

Fit for Play promotes play, especially physical play, which contributes to health and well being as well as children’s holistic development.

“Evidence shows that giving them [children] access to a variety of play spaces and opportunities also helps ensure their health, growth and development.”

“Play…often promotes vigorous physical and mental exercise.”

“Play is a process directed by children and as such, not driven by outcomes. However we know there will be tangible outcomes for individuals and society when children’s play needs are met.”

Fit for Play supports staff to meet children’s play needs by providing appropriate play spaces and opportunities to encourage outdoor and physical play.
Fit Futures (2006)
“In the Fit Future, children and young people, of all ages and from all sections of our society, will be motivated and supported to access a range of readily available, quality, enjoyable opportunities to be active and eat healthily.”

Fit for Play ensures children's access to outdoor and physical play opportunities as well as provision of healthy snacks by setting quality standards and training staff in play provision.

2.4 Play and obesity, rationale for the project

Over the last generation, play opportunities have dramatically changed and children today have limited access to physical play and play outdoors. In consultation with children, they repeatedly reported that they are afraid of playing outside and that their parents also are afraid of letting them out to play. Children are dependent on engaging with all play types (Hughes 2007) to allow them to develop to their full capacity and this is no longer possible for a majority of children due to limited access to play enabling environments.

In 2001 the British Medical Journal (322, 313-314 Dietz) reported that there is ‘an obesity epidemic in young (preschool) children’ and that the main solution should be to ‘reduce television viewing and promote playing’. The article identifies that ‘opportunities for spontaneous play may be the only requirement that young children need to increase their physical activity’.

Research evidence from University College London (Making children’s lives more active, Prof R Mackett, Centre for Transport Studies, UCL 2004) also suggested that:

“Children get more exercise from outdoor play than they do from formal sports activities. The best exercise is walking and … playing with their friends”

It seems the answer to the lack of physical activity in children may be to ensure that they can do what we all did when we were young - play outdoors. It is also clear that when given the option, this is what most children want.

Children’s Play Council research in preparation for Play Day suggested that:

“almost 40% of children say they do not play outside as much as they would like, with nearly 20% playing outside for only an hour a week or less.”
Children’s Play Council 2005

“86 per cent of children prefer outdoor activities, including playing out with their friends, building dens and getting muddy, to playing computer games.”
Children’s Play Council 2006


“Recent findings suggest that outdoor play makes a major contribution to children’s overall level of physical activity, including playing in the street. The Department for Culture, Media and Sports (England) is currently considering how to take forward work on children’s play.”

When PlayBoard started exploring how to maximise the opportunities for children to play outdoors, some time was spent examining the idea of Health Determinants (Dahlgren and Whitehead 1991).
In reviewing these health determinants (and identified needs above) it became obvious that PlayBoard’s project needed to facilitate change in more than one sphere to ensure sustainable impact for the children.

- We wanted children to maintain or develop a healthy lifestyle. This meant allowing children more opportunities for outdoor and physical play and access to healthy snacks.

- We wanted to impact the social and community influences of the children to ensure that they were offered physical and outdoor play opportunities and healthy snacks as part of their daily life. This meant raising the awareness of playworkers and childcare staff of children’s physical play needs and how their snack intake contribute to this.

- We also needed to ensure their living and playing environment was as conducive to a healthy lifestyle as possible. This meant encouraging play projects to provide access to space conducive to physical activity both indoors and out and providing staff with the skills and resources to manage the environment and provide only healthy snacks.

- Ultimately it would be necessary to influence the policy context, to ensure children have access to physical and outdoor play opportunities to a greater degree than at present. There was also a greater task in raising awareness at Health Board level and above to ensure that meeting children’s play needs are recognised as crucial to children’s health and ensuring a reduction in obesity and therefore also in Coronary Heart Disease, Stroke and Cancer.
2.5 PlayBoard’s focus

The Fit for Play programme adopted the social model approach to health as opposed to the medical model. The project encouraged physical play, healthy snacking and access to the outdoor environment as the method through which children could maintain/improve their health and wellbeing.

The programme also had a choice to make in relation to workforce development. Most training programmes are designed to provide participants with accreditation. The Fit for Play training modules do not. The focus was to increase the impact on the child and it was therefore important to ensure that the whole staff team in a play setting worked together to implement changes. This meant that all staff were required to work together to provide evidence for the Award, which in turn would make the work difficult to accredit to individuals. It was with the view to ensure the highest impact for the child that the decision was taken to provide a Quality Standard award for organisational excellence.

3 Project Description

3.1 PlayBoard

PlayBoard is a voluntary, not-for-profit organisation working throughout Northern Ireland. Established in 1985, the charity has worked to become the lead agency for children and young people’s play; this is reflected in our long-standing mission statement:

‘Working for the child’s right to play’.

As the only regional play organisation, PlayBoard exists to promote, create and develop quality play opportunities through three key strategic aims:

- Tackling Play Deprivation in the community
- Supporting Quality Out of School Playcare Provision
- Workforce Development of the Playwork Sector

The ethos and remit of PlayBoard is grounded in its commitment to meet the needs of children, adults and local communities throughout Northern Ireland through sound community development principles. PlayBoard has a strong regional membership base, consisting mainly of community groups, day care providers, schools, play trainers and District Councils involved in play at local levels. This ensures both the agency’s familiarity with opportunities at ground level and our ability to advocate for community play needs.
3.2 Aims & Objectives of Fit for Play

The aim of Fit for Play was to:

- improve the long-term health and wellbeing of children by increasing physical play opportunities and healthy eating habits for 4-14 year olds

The objectives were to:

- support playworkers in community based play provision to develop good practice in terms of play, physical activity and diet
- provide a training programme to community based playworkers
- provide a Quality Award scheme for community based play projects

3.3 Project Outputs and Outcomes

PlayBoard designed the Fit for Play Quality Award in 2003 as a natural development of the Out 2 Play project (see 4.1). It was designed as a prevention project to reduce the risk of long-term health problems such as coronary heart disease, stroke and cancer by targeting children aged 4-14 years in mainly disadvantaged areas. The project targeted staff working with children in play focused provision such as school age childcare, afterschool projects, junior youth clubs, church and uniformed organisations. The following were the targets for the project:

Outputs

- 320 playworkers
- from 120 groups to be trained to provide
- 3200 children with outdoor and physical play opportunities and healthy snacks

The following quality criteria were developed by PlayBoard as a minimum requirement for a group to be able to achieve Fit for Play status. They were based on the recommendation that children need an hour a day of physical activity and that being outdoors has a high correlation with being physically active. The criteria also had to reflect that some groups do not have outdoor space of their own. These criteria were designed with a view of being able to measure outcomes.

Quality Criteria/Outcomes

- $\frac{1}{2}$ hr physical play/physical activity per session for all children
- At least one out of five sessions provided outdoors
- Provision of healthy snacks and drinks (milk and water only). Children should be involved in the preparation of food in at least one out of five sessions
3.4 The partners

During the development, delivery and evaluation of this project we have been in partnership with many organisations. They are listed below in no particular order.

- The four Health Boards - provided funding from the Big Lottery and support in recognition that play is important for children’s health.
- Bob Hughes - Development of key concepts of reflective practice in play.
- Community Dieticians - Development of the Food 4 Play module and continued support in delivering part of the Food 4 Play module.
- Health Promotion Agency - Co-ordination, development and funding for the Food 4 Play resource pack and module. Member of External Verification Panel for the Quality Award.
- Environmental Health Officers - Delivering part of the Food 4 Play module.
- Youth Sports Trust - Training to deliver their Top Play and Top Activity programmes. Member of External Verification Panel for the Quality Award.
- Belfast Metropolitan College - Member of External Verification Panel for the Quality Award.
- Sport Northern Ireland - Provision of two year award to fund Fit for Play Team Leader and associated programme costs.
- Play Resource Centre - Provision of best value Out 2 Play resource boxes and an endless provision of free resources for outdoor play training.
- Belfast Community Circus School - Delivering part of the Out 2 Play module.

The following were not only partners but also beneficiaries of the programme:

- Playworkers - provision of constructive feedback and stories of success
- Play projects - openness to change
- Children attending the play projects - Focus groups for collection of evidence and responding to changes in practice

3.5 Staffing

Fit for Play, as described here, was staffed by one manager and four training and development officers (TDOs), one for each of the four Health Board areas. The staff were recruited based on their experience in playwork practice and/or training delivery as well as their qualifications in these fields.

