Development and trial of a report card on children's physical activity in Western Australia

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Development and Trial of a Report Card on Children’s Physical Activity

in Western Australia

Maria Doolan

Degree Program: Master of Education

School of Education

University of Notre Dame Australia

Year: 2012
Declaration of Authorship

This thesis is the candidate’s own work and contains no material which has been accepted for the award of any degree or diploma in any other institution.

To the best of the candidate’s knowledge, the thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Maria Doolan 22 February 2012

Candidate’s Name Date
Abstract

Current levels of physical activity in Western Australian children and adolescents do not meet national physical activity recommendations. Insufficient physical activity and increasing levels of sedentary behaviours endanger the physical, mental and social health of young Western Australians. The purpose of this study was to develop and evaluate a Report Card to monitor Western Australia’s status in delivering the 10 Key Rights (identified and articulated in the *Charter for Active Kids* and developed by the Children’s Physical Activity Coalition) which aim to guide current and future physical activity interventions for Western Australian children and adolescents. The Report Card targeted multiple levels within a local community and was implemented in both a rural and metropolitan trial community. The study was carried out in three phases; 1) Development of a Report Card Template and Implementation Tools, 2) Evaluation Trials and 3) Report Card Evaluation and Report Card Process Feedback. Other international examples of child physical activity Report Cards guided the research design and an action learning methodology allowed for learning and improvements to be implemented along the way. First, indicators representing all the Key Rights of the Report Card and which were significant for all levels and sectors of the Western Australian community were identified. Next, to validate the tool, evidence to evaluate each indicator within each community was sourced and grades allocated overall and for each Key Right. Both communities were challenged to participate in improved delivery of these Key Rights. Areas identified as lacking sufficient data (for reporting purposes) hold particular significance for researchers in the Western Australian community; they will highlight future research needed to adequately monitor a common vision of improving physical activity opportunities for our Western Australian children and adolescents.
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Chapter 1
Introduction

Physical activity levels in children and adolescents are inextricably linked with their physical, mental and social health. The benefits of regular physical activity reside not only in the positive health effects young people experience, but also in the prevention of chronic disease and the abundance of associated problems (Bauman, Bellew, Vita, Brown, & Owen, 2002; Bull, Bauman, Bellow, & Brown, 2004; Hands, Parker, Glasson, Brinkman, & Read, 2004; Independent Sport Panel Australian Government, 2009; Trost, 2003; Wood & D'Arcy, 2001). Physically active children and adolescents are also more likely to adopt healthy behaviours such as avoiding use of tobacco, drugs and alcohol (Bauman et al., 2002; Katzmarzyk et al., 2008; World Health Organization, 2011). Furthermore, physical activity patterns of behaviour established in early years are reliable predictors of adult physical activity behaviour (Kohl & Hobbs, 1998; Malina, 2001; Powell & Dysinger, 1987; Sallo & Silla, 1997; Tammelin, Nayha, Hills, & Jarvelin, 2003; Yang et al., 2007).

Both Malina (2001) and Yang et al. (2007) concluded that childhood physical activity tracks reasonably well into young adulthood. In addition to this, childhood and adolescence is a critical time for effective prevention and intervention in the field of health (Karoly, Kilburn, & Cannon, 2005; Law, 2001; Reynolds et al., 2007; Williams et al., 2002). It is therefore, imperative that Western Australian youth are supported and encouraged to engage in sufficient physical activity to afford them the best possible opportunity for healthy, happy, fulfilled lives.

Research directly relating to physical activity levels in children and adolescents is burgeoning, however data indicating a high level of sedentary behaviours, decreased physical education and organized sport opportunities, declining fitness test performances, and decreased active transport (cycling and walking) suggests overall physical activity levels amongst young Australians are on the decline (Bauman et al., 2002; Dollman, Norton, & Norton, 2005; Katzmarzyk et al., 2008; Olds et al., 2004; Tomkinson, Leger, Olds, & Cazorla, 2003). Reversing the trend towards low levels of physical activity is reliant on well-planned and well-
resourced intervention strategies which permeate the lives of young Western Australians. These intervention strategies need to be multi-level, involve and target all individuals, communities and sectors of Western Australia, and use myriad avenues to implement change (Bauman et al., 2002; Giles-Corti, 2006; Sallis et al., 2006; Shilton, 2006; Smedley & Syme, 2000; World Health Organization, 2004).

The Children’s Physical Activity Coalition of Western Australia (CPAC), an organisation whose membership comprises of numerous agencies committed to promoting child and adolescent physical activity, produced a multi-level advocacy document, the *Charter for Active Kids* (http://www.heartfoundation.org.au/SiteCollectionDocuments/CharterforActiveKids.pdf). A main objective was to identify and articulate key strategies that will increase Western Australian children and adolescents’ participation in daily physical activity. These strategies and supporting information are listed under 10 key action areas known as the 10 Key Rights. These 10 Key Rights (see Table 1) provided the foundation from which the Report Card initiative was developed and also describe desired outcomes which continue to drive the Report Card forward.
### Table 1

**10 Key Rights from the Charter for Active Kids**

<table>
<thead>
<tr>
<th><strong>10 Key Rights</strong></th>
<th><strong>All Western Australian children have a right to:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Right #1</td>
<td>Receive a minimum of 150 minutes of quality physical education per week.</td>
</tr>
<tr>
<td>Key Right #2</td>
<td>Be taught by teachers who are well-trained, supported and resourced to deliver physical education.</td>
</tr>
<tr>
<td>Key Right #3</td>
<td>Be coached by well-trained and supported coaches, parents and volunteers in sport, recreation and community physical activity.</td>
</tr>
<tr>
<td>Key Right #4</td>
<td>Have access to programs that link their school with community programs and facilities.</td>
</tr>
<tr>
<td>Key Right #5</td>
<td>Join in programs that help their parents and caregivers to be active with their children, support physical activity for families, reduce time spent watching TV and other sedentary behaviours.</td>
</tr>
<tr>
<td>Key Right #6</td>
<td>School and neighbourhood physical and social environments that support activity play, walking and cycling.</td>
</tr>
<tr>
<td>Key Right #7</td>
<td>Opportunities to be active at school during recess, lunch time and after school.</td>
</tr>
<tr>
<td>Key Right #8</td>
<td>Media and other campaigns that promote a physically active culture and raise the priority afforded to childhood physical activity in Western Australia.</td>
</tr>
<tr>
<td><strong>This will require increased priority to be afforded to:</strong></td>
<td></td>
</tr>
<tr>
<td>Key Right #9</td>
<td>Children’s physical activity across all relevant Western Australian Government Departments and across relevant community and private sector agencies.</td>
</tr>
<tr>
<td>Key Right #10</td>
<td>Physical activity evaluation and monitoring to assess achievement of the above goals, and priority given to funding research to better inform future strategies.</td>
</tr>
</tbody>
</table>
The Honourable Nicola Roxon, Federal Minister for Health and Aging, has highlighted the need for urgent action in the field of preventive health. An important strategy in this endeavour was to assist Australians to participate in more sport and physical activity (Australian Government, 2010). Evidence-based evaluation of children and adolescents’ current physical activity levels and physical activity opportunities in Western Australia is a first step in this endeavour, as it will identify specific areas of strength and weakness and help guide intervention. Ongoing monitoring is essential to map changes resulting from these interventions, take advantage of built momentum for change and keep the issue at the forefront of Western Australia’s preventive health agenda. To enable an ongoing monitoring process, a valid and reliable tool, designed to monitor and evaluate children’s physical activity opportunities is needed.

**Purpose of the Study**

The purpose of this study was to develop and trial an evaluation tool, in the form of a report card, as a means by which to monitor Western Australia’s status in delivering the 10 Key Rights stipulated in the *Charter for Active Kids* (Children's Physical Activity Coalition, 2008).

The study was conducted in three phases, each addressing a separate research question:
Phase 1. Can a Report Card be developed from the *Charter for Active Kids*?
Phase 2. Can the Report Card be effectively implemented in two different geographical settings?
Phase 3. How should the Report Card and its implementation process be modified as a result of the evaluation trials?

**Significance of the Study**

This study has significance for all levels and sectors of the Western Australian community (see Figure 1). Children and adolescents, families, educational institutions, local communities, private enterprise, local sporting clubs and state level sporting organizations, media organizations, local and state government are all
represented in the Key Rights of the Report Card; all are challenged to participate in
the improved delivery of these Key Rights. In addition to measuring the status quo,
this tool may be used to inform and motivate stakeholder groups within the target
community and the community as a whole. Furthermore, as shown in Figure 1, the
Report Card will also be capable of monitoring progress over time, which will guide
and evaluate future physical activity interventions and help achieve CPAC’s vision
of “all children and adolescents in Western Australia actively participating in
sufficient physical activity for good social and physical health” (Children’s Physical
Activity Coalition, 2008, p. 2). The current availability of data, however, focuses on
Key Rights relating to schools, sporting organizations and local and state governing
bodies. The study therefore, has particular significance for these sectors of the
community, in using the Report Card’s findings to drive future initiatives and
interventions in child and adolescent physical activity within their spheres.
Furthermore, areas identified as lacking sufficient data (for reporting purposes) hold
significance for researchers in the Western Australian community in highlighting
future research needs.