3.6 Internal monitoring systems

Fit for Play was continually monitored by staff who provided monthly, quarterly and annual reports. Both formative and summative evaluations were carried out on all training provided. A methodology was also designed that allowed projects to show progress against the outcomes. Semi-structured interviews were held with staff and focus groups with the children in each of the groups who signed up for the Quality Award. They were carried out before training and towards the end of the process when applying for Award status. This was done to evaluate changes in practice in the participants’ setting. Staff and children were interviewed separately.
3.7 Funding

PlayBoard applied for, and received funding for, Fit for Play through all four Health Board’s Big Lottery Umbrella Bids for the prevention of Coronary Heart Disease, Stroke and Cancer. This funding secured a Training and Development Officer (TDO) in each of the Board areas. Initially the Team Leader was funded by the Community Foundation for Northern Ireland who allowed funding for the Out 2 Play project (see 4.1) to be carried over to the new project. PlayBoard then attracted funding to continue the Team Leader’s post and provide resources for the participating groups for 2 years (2004-06) through the Investing in Sport Programme from Sport Northern Ireland. Throughout the life of the project smaller amounts of funding have been provided by the four Childcare Partnerships, the Northern, Western & Eastern Health Boards and the Eastern Area Physical Activity Group. Kids2Care4, Zurich International and the New Opportunities Fund also provided funding for the Out 2 Play resource packs.

4 development of the project

4.1 How it all started

As noted earlier, Fit for Play developed from an earlier project called Out 2 Play which started in August 2002 with funding from the Investing for Healthier Communities Grant Programme through the Community Foundation for Northern Ireland. It aimed to safeguard, encourage and initiate outdoor and physical play opportunities for the 7 - 12 year old age group. It was designed by PlayBoard in partnership with Bob Hughes and PlayEducation. Out 2 Play provided a free eight session training programme which promoted peer education through the use of an ideas and training pack and a resource bag full of materials to use with the children. The intention was that the training would empower community play projects to assess the play needs of their children and enable them to develop a plan to meet those needs.

4.2 From Out 2 Play training to Fit for Play Quality Award

Very soon it became clear that more could be done to maximise the impact of the project and opportunities for developments were identified. Contacts had previously been made with the Youth Sports Trust in order to deliver their Top Play training, which increases awareness of children’s need for an hour a day of Physical Activity. We also recognised the need to raise awareness of diet and nutrition issues in conjunction with the physical activity. Most importantly we recognised the need to ensure change in practice among staff. It was not enough to just provide a training programme. We also needed a tool to ensure that children actually were afforded access to physical play opportunities and healthy snacks. We therefore developed the Quality Award which required groups to meet best practice criteria and use reflective practice for the implementation process. We also took the logical step to increase the age range from 7-12 to 4-14 years as the majority of play projects cater for this age range of children (the upper age limit of 14 took children with special needs into consideration, while the majority of children would not be older than 12).
The Fit for Play Quality Award scheme now came to include a training programme made up of three modules; Out 2 Play, Top Play/Active Clubs and Food 4 Play. Out 2 Play was developed by PlayBoard and was a play based programme encouraging play providers to enable children’s physical free play, especially outdoors. Top Play was an activity-based physical activity programme developed by the Youth Sports Trust and Active Clubs was an activity-based physical activity programme developed by 4Children (previously Kids Club Network) and the British Heart Foundation. Food 4 Play was developed in partnership with the Health Promotion Agency, Community Dieticians and Environmental Health Officers. The training focused on the provision of healthy snacks and drinks in the play setting, with children’s participation. After completing these three training modules, the basic requirement was met and the play setting could then decide to go forward for the Fit for Play Award. The training & development staff supported the play setting to implement best practice through a reflective practice process. When the quality criteria (see 5.1) had been achieved, the provider was eligible for a Fit for Play Quality Award.

5 Fit for Play Quality Award

5.1 Award process

The Quality Award process began with a group completing an expression of interest form. The group was then contacted by the Training and Development Officer (TDO) responsible for their geographical area. An agreement was signed by playworkers, management and the TDO to make all parties aware of the commitments required. The group then received a visit by the TDO were playworker/s completed a semi-structured interview and the children took part in a focus group with the same questions. This provided the group and the TDO with a baseline which determined the types of play/activity and snacks that were provided at their setting. Staff from the group were then invited to the three training modules (see 5.2).

To achieve the award it was required that at least one member of staff participated in each of the three training modules (see below). The training provided the staff with a set of quality criteria for each module against which the group could assess/audit itself. The aim was that the group implemented their learning through a process of reflective practice using tools provided (see appendix C).

Throughout this period of implementation and change the group received a minimum of two, and a maximum of four, support visits from the TDO. The group collected evidence that they were meeting the required quality criteria (see 5.4). Evidence could take the form of photographs, children’s drawings, playworker notes, and letters to parents etc.
When the group had gone through the reflective process for each of the three modules and were satisfied they were meeting the quality standards they could ask the TDO to assess their evidence. When the TDO that had supported the group was satisfied with the evidence, the folder was then handed to another TDO in the team, who signed off the evidence too. The aim of this was to standardize support work, share good practice and ensure equal treatment across all areas in Northern Ireland. The group’s folder of evidence would then be put forward to the external verification panel. The panel met approximately four times per year and was made up of representatives from the Health Promotion Agency, the Youth Sports Trust, Belfast Metropolitan College, PlayBoard’s Board of Directors and a PlayBoard member of staff who was responsible for our other Quality Assurance scheme, ‘Pathways to Excellence’. A year after a group received their award they were invited to renew it. The renewal process was designed to re-motivate the group by offering additional training. We required the group to release staff for another five 2½ hour sessions in total, which recapped on the learning from the previous three modules.

5.2 Training input

The training consisted of three training modules Out 2 Play, covering playwork; Top Play/Active Clubs, covering physical activity; and Food 4 Play, covering diet and nutrition. In most areas this training was offered to two members of staff from each play project. This was to ensure that they could support each other to implement the learning. If only one person attended it was suggested that it was the leader in charge so as to minimise difficulties in communicating the right messages. Many groups would have liked to have all staff attend the training but this was not usually possible, due to staffing rotas.

Out 2 Play

This module aimed to increase physical play opportunities by providing playworkers with the skills and resources to assess and meet the physical play needs of the children in their care. It was a programme consisting of eight 2½ hour sessions that explored the importance of play and how to stimulate more outdoor and physically active play. The theoretical part of the training covered issues such as what play is and why it is important, play deprivation, play enabling/play disabling environments, the playwork curriculum, the ladder of immersion and risk and safety in play and playwork. The practical experiences covered co-operative games and wide games, circus play, parachute games, play in the forest and traditional games from around the world.

Top Play/Active Clubs

This module aimed to raise awareness among playworkers of the hour a day of physical activity that children need and provide them with skills and resources to meet this need. It was a 2½ hour session that provided an opportunity for familiarisation with sports equipment and resources and explored how these could be best utilised in a playwork setting.
**Food 4 Play**

This module aimed to raise awareness of the importance of good nutrition for the general health and well-being of children and young people and to ensure that children attending play projects were provided with healthy snacks and drinks to enable them to play to their full potential. This programme consisted of three 2½ hour sessions exploring the balance of good health, healthy snacks and food labelling. It also provided participants with an opportunity for hands-on snack preparation.

5.3 **Resources provided with training**

Each of the above training modules provided participants with resources for the staff and children to use in the play setting. PlayBoard recognised that most groups were under-funded and were trying to provide a quality service at low cost to its users. It was therefore crucial to support groups by providing some basic resources. It was also important to support staff who attended training to explain some of the concepts and share the ideas with other staff, management and parents and to this end we developed resources that would serve this function.

When attending Out 2 Play, participants received a resource box that was filled with the basic equipment and materials (such as a parachute, scissors, rubber bands and much more) to provide play opportunities experienced as part of the training. They also received a resource pack that consisted of:

- A video explaining the concepts and showing children engaging in outdoor and physical play
- A workbook with suggestions for how to use the video with staff, parents and management
- Laminated audit/observation tools to use as part of planning and evaluation in the staff team
- An ideas book with all the games and activities that participants had experienced during training

With the Top Play training, PlayBoard provided groups with access to a bag filled with sports equipment and resource cards with games to show how the equipment could be used with children of all abilities.

When attending Active Clubs, groups received a resource pack with suggestions for how to develop a physical activity programme.