Figure 1. Significance and purpose of the study

The realm of action research is becoming increasingly popular in
investigations of health-related issues (Dewar & Sharp, 2006; Springett, 2001;
Whitehead, Taket, & Smith, 2003) and action learning, a variant of action research,
provided an appropriate methodological vehicle with which to design and implement the child and adolescent physical activity Report Card.

**Limitations**

1. Access to research on school sites was dependent on Department of Education and Catholic Education Office approval and individual school principals’ support.
2. Means of communication within each trial community was limited by pre-existing communication protocols. School and community club questionnaires were disseminated to Fremantle community via postal mail and to Geraldton-Greenough community via email.
3. Low response rate of participants and key stakeholders limited the study. Approximately 39% of Fremantle community and approximately 15% of Geraldton-Greenough community responded to requests to participate in this study.
4. Stakeholders’ limited knowledge of available data to map against each Key Right. This was due in part to some stakeholders being recently appointed to their roles, as well as limited relevant research having been conducted.
5. Ability to access some data was dependent on participants’ support. For example, non-response to the school and community club questionnaires denied access to relevant data.
6. Limited budget to undertake evaluation trial.

**Delimitations**

1. The 10 Key Rights were predetermined by the *Charter for Active Kids* (Children's Physical Activity Coalition, 2008).
2. The age scope for children and adolescents targeted by the Report Card was 5 – 18 years. This age bracket aligned with those provided by each data source (schools and community sporting clubs) and was in keeping with the National Physical Activity Recommendation age groupings (5-12 years and 12-18 years).
3. Selection of indicators for inclusion in the Report Card was delimited by advice from previous report card initiatives and key stakeholders, and the nature of data.

4. The evaluation trial was delimited to the regional community of Geraldton-Greenough and the metropolitan community of Fremantle.

5. Potential participants were delimited to key stakeholders, schools and community sporting clubs in the trial communities.

6. Feedback and evaluation was sought from local government representatives only.

7. The timeframe available for data collection was delimited to 6 months.
Chapter 2
Literature Review

The Literature Review explores a number of topics, relating to the central issue of low levels of child and adolescent physical activity, and the end objective of developing a report card to inform the Western Australian community about the status of child and adolescent physical activity opportunities. The place of each topic with respect to the project is outlined in Figure 2.

Figure 2. Literature Review themes relating to the Development & Trial of a Report Card on Children’s Physical Activity in Western Australia
Importance of Physical Activity for Children & Adolescents

The 10 Key Rights (Children's Physical Activity Coalition, 2008) which underpin the content of the Report Card, focus on providing children and adolescents with opportunities to be physically active. The benefits of regular physical activity are numerous and wide-ranging, substantiated by research and advocated by notable institutions such as the World Health Organization (http://www.who.int/topics/physical_activity/en/), the International Society for Physical Activity and Health (http://www.ispah.org/ispahabout), the Australian Medical Association (http://ama.com.au/node/2518) and Australia’s Heart Foundation (http://www.heartfoundation.org.au/active-living/physical-activity/Pages/default.aspx) (Bauman et al., 2002). Physical health benefits for children and adolescents include the promotion of healthy growth and development, improved cardiovascular fitness, flexibility, balance, muscular strength and muscular endurance (Australian Government, 2004a, 2004b; Faigenbaum et al., 2009; Janz et al., 2006; McGuigan, Tatasciore, Newton, & Pettigrew, 2009; Miles, 2007; Shilton & Naughton, 2001; Wood & D'Arcy, 2001).

Additionally, regular physical activity is paramount in the prevention of childhood and later life experience of chronic diseases such as obesity, related musculo-skeletal problems, cardiovascular disease, Type 2 diabetes, some cancers, sleep apnea and hypertension (Miles, 2007; Sothern, Loftin, Suskind, Udall, & Blecker, 1999; Trost, 2003; Warburton, Nicol, & Bredin, 2006). Physical activity is also protective against the adoption of detrimental behaviours such as tobacco, alcohol and drug use (Bauman et al., 2002; Katzmarzyk et al., 2008; Trost, 2003).

Physical activity contributes to the promotion of mental health and wellbeing, improved self-concept and self-esteem (Miles, 2007; Shilton & Naughton, 2001; Trost, 2003; Wood & D'Arcy, 2001) and is a significant component in the prevention and treatment of mental disorders (Miles, 2007; Paluska & Schwenk, 2000; Parfitt, Pavey, & Rowlands, 2009; Saxena, Van Ommeren, Tang, & Armstrong, 2005). The development of social skills and social networks, decreased feelings of isolation and loneliness and increased feelings of belonging and connectedness are some of the
social health benefits gained from regular physical activity (Seymour, Reid, & Bloom, 2009; Smith, 2003; Wood & D'Arcy, 2001).

Physical inactivity also has a significant negative impact on current and future health and quality of life for Western Australian children and adolescents (Hands et al., 2004; Olds et al., 2004; Wood & D'Arcy, 2001). Insufficient physical activity ranks second only to tobacco use, as the leading cause of preventable disease and death in Australian adults (Bauman et al., 2002; Hands et al., 2004). Whilst more research is needed, available data indicate a trend towards increasing inactivity and associated sedentary behaviours amongst Australians (Bauman et al., 2002; Bauman, Ford, & Armstrong, 2001; Independent Sport Panel Australian Government, 2009; Martin, Dollman, Norton, & Robertson, 2005; van der Ploeg, Merom, Corpuz, & Bauman, 2008).

Western Australian children and adolescents are following this trend towards lower levels of physical activity (Bauman et al., 2002; Dollman et al., 2005; Hands et al., 2004; Olds et al., 2004). According to Martin et al. (2008), approximately 41% of primary school boys, 27% of primary school girls, 38% of secondary school boys and 10% of secondary school girls meet the Australian daily physical activity guideline of 60 minutes of moderate to vigorous physical activity per day (Australian Government, 2004a). This means, on average, only 29% of school aged children and adolescents in Western Australia are getting sufficient physical activity to derive associated health benefits. The 2008 Child and Adolescent Physical Activity and Nutrition Survey (CAPANS) report also identified “most primary school boys (70.9%) and girls (75.2%)” and “around four out of five secondary school boys (78.7%) and girls (83.0%)” (Martin et al., 2008 p.viii) engage in sedentary activity (electronic media) for more than the recommended two hours per day (Australian Government, 2004a).

Health Promotion

Urgent intervention to increase physical activity levels and decrease sedentary behaviours is needed for Western Australian children and adolescents. The promotion of the benefits of physical activity and provision of opportunities to be
physically active is crucial in this endeavour. Planning of effective health promotion should incorporate the five focus areas (building healthy public policies, creating supportive environments, strengthening community action, developing personal skills and reorienting health services) detailed in the Ottawa Charter for Health Promotion (World Health Organization, 1986) and supported in the Jakarta Declaration on Leading Health Promotion into the 21st Century (World Health Organization, 1997). A combination of these strategies in a comprehensive or multi-level approach is most effective when implementing health promotions (World Health Organization, 1997). Furthermore, the social determinants of health (the conditions in which people are born, grow, live, school, work, and age) should be considered when designing an intervention, so that issues which may assist or challenge its effective implementation may be addressed (Franzini et al., 2009; Smith et al., 2009; World Health Organization, 1986). The World Health Organization’s (WHO) Global Strategy on Diet, Physical Activity and Health (2004) models these recommendations.

**The Effectiveness of Multi-level Interventions**

Whilst interventions targeting select sections of a community may have some effect in increasing community physical activity levels, multi-level interventions, using a combination of strategies are most effective at a population level (Bauman et al., 2002; de Silva-Sanigorski et al., 2010; Global Advocacy for Physical Activity (GAPA) the Advocacy Council of the International Society for Physical Activity and Health (ISPAH) 2010, 2011; Kahn et al., 2002). An ecological model in relation to health promotion programs identifies four levels of influence on healthy behaviours; individual, interpersonal, organizational/community and society/policy (Fitzgerald & Spaccarotella, 2009; Giles-Corti, 2006; Gortmaker et al., 2011; McLeroy, Bibeau, Steckler, & Glanz, 1988; Sallis et al., 2006). As all these aspects are influential in the adoption of healthy physical activity patterns, they are paramount in intervention strategy design (Bauman et al., 2002; Bull et al., 2004; Giles-Corti, 2006; Shilton, 2008). Sallis et al. (2006, p. 297) write that “multilevel interventions based on ecological models...... targeting individuals, social environments, physical environments, and policies must be implemented to achieve population change in physical activity.” Smedley and Syme (2000, p. 1) concur; “interventions are likely
to be more successful when applied in co-ordinated fashion across multiple levels of influence (i.e., at the individual level; within families and social support networks; within schools, worksites, churches, and other community settings; and at broader public policy levels.”