The Food 4 Play module came with a folder full of background knowledge in terms of diet and nutrition information as well as recipe ideas for healthy snacks and food-based activity ideas.
5.4 Quality Criteria

The quality criteria that a group had to achieve to be deemed Fit for Play was based on the recommendation that children need an hour of moderate physical activity a day (British Heart Foundation). This hour can be broken down into shorter periods of activity throughout the day and it seemed reasonable that the children would accumulate at least a ½ hour during their attendance at the play setting, since afternoons would otherwise be the natural time for children to play. It was also based on the theory that the highest correlation for physical activity in children was time spent outdoors. Outdoor play is children’s natural way to be physically active if the environment allows it. We also focused on snacks since the groups often provide these. We believed it was important to allow the children to take part in the planning and preparation of snacks since these are crucial life skills. The Fit for Play quality criteria for achieving an Award were:

- ½ hr physical play/physical activity per session for all children
- At least one out of five sessions provided outdoors
- Provision of healthy snacks and drinks (milk and water only) with the children involved in the preparation in at least one out of five sessions

This criteria was underpinned by a wider range of quality standards that we suggested groups work towards and audit/assess their practice against. Each of the training modules had their own set of standards. Out 2 Play encouraged the playworkers to audit children’s play behaviour and focused on play types and play mechanisms (see appendix D); Top Play/Active Clubs focused on the amount of time children are physically active; and Food 4 Play focused on healthy snacks and drinks as well as hygiene and children’s participation in planning, shopping and preparing for snacks.

5.5 Target group and Recruitment

The initial target group for this Quality Award was the staff within community-based play-focused provision. However staff from all provision for 4-12 year olds outside the classroom setting were welcomed as long as they were aware that the focus of the training was play.

The majority of groups that have achieved the Award are after-school, out of school, play care and closed access childcare groups. We have however seen a much greater variety of groups taking part in the training. This has been due to word of mouth, the TDOs’ skills in developing networks and marketing at conferences and events.

At the training, participants have represented groups such as open access play provision in Community Centres, Junior Youth Clubs, Women’s Aid, Scout groups, Playground Supervisors, Special Needs respite groups etc.

The target over the 3 years was initially to support 40 groups in each area to become ‘Fit for Play’ but when the funding provided did not meet our needs a revised target of 30 was set. Additionally in the first year we were committed to target groups in the Health Action Zone (HAZ) areas.

Recruitment to the programme took many different forms and began with our membership. Since Out 2 Play training had already taken place and had received positive reception, the requests for training came through various mediums. TDOs attended PlayBoard’s cluster meetings, visited projects and word of mouth also proved successful. Marketing took place through mail shots, Community networks, newsletters and through the HAZ groups themselves.
5.6 Delivery strategy

The training and support was designed with the target group in mind. The playwork profession is relatively new and with the majority of the workforce being part-time, low paid and with mainly Vocational Qualifications in fields other than Playwork, it was important to design a delivery mechanism that would be relevant and accessible. The delivery was based on Community Education principles and the structure and content based on experiential learning ideas.

“Experiential learning is client-focused supported approach to individual, group and organisational development, which engages the young or adult learner, using the elements of action, reflection and transfer.” Beard & Wilson (2002:1)

The model had to be holistic - just like play is - and lead to changes for the children attending the provision where the participants worked. This meant changing attitudes as well as practice for individuals and policy and practice change for organisations/groups.

“In order to achieve effective and long-lasting learning it is necessary to address the three areas of cognition, behaviour and emotions.” Beard & Wilson (2002:2)

Training was always offered in the evenings and weekends for those who were not available during the day. It has really only been possible to deliver training in the mornings in Belfast. We made sure that training was delivered as locally as possible and ensured that participants without access to transport were provided for. The venues we used were chosen for their ability to enhance the learning. We delivered Out 2 Play training in venues that had both indoor and outdoor environments that allowed for the practical content of our sessions. This was also to ensure that we introduced staff to ways of making best use of easily accessible local outdoor play environments that they later could use with the children in their care.

6 challenges and ways forward

As with any project, it is inevitable that not everything runs smoothly. We have been fortunate enough not to encounter any major difficulties. Below is a taste of some of the minor challenges that came our way and an indication of what solutions we came to.

6.1 The Fit for Play Team

Ensuring a successful working team will always be a challenge in any environment. This team had the added difficulty of working across a vast geographical area with many different local ways of working. We had to ensure that each participating group in the Fit for Play programme was offered the same service to the same standard across Northern Ireland. The staff team was also spread across three different offices throughout Northern Ireland.

Initially and throughout the project, we spent time building the team, getting to know each other and value each others strengths. We also spent time developing the project together. Most decisions were taken as a team since all team members’ skills and experiences contributed to ensuring that the project would work on the ground.

The team also developed a way of working that maximised each team member’s strengths and previous networks, as well as a standardised model of practice across NI. Tasks were given to the person with the most developed skills in that area and everyone contributed to making sure that the project was a success.
The team co-facilitated training modules (in different pairs over time) to ensure consistency. Furthermore, all TDOs kept reflective journals and shared reflective practice.

TDOs cross-checked each other’s files to ensure consistent standards of evidence gathering for each group and to share best practice. The files then went to the external verification panel.

We had to develop a way to deal with the project’s administration since no funding was provided for direct support of this kind. All team members managed most of their own administration and provided statistics and monitoring information to the Team Leader on a monthly and quarterly basis. With hindsight, the administration systems could have been more efficient if we had access to expertise in this field.

6.2 Specialist support

We were very fortunate to have the support of many different agencies both in the development, and the delivery, of this project. The really new part of Fit for Play was the Food 4 Play module and the focus on healthy snacks. We had limited expertise in the team regarding this and we had asked for support from Community Dieticians in each Health Board for our original application for funding. Initial attempts at trying to find effective ways of engaging with Dieticians in a co-ordinated way, though they remained very supportive, were not very successful due to their work demands. We were therefore very grateful when the Health Promotion Agency offered to co-ordinate the development and writing up of this training module and accompanying resource pack, as well as supporting us in negotiating with all the different Health Trusts, Community Dieticians and Environmental Health Officers through their networks. All this took time which lead to an initial delay in supporting groups to move towards and achieve Fit for Play status. Once in place Food 4 Play became a very valuable part of the Fit for Play Award.

6.3 Local variations

When designing the project we had decided to set the same targets for all four Health Board areas even though some have many more play projects than others. We had also decided to focus on the Health Action Zone (HAZ) areas in the first year of the project. We quickly learnt that this would, in itself, not be easy. The HAZ area in the Eastern Board is North and West Belfast and in the Southern Board it is Armagh and Dungannon. These areas were straightforward to target. It was not as easy in the Northern and Western Health Board areas as the Northern HAZ consists of small neighbourhoods spread across the whole of the Northern Health Board from Newtownabbey and Larne to Coleraine and Bushmills. Here we had to work with the staff in HAZ over the period of the project to ensure they all had access to training within a reasonable travelling distance. In the Western Health Board, HAZ covers the whole area and this meant that we continued to work with the HAZ team to ensure that we supported the communities they were focusing on at any particular time.
6.4 Design of award process

We were clear, from the beginning, that we wanted to encourage reflective practice while at the same time providing some guidance in relation to good quality playwork. This was in line with best playwork practice and the playwork principles (see appendix D). We therefore provided tools for each of the training modules for staff to audit/assess their practice and based on these observations identify areas for improvement. We also designed a planning pro-forma and an outline evaluation (see appendix C). Through our evaluations it has become obvious that the audit tools provided for the Out 2 Play module were too elaborate. We designed a tool for each of the following three areas: children’s play behaviour, the play environment and playwork practice. Feedback from playworkers indicated that this was confusing. This led to a decision in the third year of the project to use only the children’s play behaviour tool, while still referring to all three areas in terms of planning for improvements. The feedback suggests this has been helpful.

6.5 Funding

The major funder of this project was the Big Lottery through the four Health Boards. The funding secured the posts of the four training and development officers. The amount received left a shortfall which led to management having to source other funding opportunities throughout the lifetime of the project. Funding for the Manager’s post was provided initially by the Community Foundation for NI and then by Sport Northern Ireland. Whilst successful, it was not always easy to negotiate re-profiling of budget headings with funders which inevitably was an outcome of this kind of ongoing search for matching funding. The funding setup resulted in PlayBoard having to report to five funders every quarter on both finances and activity; with each funder having variations in their reporting requirements. This was very time consuming and the problem was exacerbated by staff changes in the very small finance team within PlayBoard.
6.6 Instability of the sector

Throughout the time of the project the School Aged Childcare sector experienced major instability. This was caused by the way the sector was funded, major funding streams for school age childcare came to an end and other funding streams did not dovetail sufficiently. This led to fear of closures, as well as some actual closures, fear of, and actual job losses. In a sector dominated by part time and low status jobs, we have seen a very high turnover of staff and lack of motivation to engage in training, which provided recruitment difficulties for the team. When staff who attended the training subsequently left their organisation, it meant the skills base required for the group to meet the standard was no longer available. This resulted in groups having to begin the process again.