A multi-level approach to intervention has been adopted by the WHO. The *Global Strategy on Diet, Physical Activity and Health* (2004) developed by WHO, identifies the need for global, regional, and national policies and action plans and the involvement of all sectors in the task of increasing people’s physical activity levels. The Council of Australian Governments (COAG) has agreed upon a national partnership targeting preventive health (Council of Australian Governments, 2009). The National Preventative Health Taskforce’s health strategy (Preventative Health Taskforce, 2009) calls on all levels of government, industry, business, unions, the non-government sector, research institutions, communities, families and individuals to share the responsibility of improving the health of all Australians.

Early stages of Bauman et al.’s (2002) *Getting Australia Active* initiative focused on building partnerships between organizations committed to increasing Australians’ physical activity levels. This included Commonwealth and State health agencies, local governments, sport and activity clubs and schools. Other reports (such as *Getting Australia Active II* (Bull et al., 2004) and *The Future of Sport in Australia* (Independent Sport Panel Australian Government, 2009)) also identified the need for all levels of government and community to commit to reforming the Australian sporting system. The Government of Western Australia adopted this approach in creating an agency for inter-departmental action on physical activity through its establishment of the Premier’s Physical Activity Taskforce.

Research proves that intervention initiatives, and, in particular initiatives aimed at increasing physical activity, are most effective when the strategies involve all layers and facets of society and utilize multiple avenues of engagement (Centers for Disease Control and Prevention, 2001; Giles-Corti, 2006; Huang, Drewnowski, Kumanyika, & Glass, 2009; Sallis, 2003; Smedley & Syme, 2000; van Sluijs, McMinn, & Griffin, 2007). McLeroy et al. (1988) proposed an ecological model for health promotion programs that involves four levels of a community. These map
well to the multi-level approach to physical activity intervention strategies for children and adolescents underpinning the *Charter for Active Kids* (Children’s Physical Activity Coalition, 2008), as shown in Figure 3. Each Key Right is notionally linked with a level significant or influential in facilitating each Key Right in the community.

*Figure 3.* The 10 Key Rights and related physical activity intervention strategies within an ecological framework (adapted from McLeroy et al.’s (1998) ecological model). The development of the Report Card on children’s physical activity in Western Australia is also based on this multi-level intervention.
Strategies to Increase Physical Activity

There have been a number of Australian initiatives aimed at increasing physical activity levels which adhere to this multi-level approach. Bauman et al. (2002) advocates interventions promoting physical activity via general practice, school, workplace, media, communities and special populations. The Australian Government’s National Physical Activity Recommendations resources suggest strategies which target different aspects of Australian’s lives e.g. personal habits, family lifestyles, work environments and local communities (Australian Government, 1999). In Western Australia, the Physical Activity Taskforce supports numerous strategies targeting different levels of the community via the Be Active website (Physical Activity Taskforce, 2010-2011). Active Communities: a concept to promote physical activity at the community level in WA (Wood & D'Arcy, 2001) relies on commitment and involvement from multiple stakeholders such as State and Local government agencies, local communities sporting clubs and schools.

Multi-level strategies promoting child and adolescent physical activity specifically include the National Heart Foundation’s Statement of Importance and Call to Action (Shilton & Naughton, 2001) as well as the National Physical Activity Recommendations resources Active Kids are Healthy Kids (Australian Government, 2004a) and Get Out and Get Active (Australian Government, 2004b). Despite these initiatives, there is still need for dramatic improvement (Hands et al., 2004; Martin et al., 2008). CPAC therefore, instigated its own physical activity promotion initiative for Western Australian children and adolescents, the Charter for Active Kids (Children's Physical Activity Coalition, 2008). This document is both specific and comprehensive in its articulation of multi-level strategies to enhance young Western Australians’ participation in physical activity. The Charter for Active Kids (Children's Physical Activity Coalition, 2008) focuses on 10 evidence-based Key Rights; each are crucial in providing physical activity opportunities to Western Australian children and adolescents, and require urgent and concerted action. All sectors of the Western Australian community are represented within the 10 Key Rights, reflecting the important role that each plays in supporting child and adolescent physical activity. They also feature throughout the actions/solutions strategies identified for each Key Right, and therefore, are called upon to participate
in the delivery of improving physical activity opportunities to all Western Australian children and adolescents.