6.7 Addressing barriers to implementation at local level

Fit for Play promoted outdoor play in all weather and encouraged playworkers to facilitate children to assess and manage risks in their play. Since this can easily become a controversial issue, we understood that playworkers were not always confident to advocate on behalf of the children in their care with parents, management committee members and inspectors. We designed a resource pack containing a video. This was given to each participating group, however, the resource was not as successful as we would have hoped. It was not adequate to empower all the playworkers to deal with the issues with some of the people that influence their practice. Another barrier was the difficulty with insurance. Some groups found that their insurance company would not cover them for play opportunities such as tree climbing. PlayBoard has not been able to find an appropriate insurance scheme in Northern Ireland which understands and supports children’s natural play behaviours.

7 Project outputs, outcomes and impacts

We worked with Bob Hughes, who is an internationally renowned playworker, to ensure that our main aim and outcomes for research purposes would be clearly focused on play. He was invaluable in supporting the development of quality standards and reflective processes.

A large amount of data was collected. Some of it was used to report to funders throughout the project while other information was held for later use. To assess the impact of the project, monitoring information was analysed. TDOs also collected information through interviews with staff and focus groups with children. They did so before groups engaged in the Fit for Play training and after they finalised their evidence for assessment for their Fit for Play Quality Award. This was mainly analysed towards the end of the project. The manager also conducted a postal survey with previous participants in Fit for Play training. Of the 84 respondents 86% worked in groups that had achieved or were working towards the quality award while 14% worked in groups who had not applied for the award.
7.1 Training delivered by Health Board area

As noted earlier, Fit for Play delivered three training modules as the basis for a group to work towards a Fit for Play Quality Award, for details see 5.2. The table below provides information about how many times the training was provided in each of the four Health Board Areas.

<table>
<thead>
<tr>
<th></th>
<th>SOUTH</th>
<th>NORTH</th>
<th>WEST</th>
<th>EAST</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out 2 Play</td>
<td>9</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>Top Play/Active Clubs</td>
<td>10</td>
<td>14</td>
<td>14</td>
<td>9</td>
<td>47</td>
</tr>
<tr>
<td>Food 4 Play</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>TOTAL</td>
<td>26</td>
<td>26</td>
<td>28</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

7.2 Outcomes by Health Board areas

Fit for Play reached children through the playworkers that took part in the training. Those who achieved the award have evidence to show that they met the quality criteria (see 5.4) and therefore there is a guaranteed impact on those children. There is evidence that playworkers from groups who did not apply for the Quality Award positively changed their practice (see 7.4 & 7.5).

<table>
<thead>
<tr>
<th></th>
<th>SOUTH</th>
<th>NORTH</th>
<th>WEST</th>
<th>EAST</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children impacted on training</td>
<td>3919</td>
<td>1202</td>
<td>2216</td>
<td>2679</td>
<td>10016</td>
</tr>
<tr>
<td>Children impacted on Quality Award</td>
<td>606</td>
<td>612</td>
<td>560</td>
<td>661</td>
<td>2439</td>
</tr>
<tr>
<td>Groups starting FFP</td>
<td>45</td>
<td>37</td>
<td>50</td>
<td>63</td>
<td>195</td>
</tr>
<tr>
<td>Playworkers trained</td>
<td>219</td>
<td>126</td>
<td>174</td>
<td>187</td>
<td>706</td>
</tr>
<tr>
<td>Fit for Play Quality Awards</td>
<td>23</td>
<td>18</td>
<td>23</td>
<td>23</td>
<td>87</td>
</tr>
</tbody>
</table>
Below is a map to show the geographical spread of the groups that were deemed Fit for Play through this funding stream. Out of the 87 groups deemed Fit for Play 66% were from the top 25% of Noble indicators.
7.3 Impact on practice

Fit for Play quality criteria focused on the increase of physical play and physical activity, increased access to play outdoors and provision of healthy snacks and drinks. Overleaf are graphs that indicate the change in practice in the play projects. The figures about physical activity and outdoor play time are taken from children’s focus groups and the figures relating to drinks provided are from staff interviews. Interviews were held before and after staff took part in training and implementation of their learning whilst they worked towards the Quality Award.

Chairperson of Northern Health and Social Services Board
Mr Michael A Wood presents Fit for Play Quality Award to playworkers from Summerfield Afterschool project.
Many groups have stories to tell about how Fit for Play has influenced the way they now work or the way that they have changed their environment. Below are three examples of such stories.

**Y group** is an after schools club based in school grounds. They were able to take the implementation of their learning further than the quality criteria. Fit for Play advocated time out in the forest where children have access to trees. Y group did not have access to a forest area so they purchased a cut down full size tree! On the day of its arrival the school had to be closed for health and safety reasons while the tree was brought in by a crane and set on a grassy mound in the grounds. The shape of the tree was unusual; when it was lying horizontally a large portion of it was about 5ft in the air. The children climb the tree, build dens underneath it and jump off it. A little girl aged 6 said that her aim was to climb up on the tree and Shimmy along to the edge and then drop down. She had been trying for several weeks but still hadn’t managed to achieve it. All the older children were doing it and she wanted to also. One of the playworkers told us that the child was really determined to do it but had not been able to yet. We watched her that day and by the end of the day she finally made it, the playworkers had been watching her and made a big fuss of her when she jumped off. This child had been allowed to assess and manage the risk for herself and she slowly pushed her boundaries each time until she could achieve her goal. The playworkers had, through the training, developed their confidence to watch her while letting her make decisions for herself. They knew not to interrupt her play as long as she was safe.
Promoting healthy snacking was a problem as parents would send in juice and biscuits with the children for their snack. No matter how many times she reminded parents, the message of healthy eating still did not seem to get through. To help combat this problem she introduced a water bottle for each child which they could get themselves from the fridge throughout the day. She left out a large bowl of fruit which the children could have free access to at any time. The biscuits and juice were put away and the children soon forgot about them. Parents commented that the children were not asking for juice or biscuits at home any more. Within the setting she noticed that the children, when playing with pretend food, nearly always played with the fruit! They also appeared to become more settled at play.

**X group** is an urban group, registered for 24 children and currently operating to maximum capacity. The group have several families using their service who were referred by social services. Two young boys who started the group challenged the staff because of their behaviour. Staff found it difficult to communicate with and “control” the children. Staff attended our training courses and as a result started to observe the children’s play behaviour. They were able to identify that both boys often issued aggressive play cues. These required adult intervention on the grounds of health and safety to prevent fights, as the aggressive play cues often received a hostile response from the other children who also misunderstood the boys’ intentions. As a result of the training the staff maintained an observer position and only became involved when the children were at risk. This allowed the boys to develop communication skills which did not involve physical contact. As a result of this intervention the children have now been fully integrated into the group and have developed friends and relationships with the other children. They also have a very good relationship with the staff.
Impact on Children

Two of the areas of need identified were promoting and encouraging physical play and providing opportunities for outdoor play (see 2.2 points 1&3). According to the playworkers who responded to the survey, since implementing Fit for Play, 71% of children want to go outside more often than before, 83% of children are more physically active and 51% play in the rain more often.

As discussed above, the best way to ensure that children are physically active is to allow them to spend time outdoors. We had been led to believe that many groups have very limited outdoor space which they could access on a daily basis and therefore Fit for Play have separate targets for physical play and spending time outdoors. The survey showed that more groups than we had previously thought were able to spend time outdoors everyday. Over 50% of playworkers have reported that children spend over 30 minutes or more of each session on physically active play outdoors.

Fit for Play promoted and encouraged healthy eating patterns. The Food 4 Play module endorsed healthy snacks and the survey shows that 79% of children now eat fruit and vegetables every day at their project and 89% of projects now only allow children water and milk to drink.

For the children in the groups that did not apply for the award there were also positive changes. Of the playworkers in these groups (14% of respondents)

- 83% reported that children were more physically active
- 75% reported that children eat fruit and vegetables on a daily basis
- 83% only allowed milk and water in their groups
- 60% reported that children spent over 1/2 hour outside every day
- 92% encouraged the children to play outside
### 7.5 Impact on Playworkers

Another area of need identified was to support staff to implement changes once they had undertaken the programme (see 2.2 point 4).

The objective of the Out 2 Play course was:

*To increase physical play opportunities by providing Playworkers with the skills and resources to assess and meet the physical play needs of the children in their care.*

88% of the playworkers who responded to the survey were more confident as a result of taking part in Fit for Play.
The objective of Top Play/Active Clubs was:

To raise awareness among playworkers of the hour a day of physical activity that children need and provide them with skills and resources to meet the need

Over 50% of participants said their understanding of physical activity increased from taking part in Fit for Play and they now encouraged children in their groups to be more physically active. 9 out of 10 playworkers said they have changed practice in relation to physical and active play since implementing Fit for Play. 78% of playworkers now spend more time outside with the children.

The objectives of Food 4 Play were to:

- Raise awareness of the importance of good nutrition for the general health and wellbeing of children and young people in NI
- Ensure that children attending play projects are provided with healthy snacks and drinks to enable them to play to their full potential
- Equip playworkers with knowledge and ideas for how children’s play opportunities can be extended in relation to food

Of the playworkers responding
85% said their knowledge of diet and nutrition had increased
80% said they had changed their menu
92% said that they now provide healthier snacks
83% said that they now had more confidence to involve children in preparing for snacks

Beneficial changes were also noted in playwork practice among those playworkers in groups that did not apply for the award.

58% changed their menu
83% provide only milk and water
83% changed their practice in relation to physical play
92% encourage children to be more active

As discussed in 5.3 resources were provided with all training modules. The resource most used by the playworkers was the audit/observation tools (see appendix C), 82% of playworkers used them and 36% of respondent’s children used them.

The resource most used by the children was the ideas book.
7.6 Parents perceptions

The project impacted indirectly on parents. Firstly playworkers had to inform parents about changes in practice, 63% of respondents said the training encouraged them to do so. Some had to request parents support in implementing changes in practice such as not sending in sweets, sending in warm clothing for outdoor play, getting involved in healthy eating events and bringing ideas for games. According to playworkers responding to the survey:

- 63% of parents reacted in a positive way to changes implemented.
- 26% were impressed with children getting outdoors more
- 13% reported an improvement in the behaviour of their children at home
- 13% reported an improvement in diet at home
- 11% sent fruit into their groups

One parent said: “My child is refusing to drink juice at home. He will only drink milk or water”.

A number of parents noted an improvement to their child’s behaviour and energy patterns and an increase of physical activity levels at home was also reported.
7.7 External evaluations

The Big Lottery commissioned Tribal - Sector - CRG Research Ltd to carry out an evaluation of the whole of the CHD, Stroke and Cancer prevention scheme across the UK. They chose three of Fit for Play’s four areas to be part of the work. The interim report was published in summer 2006 and came to the following conclusions:

It is clear from the success of the project that partnership working has blossomed over the life of the project. PlayBoard and the Training and Development Officers have been involved in a range of partnerships.

Another very positive impact to have come out of the project has been the professionalisation of the individual playworkers involved with the scheme. They have become more empowered as a result of the project.

Play Scotland commissioned PlayBoard to deliver Fit for Play’s Out 2 Play module to Out of School care workers and Active Schools Co-ordinators in Spring 2005. They commissioned Teresa Casey to evaluate the training with the aim of assessing if it would meet the need of the sector in Scotland. Since the Out of School Care sector is similar in Scotland we were encouraged by the outcome and at the same time we benefited from the learning in engaging with the Active schools Co-ordinators.

Key conclusions for Out of School Care Workers

NEED - Out 2 Play addresses an unmet need amongst Out of School Care Workers for knowledge and skills regarding outdoor play and current ‘best practice’ in playwork.
SUITABILITY - The Out 2 Play package is highly suitable for Out of School Workers in Scotland with only minor alterations required.
IMPACT - There is evidence of immediate impact on practice (and so on children’s opportunities for active outdoor play) and of the potential for longer term impact on organisation and delivery of services.

Key conclusions for Active School Co-ordinators

SUITABILITY - The Out 2 Play package is a useful model on which to base training for Active School Co-ordinators. The ideal package may be slightly shorter and relate more closely to school situations to give a stronger direction in how to deliver play opportunities in that particular situation, context and environment.
NEED - The evaluation highlighted a considerable need to address the lack of play in the Active School programme. It showed there was a need for knowledge and understanding of play, the ability and confidence to deliver play opportunities and knowledge and experience to articulate and advocate the benefits of play for children.
IMPACT - The training brought a rounder understanding of play and children’s needs to the participants and they were able to implement some aspects quickly (activities and adjusting their approach). The impact was limited by perceived constraints and misunderstanding of the place of play within the Active School Co-ordinators remit.
Acknowledgement of the success of Fit for Play

Fit for Play also achieved recognition at a strategic level:

- cited as a good practice example in the Fit Futures report (2005:62).
- co-presented together with the Cook it! Project from Western Health Action Zone at the Investing for Health’s Conference 2005.
- Fit for Play won the NI Youth Council Award for Promoting Health Project, 2005.

Eva Kane, Regional Manager for Fit for Play, presenting at Conference.
8  Project Achievement criteria

8.1  Play benefits

The short term aim of Fit for Play was that children would be afforded the opportunity to play more, especially outdoors. As discussed above we have seen a significant increase among playworkers, not only of their underpinning knowledge of play, but also of their confidence to facilitate play. 91% of playworkers reported that they have changed their practice in relation to physical play. This has led to children having increased opportunities for outdoor play such as mastery, exploratory and rough and tumble play alongside sport and games.

Types of physical outdoor play children take part in includes:

- Den building: 62%
- Tree climbing: 42%
- Lighting fires: 17%
- Playing with water: 63%
- Role Play: 86%
- Sport: 94%
- Group games: 94%
- Rough & Tumble: 80%
8.2 Health benefits

The long term aim of Fit for Play was to contribute to the strategy to prevent Coronary Heart Disease, Stroke and Cancer. What has been achieved over the last three years to contribute to this is impossible to assess. What we do know is that 64% of the playworkers have changed their menu and facilitated increased levels of physical activity among the children. The children in the play projects have considerably increased the time they spend outdoors and the time they are physically active. They now have healthy snacks every day. This will contribute considerably to these children maintaining a healthy lifestyle into adulthood and therefore minimise the risk of obesity related diseases.

In our survey to participants on our training, we asked about their perception of the health of the children in their care. Some very positive results showed up as a consequence of the playworkers implementing new playwork practices and procedures. Over half of the playworkers reported an improvement in children’s health while a third reported that children were sick less often. It was also notable that playworkers reported a decrease in the use of inhalers for asthma by up to a third.
9 Sustainability and Future Development

9.1 Achievements in attracting funding

PlayBoard began the process of securing future funding for the project in 2005. They applied for, and underwent an economic green book appraisal and negotiated budgets to successfully receive an investment award from Sport Northern Ireland’s Sport in Our Community Programme. The award has provided the Fit for Play project with another 3 years funding including funding for a research and administrator post to manage the monitoring and evaluation of the project, and to develop a more robust evaluation/research tool.

The Eastern Board have also committed to providing the project with recurrent funding which is very welcome.

9.2 Future targets

The next phase of Fit for Play will build on the learning to date. The training modules have been reviewed and updated. The only module that is totally new is Skills 4 Play and it has replaced Top Play/Active Clubs (see 5.2). It was important to design a training module that would further develop the playworkers skills to support children to enhance fundamental movement and physical literacy skills. The previous one-off session had only started to highlight this area of work and it required further development.

New training opportunities have been added to the programme. Firstly, renewal training was designed for those groups who have held their award for a year. This is made up of a 6-session programme that focuses on observation and reflective practice alongside more outdoor and healthy snack practical work. The groups that renew their award will be required as part of the 6 sessions to complete the new 2 session fundamental movement training, Skills 4 Play.
The suggested targets and actions promoted by the National Institute for Health and Clinical Excellence (NICE) 2006 (see below) include active play, physical activity sessions and healthy diet. All this is already covered by Fit for Play. NICE also suggest a target that covers work with parents and Fit for Play intends to address this issue in the future.