To progress towards CPAC’s vision of “all children and adolescents in Western Australia actively participating in sufficient physical activity for good social and physical health” (Children's Physical Activity Coalition, 2008, p.2), accurate ongoing assessment of young Western Australian’s physical activity levels and physical activity opportunities must be conducted (Shilton, 2006; World Health Organization, 2004). The CAPANS surveys (Hands et al., 2004; Martin et al., 2008) offer information on the levels and types of physical activity of young Western Australians, but more regular monitoring is required to invigorate the process of change. The latest findings reported 41.2% of primary school boys, 27.4% of primary school girls, 37.6% of secondary school boys and 10.1% of secondary school girls surveyed participated in at least 60 minutes of daily physical activity each day in a given week (Martin et al., 2008). These data highlight the need for progress towards achieving the 10 Key Rights. Further information and evidence relating to CPAC’s 10 Key Rights (Children's Physical Activity Coalition, 2008) is also needed to adequately monitor the physical activity opportunities afforded young Western Australians.

**Monitoring Physical Activity Levels**

The primary reason for such a monitoring process is to produce evidence to substantiate and advocate the urgent need to increase physical activity amongst Western Australian youth. Identification and acceptance of a health-related problem, such as physical inactivity, will encourage policy makers, government and community leaders as well as the general public to attribute greater importance to actioning change. Enhancing community readiness to change improves the effectiveness of ensuing interventions (Holt, Helfrich, Hall, & Weiner, 2009; Shilton, 2006; Weiner, 2009). The Independent Sport Panel (Independent Sport Panel Australian Government, 2009) recommends the development of reliable and valid methods of collecting participation data to assist in the reform of Australian sport. Thus valid and reliable monitoring of Western Australian children and adolescent physical activity levels will help define the State’s overall objectives,
enable comparisons to established guidelines and relevant communities (Australian Government, 2004a; Australian Research Alliance for Children & Youth, 2008b; Children's Physical Activity Coalition, 2008; Hands et al., 2004; World Health Organization, 2011), and identify strengths and weaknesses within the Western Australian system (Wood & D'Arcy, 2001). Furthermore, evaluation of current physical activity levels will help prioritise areas in most need of attention and intervention, evaluate the effectiveness of implemented interventions (Children's Physical Activity Coalition, 2008; Katzmarzyk et al., 2008; Trost & Brown, 2000) and guide future planning, policy and funding (Children's Physical Activity Coalition, 2008; Giles-Corti, 2006; Kelly, 1995; Trost & Brown, 2000). Smedley and Syme (2000), Bull et al. (2004) and Trost (2003) also purport the importance of a surveillance process in health promotion.

Using Benchmarks for Monitoring Purposes

The use of benchmarks (standards by which to judge the quality of data) for individual measures in a health promotion evaluation tool is recommended for a number of reasons. Benchmarks offer a measure or yardstick by which to compare gathered data (Ellis, 2006), offer a description or picture of an ideal scenario (Active Healthy Kids Canada, 2009; Active Healthy Kids Canada Research Work Group, 2009; Weissman et al., 1999) and are useful in setting goals and monitoring the progress of individual measures over time (Active Healthy Kids Canada, 2009; Active Healthy Kids Canada Research Work Group, 2009; Independent Sport Panel Australian Government, 2009; Shilton, 2006; Weissman et al., 1999). Clearly defined benchmarks, such as percentage cut-offs or descriptive criteria, also help explain how ultimate evaluation or grading for an individual measure is allocated. Active Healthy Kids Canada (AHKC) has identified the use of benchmarks as helpful in making the evaluation process logical and transparent (Active Healthy Kids Canada, 2009) which is vital in assuring readers that the evaluation process is valid and reliable (Active Healthy Kids Canada, 2009; Active Healthy Kids Canada Research Work Group, 2009).

The process of establishing benchmarks may follow an expert consensus or data driven approach. The consensus approach, although subjective, allows for
aspirational standards to be identified (Ellis, 2006; Weissman et al., 1999). Data-driven benchmarks offer objectivity, but are reliant on current best practice where this too, may be an inadequate standard (Allison, Kiefe, & Weissman, 1999; Ellis, 2006; Weissman et al., 1999) However, a process which incorporates current data and relevant expert opinion (utilising the advantages of both approaches) offers a way forward (Davis, 2008; Ellis, 2006). Establishing benchmarks may be challenging due to lack of data (Davis, 2008) or collation of different types of data (Active Healthy Kids Canada Research Work Group, 2009), however, despite these difficulties, they are useful for organizing and focussing effort and resources in health intervention strategies (Davis, 2008). Furthermore, “benchmarking is accepted as a continuous quality improvement approach…….thought to provide a good indicator of an organization’s seriousness about quality” (Ellis, 2006, p.382).

Evaluating Report Card Systems

Advantages.