<table>
<thead>
<tr>
<th>Target</th>
<th>Suggested action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve physical activity levels</td>
<td>Provide regular opportunities for enjoyable active play. Provide regular opportunities for structured physical-activity sessions.</td>
</tr>
<tr>
<td>Provide a healthy balanced diet</td>
<td>Implement Department for Education and Skills, Food Standards Agency and Caroline Walker Trust (see <a href="http://www.cwt.org.uk">www.cwt.org.uk</a>) guidance on food procurement and catering. Ensure children eat regular, healthy meals in a supervised, pleasant, sociable environment, free from distractions.</td>
</tr>
<tr>
<td>Involve parents and carers</td>
<td>Involve parents in any activities aimed at preventing excess weight gain and improving children’s diet and activity levels.</td>
</tr>
</tbody>
</table>

(summarises recommendations that NICE has made for early years providers in ‘Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children’)

The project has committed to doing so by developing ways of engaging with both parents and management committees of the groups supported. Feedback from settings suggests that this has in some cases been challenging for the playworkers themselves.

The Fit for Play team will be delivering training to social workers in Early Years teams around children’s play needs based on the playwork principles.

9.3 Future sustainability needs

Alongside the recurrent funding from the Eastern Health and Social Services Board, PlayBoard will develop a strategy to take the team beyond 31st March 2009.
10 conclusions and recommendations

10.1 Conclusions

PlayBoard initiated an innovative programme based on best practice, sound research and informed expertise from the health, physical activity and play sectors. Fit for Play addressed, in a holistic manner, a number of important issues around children’s health, diet and play, and in the process, achieved outcomes matching a number of important policy initiatives. PlayBoard developed an interagency approach and worked across many sectors.

Fit for Play over-achieved significantly on targets set with regard to contact with children, playworkers and groups.

<table>
<thead>
<tr>
<th>Childrens target</th>
<th>3200</th>
<th>actual</th>
<th>10,016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playworkers target</td>
<td>320</td>
<td>actual</td>
<td>706</td>
</tr>
<tr>
<td>Groups target</td>
<td>120</td>
<td>actual</td>
<td>195</td>
</tr>
</tbody>
</table>

PlayBoard recognised and responded to the learning and training needs of those groups the programme targeted. In doing so a cost effective programme was delivered while raising the quality and recognition of play through the Award Scheme.

Fit for Play raised awareness of the link between play and health promotion at Health Board level and was also identified as providing an excellent service not only by participants but also by external evaluators in Northern Ireland, Scotland and in the UK.

PlayBoard also successfully accessed funding to sustain the programme beyond 2006.

The following is a summary of measurable outcomes:

• Opportunities for outdoor and physical play and access to nothing but healthy snacks.

  89% of settings now only provide milk and water
  75% of children now play outdoors every day
  83% of children are now more physically active

• Raising the awareness of playworkers and childcare staff regarding children’s physical activity needs and the importance of healthy eating.

  Over 50% of workers said their understanding of children’s physical activity needs had increased

• Encouraging play projects to provide access to space conducive to physical activity both indoors and out and providing staff with the skill and resources to manage the environment and provide healthy snacks.

  89% of workers can provide an environment that facilitates physical play
  85% of workers said their knowledge of diet and nutrition had increased
• Providing skills development and therefore raising capacity and confidence of workers

88% of workers are more confident
83% of workers in groups that did not apply for the award changed practices in relation to physical play and achieved higher physical activity levels

• Raising awareness at Health Board level and above to ensure that meeting children’s play needs are recognised as crucial to ensuring a reduction in obesity and therefore also in Coronary Heart Disease, Stroke and Cancer.

Fit for Play was cited as a good practice example in the Fit Futures report

Recurrent funding provided by the Eastern Health and Social Services Board

The project not only reached its intended target of community based play providers but also made the training and Quality Award available to a range of other organisations and groups. This shows clearly that Fit for Play has a wider relevance and appeal.

10.2 Recommendations

Fit for Play’s success was built by continuously responding to feedback from users and partners. Below are a few ideas for how Fit for Play could continue to evolve and also what areas Government need to take cognisance of in relation to supporting this very successful and value for money play project, in tackling obesity.

Future work

PlayBoard should continue to promote Fit for Play as a project available to the Early Years, Extended Schools and the Youth Sector.

Present project delivery & development

The impact of the project could be strengthened through provision of the following:

1. Additional training for playwork staff on:
   • Observations and reflective practice
   • More ideas for facilitation of outdoor and physical play
   • Fundamental movement skills required for physical play
   • More opportunities for developing practical skills for promoting healthy eating

2. Facilitating opportunities to allow whole staff teams, including managers, from play projects to attend the training. This should happen together with at least one other project so as not to lose the added value of the networking.

3. TDOs facilitating physical and outdoor play by working alongside staff in a setting over a period of time.
4. Training or facilitated discussions should be developed to increase the impact of Fit for Play by addressing some of the main barriers to implementation in the wider environment of some of the groups. For example training for:
   - Parents, around the importance of play, particularly outdoor and physical play.
   - Social work inspectors, around Playwork practice, and the play needs of the child.
   - Employers of playworkers, this includes private business and voluntary management committees, to ensure support for staff in providing outdoor and physical play.

Fit for Play’s resources given out with training have all been welcomed by projects, particularly those that struggle to survive financially. The evaluation suggests that within the Out 2 Play resource pack the most valuable resources were the audit and assessment tool and the ‘Ideas book’.

Staff

There is an urgent need for administrative and research support to ensure that Fit for Play can develop a robust evidence base and maximise the collation and analysis of information collected.

Targets & Sustainability

The Fit for Play project over-achieved targets significantly. This provides evidence that the project is value for money and identifies a need within the sector that can only be met through long-term funding.

This project contributes significantly to the Fit Futures Strategy, further strengthening the case for long-term funding.

Policy Context

“A balance must be struck between the responsibility of individuals and that of government and society. Holding individuals alone accountable for their obesity should not be acceptable.”

European Charter on counteracting obesity EUR/06/S062700/8 16 Nov 2006 point 2.3.3

It is crucial that Government take seriously the task of removing barriers to children’s natural drive to be physically active through policy developments and by providing resources.

Government needs to prioritise the play needs of children as a means of reducing obesity. It needs to safeguard play by providing resources to fulfil the Children First (1999) aim of an out of school play project in every community. The Draft Play Policy (2006) for Northern Ireland underpins children’s right to play outdoors in our communities. There is a need to ensure that it is a statutory requirement that every early year’s provider, school aged childcare project, school and youth setting has an outdoor space, appropriate for play. If there is no play project in a community or the project has no outdoor space then resources should be made available to put in place an outreach play project that can ensure the supervision and facilitation of play in an open space in the community.
References


• Children’s Play Council (2005) *Fit for Play?* Playday 2005 Survey Report Findings from the survey conducted by the British Market Research Bureau for the Children’s Play Council and The Children’s Society, with support from the British Toy & Hobby Association.


• Department of Health, Social Services & Public Safety (2006) *Fit Futures. Focus on Food, Activity and Young People.* Belfast: Department of Health, Social Services & Public Safety

• DHSS, DE, DEL (1999) *Children First,* The Northern Ireland Childcare Strategy


• Office of the First Minister and Deputy First Minister (2007) *Draft Play Policy* Belfast: Office of the First Minister and Deputy First Minister

# Appendix A

## List of Groups Fit for Play by HSSB Area

<table>
<thead>
<tr>
<th>Southern</th>
<th>Northern</th>
<th>Eastern</th>
<th>Western</th>
</tr>
</thead>
</table>

| 23 | 18 | 23 | 23 |
SURVEY FOR ALL FIT FOR PLAY PARTICIPANTS 2004-2006

About you

A1. What role do you have in your group? (Tick one answer only)

- Owner/Manager/Leader/Supervisor
- Assistant
- Other (please specify)

A2. Which aspects of Fit for Play were you personally involved in? (Tick all that apply)

- I attended Out 2 Play training
- I attended Top Play/Active Clubs training
- I attended Food 4 Play training
- I was part of the group working towards the award

A3. How enjoyable did you find these different elements of Fit for Play? (For each element tick one box only, tick not applicable [N/A] if you were not involved in individual elements)

<table>
<thead>
<tr>
<th></th>
<th>Very</th>
<th>A little</th>
<th>Unsure</th>
<th>Not very</th>
<th>Not at all</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out 2 Play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Top Play/Active Clubs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food 4 Play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working towards the award</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A4. What three things did you enjoy most about taking part in Fit for Play?

1.

2.

3.
A5. What three things do you feel you have learnt from your involvement in Fit for Play?

1. 

2. 

3. 

A6. How much do you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fit for Play has helped me become more confident about being a play worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit for Play has helped me to provide an environment that facilitates physical play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit for Play has helped me encourage the children to spend more time outdoors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit for Play has helped me to encourage the children to be more physically active</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit for Play has helped me to better balance risk and safety when facilitating children’s play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit for play has helped me to provide healthier snacks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit for play has encouraged me to talk to parents about what we do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit for play has helped my career development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### A7. How much you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>No strong opinion</th>
<th>Strongly disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fit for Play has increased my knowledge of play theory</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fit for Play has increased my knowledge of Physical activity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fit for Play has increased my knowledge of diet and nutrition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### A8. How much you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>No strong opinion</th>
<th>Strongly disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fit for Play has increased my confidence to facilitate play</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fit for Play has increased my confidence to involve children in planning</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fit for Play has increased my confidence to involve children in preparing snacks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### About your group

### B1. What encouraged your group to take part in Fit for Play?

________________________________________________________________________________________

________________________________________________________________________________________
B2. How important were the following aspects, of taking part in Fit for Play, for your group? (For each statement tick one box only)

<table>
<thead>
<tr>
<th></th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Unsure of importance</th>
<th>Not very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>The group wanted to get the Award</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Social worker told us we should try and get the award</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We wanted to improve Playwork practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We wanted to learn more theory about play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We wanted to learn new games and activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We wanted to provide a better service for the children healthier snacks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We wanted to find out how to get the children outdoors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B3a. Did your group apply for or receive the Fit for play award? (Tick one box only)

- Applied and received award [ ]
- Did not apply for award [ ]

B3b. If your group did not receive the fit for play award could you tell us why your group did not receive/apply for the Fit for Play Award?

____________________________________________________________________________________

____________________________________________________________________________________
B4a. Who was the main instigator of Fit for Play in your workplace? *(Tick one box only)*

- I was
- fellow worker
- Manager/Leader
- other

B4b. If you were leading on the implementation of Fit for Play how easy was it to involve the rest of the staff team?

- Very difficult
- Difficult
- OK
- Easy
- Very Easy

B5. How productive/keen were individuals in your group in relation to taking part in Fit for Play

<table>
<thead>
<tr>
<th></th>
<th>Very</th>
<th>Quite</th>
<th>Unsure</th>
<th>Not very</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager/Leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Impact on children - Health benefits**

C1. Do you think that children’s physical health has changed as a result of your groups’ involvement with Fit for Play? *(Tick one answer only)*

- Children’s health has improved
- Children’s health is the same as before
- Children’s health is not as good as before
- Other, please specify

C2. Since we implemented Fit for Play children’s behaviour is

- Less hyperactive
- Less aggressive
- same
- more hyperactive
- more aggressive
C3. Could you tell us if the following facilities were available to the setting you worked in when involved in Fit for Play: (Please tick all that apply)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Our own</th>
<th>Public space</th>
<th>Not available or accessible Without transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor play area with tarmac</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor play area with grass</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor play area with natural features such as trees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor play area with fixed equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C4a. Have you changed any practices in your group in relation to physical play/activity since you were involved in Fit for Play?

Yes [ ] No [ ]

C4b. Could you describe these changes in practice?


C5. Do you feel these changes have had an effect on children’s physical play/activity?

<table>
<thead>
<tr>
<th>Effect</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, children are a lot more physically active</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, children are a little more physically active</td>
<td>[ ]</td>
</tr>
<tr>
<td>There is no change in the amount of physical activity</td>
<td>[ ]</td>
</tr>
<tr>
<td>Physical activity levels of children have decreased</td>
<td>[ ]</td>
</tr>
<tr>
<td>Don’t know</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
C6. Read the following statements. Could you say whether these things happen more often, about the same or less often since your involvement in Fit for play?

<table>
<thead>
<tr>
<th></th>
<th>More often than before</th>
<th>Around the same amount as before</th>
<th>Less often than before</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since we implemented Fit for Play children are off sick</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since we implemented Fit for Play children are using inhalers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since implementing Fit for Play children play in the rain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since implementing Fit for Play the children want to go outside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since implementing Fit for Play the children want to be physically active</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C7a. When children are with you, how much time on average per session do the children spend being physically active (e.g. running, walking, active play) since implementing Fit for Play?

C7b. When children are with you, how much time on average do the children spend outdoors each session since implementing Fit for Play?

C8. How long do you think children should be physically active each day (including at home, in school and with you)?

C9. What kind of physical play do the children engage in outdoors?

<table>
<thead>
<tr>
<th>Den building</th>
<th>Sport</th>
<th>Tree climbing</th>
<th>Group games</th>
<th>Lighting fires</th>
<th>Rough &amp; Tumble</th>
<th>Play with water</th>
<th>Other</th>
<th>Imaginary/Role Play</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C10. Have you made any changes to the type of foods and/or drinks you provide since you started Fit for Play?

Yes ☐ No ☐

C11. Could you tell us what changes you have made?

C12. Which of the following best describes the procedures in your group.

(For each statement tick one box only)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>All the time</th>
<th>Some times</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children are involved in planning for snacks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Children are involved in shopping for snacks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Children are involved in preparing snacks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Children eat fruit and vegetables every day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

C13. Which of these statements best describes the drinks that are offered in your group since starting Fit for Play?

<table>
<thead>
<tr>
<th>Statement</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>We provide milk and water only</td>
<td>☐</td>
</tr>
<tr>
<td>We still provide drinks other than milk and water</td>
<td>☐</td>
</tr>
<tr>
<td>We always provided milk and water only</td>
<td>☐</td>
</tr>
</tbody>
</table>
C14. Do the children bring in sweets, crisps and fizzy drinks?

<table>
<thead>
<tr>
<th></th>
<th>More than before</th>
<th>The same amount as before</th>
<th>Less than before</th>
<th>Were never allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fizzy drinks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squash</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parents

D1a. Did you inform parents of any changes your group made as a consequence of Fit for Play?

[ ] Yes [ ] No

D1b. If Yes, how did you inform parents?

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>By letter sent home</td>
<td></td>
</tr>
<tr>
<td>Letter sent via child</td>
<td></td>
</tr>
<tr>
<td>Told child to tell parent</td>
<td></td>
</tr>
<tr>
<td>Photo display</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

D2. How have the Parents reacted to the changes?

[ ] Positively [ ] Negatively [ ] Not at all

Can you give examples?

1.
2.
3.
**RESOURCES**

**E1.** Please let us know if YOU used any of the following resources provided to your group. If you did not use the resource please tell us why?

<table>
<thead>
<tr>
<th>Resource</th>
<th>Yes</th>
<th>No</th>
<th>If No Why Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laminated Spirals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ideas book</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play ‘work’ book</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out 2 Play CD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out 2 Play box of resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Top Play bag - sports equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Top Play cards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Club cards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food 4 Play theory section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recipes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food 4 Play CD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E2.** Please let us know if the CHILDREN used any of the following resources. If they did not use the resource please tell us why?

<table>
<thead>
<tr>
<th>Resource</th>
<th>Yes</th>
<th>No</th>
<th>If No Why Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laminated Spirals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ideas book</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play ‘work’ book</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out 2 Play CD</td>
<td></td>
<td></td>
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</tr>
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<td>Out 2 Play box of resources</td>
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<td>Top Play bag - sports equipment</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recipes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food 4 Play CD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E3a. Please tell us which resource the STAFF used most:


E3b. Please tell us which resource the CHILDREN used most:


E3c. Could you tell us the most used resource in the Out 2 Play box by STAFF:


E3d. Could you tell us the most used resource in the Out 2 Play box by CHILDREN:


F1. In relation to your involvement in Fit for Play was your Management: (Tick all that apply)

<table>
<thead>
<tr>
<th>Statement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eager for you to implement the changes?</td>
<td></td>
</tr>
<tr>
<td>Just allowed you get on with it?</td>
<td></td>
</tr>
<tr>
<td>Scared of what the parents would say?</td>
<td></td>
</tr>
<tr>
<td>Did not want you to do it?</td>
<td></td>
</tr>
<tr>
<td>Difficult to convince of the benefits?</td>
<td></td>
</tr>
<tr>
<td>Other?, please specify</td>
<td></td>
</tr>
</tbody>
</table>
F2. In relation to your involvement in Fit for Play was your Social Worker: (Tick all that apply)

<table>
<thead>
<tr>
<th>Happy for you to do Fit for Play?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive about your observations and the use of the 'spirals'?</td>
<td></td>
</tr>
<tr>
<td>Not aware of you being involved?</td>
<td></td>
</tr>
<tr>
<td>Not sure of some of the activities you tried to implement?</td>
<td></td>
</tr>
</tbody>
</table>

If the last please give example:

Other, please specify

-----------------------------------------------------------------------------------------------

F3. Please use this space if there is anything else you would like to tell us about your involvement in Fit for Play?