Numerous report card initiatives incorporate benchmarks in their reporting processes (Active Healthy Kids Canada, 2011; Healthy Active Kids Kenya, 2011; Pennington Biomedical Research Center, 2010; Sports Science Institute of South Africa, 2010). Report cards themselves are effective tools with numerous advantages that fuel positive change in the health arena. First and foremost, report cards provide a comprehensive picture or snapshot of the status quo of health issues for which a state or country is obliged to take responsibility (Quinney, Tremblay, & Brownrigg, 2009; Simmes, Blaszcak, Kurtin, Bowen, & Ross, 2000). Such surveillance mechanisms have been instrumental in raising the public’s awareness of health issues (Chomitz, Collins, Kim, Kramer, & McGowan, 2003; Fielding, Sutherland, & Hafon, 1999; Simmes et al., 2000). Other benefits of report cards include motivating community and government leaders, galvanizing action from these quarters and effecting policy change (Colley, Brownrigg, & Tremblay, 2011; Davis, 2008; O’Sullivan, Alperstein, & Mahmic, 2001; Simmes et al., 2000). Indeed, the effectiveness of report cards as advocacy tools, particularly their ability to articulate the urgency of physical activity data in a persuasive manner (Shilton, 2008), is often the primary reason for their inception (Active Healthy Kids Canada, 2009, 2010, 2011; Healthy Active Kids
Kenya, 2011; Pennington Biomedical Research Center, 2008, 2009, 2010; Sports Science Institute of South Africa, 2007, 2010). O'Sullivan et al. (2001) and Davis (2008) concluded that report cards were a successful means of improving the information gathering and dissemination process, allowed for comparisons between communities and were effective in calling all sectors of the community to action. The report card process often identifies and highlights areas requiring increased monitoring and evaluation (Quinney et al., 2009). Davis (2008 p.35) stated that “the Report Card serves as a guide for gauging progress….and for identifying gaps in information and areas for capacity building and education.” Fielding et al. (1999, p.79) credits report cards as being “critical components of community-based approaches to improving the health and quality of life of communities.” A robust methodology, provided resources are dedicated to the development of such interventions, further reinforces the role of reporting card systems in the campaign against inactivity (Active Healthy Kids Canada, 2009; Australian Research Alliance for Children & Youth, 2008b; North Carolina Prevention Partners, 2008; Pennington Biomedical Research Center, 2009).

Disadvantages.

Report cards have, however, received some criticism for being time-intensive, costly and frustrating in nature (Davis, 2008; Fielding et al., 1999). The lack of existing, suitable data and the process of data collection have been flagged as concerns in numerous report card initiatives (Active Healthy Kids Canada, 2009; Australian Research Alliance for Children & Youth, 2008b; North Carolina Prevention Partners, 2008; O'Sullivan et al., 2001; Pennington Biomedical Research Center, 2009). The breadth and variety of data, whilst problematic in one sense, are also touted as strengths in these report cards as the evidence may be deemed rich and resonant. Finding appropriate and adequate time for stakeholder / consensus meetings to allocate grades and offer recommendations can also be problematic (Davis, 2008; Fielding et al., 1999). This in turn, adds to the time and labour commitment required in a report card process. Davis (2008, p.15) comments that “despite these challenges, the benefits of report cards can outweigh the barriers, especially if efforts are made to use existing data sources and development methodologies.” Similarly, following discussion of difficulties encountered in
producing a health report card, O'Sullivan et al. (2001) concluded that overall, developing a report card was beneficial. Table 2 summarizes the advantages and disadvantages of using a report card system.

Table 2

**Advantages and Disadvantages of Report Card Systems**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Evidence based</td>
<td>× Can be time intensive</td>
</tr>
<tr>
<td>✓ Effective, recognized communication tool</td>
<td>× Can be expensive (staffing, resources)</td>
</tr>
<tr>
<td>✓ Raises public awareness</td>
<td>× Difficulty in analysing breadth and variety of data</td>
</tr>
<tr>
<td>✓ Motivates stakeholders to take action</td>
<td>× Lack of suitable, existing data</td>
</tr>
<tr>
<td>✓ Benchmarks set ideal scenarios</td>
<td></td>
</tr>
<tr>
<td>✓ Transparent grading process</td>
<td></td>
</tr>
<tr>
<td>✓ Highlights areas of concern</td>
<td></td>
</tr>
<tr>
<td>✓ Assists in setting goals and monitoring progress</td>
<td></td>
</tr>
<tr>
<td>✓ Variety of data and sources provides rich evidence</td>
<td></td>
</tr>
<tr>
<td>✓ Proven success with previous physical activity Report Card initiatives</td>
<td></td>
</tr>
</tbody>
</table>
Examples of Report Cards