Thank you very much for your help in improving PlayBoard’s services!
Sample of audit and assessment tool used in observation.
### SAMPLE OF ACTION PLAN

**Planning for play**

<table>
<thead>
<tr>
<th>A weakness or deficit in our project</th>
<th>What we want to do about it</th>
<th>What needs to happen for that to become a reality</th>
<th>Who will do it</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on how the assessment tools were filled in</td>
<td>What kind of Play behaviour do you want to encourage?</td>
<td>What kind of environment/resources do you want to provide?</td>
<td>What would you like the play-workers to do or not to do?</td>
<td></td>
</tr>
</tbody>
</table>
**Evaluation**

How did it work?


Did you encounter any problems?


Would you do it again?
Yes ☐
No ☐
If yes, why?


If no, why not?


What would you change?


The Play Types

- Symbolic Play – play which allows control, gradual exploration and increased understanding without the risk of being out of one’s depth.
- Rough and Tumble Play – close encounter play which is less to do with fighting and more to do with touching, tickling, gauging relative strength. Discovering physical flexibility and the exhilaration of display.
- Socio-dramatic Play – the enactment of real and potential experiences of an intense personal, social, domestic or interpersonal nature.
- Social Play – play during which the rules and criteria for social engagement and interaction can be revealed, explored and amended.
- Creative Play – play which allows a new response, the transformation of information, awareness of new connections, with an element of surprise.
- Communication Play – play using words, nuances or gestures for example, mime, jokes, play acting, mickey taking, singing, debate, poetry.
- Dramatic Play – play which dramatizes events in which the child is not a direct participator.
- Deep Play – play which allows the child to encounter risky or even potentially life threatening experiences, to develop survival skills and conquer fear.
- Exploratory Play – play to access factual information consisting of manipulative behaviours such as handling, throwing, banging or mouthing objects.
- Fantasy Play – play which rearranges the world in the child’s way, a way which is unlikely to occur.
- Imaginative Play – play where the conventional rules, which govern the physical world, do not apply.
- Locomotor Play – movement in any or every direction for its own sake.
- Mastery Play – control of the physical and affective ingredients of the environments.
- Object Play – play which uses infinite and interesting sequences of hand-eye manipulations and movements.
- Role Play – play exploring ways of being, although not normally of an intense personal, social, domestic or interpersonal nature.
- Recapitulative Play – play that allows the child to explore ancestry, history, rituals, stories, rhymes, fire and darkness. Enables children to access play of earlier human evolutionary stages.

Devised by Bob Hughes, published in full in
‘A playworker’s Taxonomy of PlayTypes’ (PLAYLINK, second edition 2002)
Available from PlayEducation, 13 Castelhythe, Ely, Cambs CB7 4BU

Play Mechanisms

- Immersion
- Neophilia
- Abstraction
- Non-specialisation
- Repetition
- Ranging
- Bio-identification
- Absorption
- Recapitulation
- Combinatorial Flexibility
- Co-ordination
- Calibration

Researched and written by Bob Hughes, published in full in THE FIRST CLAIM – desirable processes.
Available from www.playwales.org.uk
Playwork Principles

These Principles establish the professional and ethical framework for playwork and as such must be regarded as a whole. They describe what is unique about play and playwork, and provide the playwork perspective for working with children and young people. They are based on the recognition that children and young people’s capacity for positive development will be enhanced if given access to the broadest range of environments and play opportunities.

1. All children and young people need to play. The impulse to play is innate. Play is a biological, psychological and social necessity, and is fundamental to the healthy development and well-being of individuals and communities.

2. Play is a process that is freely chosen, personally directed and intrinsically motivated. That is, children and young people determine and control the content and intent of their play, by following their own instincts, ideas and interests, in their own way for their own reasons.

3. The prime focus and essence of playwork is to support and facilitate the play process and this should inform the development of play policy, strategy, training and education.

4. For playworkers, the play process takes precedence and playworkers act as advocates for play when engaging with adult led agendas.

5. The role of the playworker is to support all children and young people in the creation of a space in which they can play.

6. The playworker’s response to children and young people playing is based on a sound up-to-date knowledge of the play process, and reflective practice.

7. Playworkers recognise their own impact on the play space and also the impact of children and young people’s play on the playworker.

8. Playworkers choose an intervention style that enables children and young people to extend their play. All playworker intervention must balance risk with the developmental benefit and well-being of children.
Healthy Living

The Vikings are coming

The Vikings are coming! Run for your lives!
That was the cry as the sleepy village of Crumlin, Co Antrim, was invaded by an army of Vikings recently.

The invaders were the youngsters from Crumlin's Sleepy Hollow Day Nursery and After-School Club and the conquest took place under the watchful eye of club manager Carole Moore and nursery manager Seanne Corbett.

The day was organised by children's charity Playboard under its Fit for Play scheme.

This aims to improve the long-term health and well-being of children by increasing physical play opportunities and healthy eating habits for children aged from four to 14. Thanks to support from the Big Lottery Fund, these opportunities will now be open to even more kids in Northern Ireland.

Caroline Kerr from Playboard said: "Many parents are afraid to let their kids play outside because of all sorts of dangers and it's also hard to drag children away from Gameboys and TVs these days. But you've only to see how they enjoyed dressing up as Vikings in the local park to realise how much they get out of this kind of activity."

At first Seanne was a bit cynical about this kind of organised play. "I have a wee one of my own and work with children all day. You think, what is there to learn about kids playing outside?" she said.

"But in fact it was brilliant and gave you a really good insight into what children's play is all about. There's a lot more to playing outside than just opening the door and letting them run wild!"

Carole showed them just what was involved as she set the scene. "We're Vikings, we've been ship-wrecked. Now we have to get to safety, build a fire and find fire wood," she told her captive audience, their eyes like saucers.

"It's great to be able to see how the kids respond to this kind of day," said Carole, who was hoarse by the end of the afternoon, such was the gusto of her Viking roars.

"Every child is able to get something out of this, no matter what age they are. And, of course, being allowed to get a bit messy doesn't hurt either. As my mum used to say, 'A dirty child is happy child.'"
Appendix F

Quotes from participants:

“Before Fit for Play the children would not always take part in play. Now we encourage all children to participate. We aim to get outside everyday, no matter what the weather. Fit for Play has had an excellent impact on staff and children of the club.”

“Fit for Play provided ideas for providing play experiences for special needs children.”

“Fit for Play was fantastic. All playworkers should do it. The PlayBoard reps were unbelievable.”

“The children love hut building and stream walking and can’t wait to do it again! They are enjoying snack time and helping with their menus.”

“The children now eat at least one piece of fruit or vegetable a day”

“Games are adapted to encourage the older girls to take part”

“Children who attend now take part in more physical activity regularly”

“The outside area has been made safe for the children to play in”

“The award helped us to identify weaknesses in our programme that we were unaware of. The children have become more involved in the overall development of the programme.”

“Training materials are very good and just enough, they are ideal for giving you ideas and helping with planning, they are also fairly straightforward to explain”

“The Spirals with their quality criteria allow you to assess your practice, the programme is child-friendly and child focused, PlayBoard staff come out to the project/group and ask the children what the playworkers provide and do, the children will always be honest”

“The training is innovative and is not always delivered in a room, you get the opportunities to go outdoors, and there is very much a hands on approach, importantly the course is actually fun”

“Tutors deliver the content at the right level and their enthusiasm is good, the practical element is good because it gives you the confidence to be able to do it with the kids”

“Evaluation is always done at the end of each session and at the end of any full course, the informal opportunities for networking also increase learning”

“Practical knowledge is important, we get a certificate which means we have learnt about the child’s right and need to play, it challenges you to reassess your role as a playworker”.

“Because of the training parents have started to trust us”.

“Spirals convince the Management Committees of the need to do certain things, particularly if you are to attain the award; the training also gives you the arguments to use with parents about what children will gain from play”.


“Our approach has changed, we allow children to resolve their own problems and this means they learn to work together, in terms of inclusion it has opened our mind and changed our attitudes towards the children, changed the way we involve all children and the way we play games”

“They now see that we are doing it not just because we have to but to get the best for the children, its ok to go beyond, we enjoy the work, the team work better together and we have become more efficient”

“This year 70% of the children came back from school sports day with medals, last year none of them took part”!
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BT15 1AA
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Fax: 028 9080 3381
E-mail: info@playboard.co.uk