There are an abundance of initiatives which provide useful examples of report cards being used as tools for behaviour change, policy change and health promotion (Active Healthy Kids Canada, 2008; Australian Research Alliance for Children & Youth, 2008a; North Carolina Institute of Medicine, 2006; North Carolina Prevention Partners, 2008; Pennington Biomedical Research Centre, 2008). Report cards which are most relevant to this study focus on physical activity levels of children and adolescents, such as Canada’s AHKC Report Card (Active Healthy Kids Canada, 2008, 2009, 2010, 2011), Louisiana’s Report Card on Physical Activity and Health (Pennington Biomedical Research Center, 2008, 2009, 2010, 2011), South Africa’s Report Card on Physical Activity, Nutrition and Tobacco Use (Sports Science Institute of South Africa, 2007, 2010) and Kenya’s Physical Activity and Body Weight Report Card (Healthy Active Kids Kenya, 2011).

These report cards generally adhere to an established and accepted method of production. Each have identified elements or categories to be evaluated, a number of indicators or measures to be used in each category’s evaluation, and a collaborative grading process guided by established benchmarks which set the tone of accompanying comments. This ultimately, influences the content of the recommendations for the future. The process of selecting indicators in these report cards was generally guided by set criteria. Indicators should be measurable, worth measuring, representative of the issue and various levels of involvement, related to end objectives, appropriate to the target audience and population in question, and understood by those who need to take action (Australian Research Alliance for Children & Youth, 2008b; Davis, 2008). These essential criteria are summarised in Table 3.
Table 3
Criteria for an Effective Report Card

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Succinct</td>
<td>Powerful communication tool</td>
</tr>
<tr>
<td></td>
<td>Concise information</td>
</tr>
<tr>
<td></td>
<td>Well organized &amp; well presented (effective graphics)</td>
</tr>
<tr>
<td></td>
<td>Comprehensive report supports / explains Report Card</td>
</tr>
<tr>
<td>Robust</td>
<td>Recognised by experts and relevant community</td>
</tr>
<tr>
<td></td>
<td>Valid</td>
</tr>
<tr>
<td></td>
<td>Replicable</td>
</tr>
<tr>
<td>Comparative</td>
<td>Compares rural, remote and metropolitan communities</td>
</tr>
<tr>
<td></td>
<td>Compares Australian standards / performance</td>
</tr>
<tr>
<td>Understandable</td>
<td>Explicit goals &amp; end objectives</td>
</tr>
<tr>
<td></td>
<td>Appropriate for target audience (WA community, those who need to take action)</td>
</tr>
<tr>
<td></td>
<td>Relevant measures used</td>
</tr>
</tbody>
</table>

Note. Adapted from “The Wellbeing of Young Australians – Technical Report” (ARACY) (Australian Research Alliance for Children & Youth, 2008b) and “An Examination of Health Report Cards as Tools for State and County Health Policy and Behavior Change in North Carolina” (Davis, 2008).

Developing a Report Card

Developing and trialling a Report Card involves a significant amount of discovery and learning along the way. This organic element of the Report Card initiative requires a research methodology which offers some flexibility with regards to research methods. The “fluid, evolving and dynamic nature” of qualitative research is therefore appropriate, rather than the “more rigid and structured format of quantitative methods” (Corbin & Strauss, 2008, p. 13). Liaising with key
stakeholders, who may identify several new possible sources of data and rule out some previously identified ones, which in turn, will affect the method of data collection and the amount and quality of data collected, highlights the fluid nature of this study.

At each stage of the study, feedback and subsequent editing were integral processes for the improvement of the Report Card initiative. Initially, the observation-reflection-action research techniques of action research presented as a suitable methodology. The identification of a solution (developing and implementing a Report Card initiative) to a given problem (low levels of child and adolescent physical activity) at the beginning of the study, however, was not indicative of action research, as solutions generally emerge from the study’s participants or collected data. As seen in Figure 4, “action research can be used to discover solutions” (Stringer, 2004, p. 151).

![Figure 4. Discovering Action Research Solutions](adapted from Stringer’s (2004) Action Research Sequence). Action research solutions generally emerge from the study’s participants or collected data.

Action learning, however, allows the researcher to identify a pre-determined solution and then apply the observation-reflection-action process to facilitate learning. Dick (1997) writes that both “action learning and action research are intended to improve practice. Action research intends to introduce some change; action learning uses some intended change as a vehicle for learning through reflection” (Experiential Learning, para. 4). The pre-determined solution in this
case, is the trialling of a Report Card system and the learning, via observation-reflection-action, will take place throughout the development and implementation stages of the Report Card initiative.

Chenhall and Chermack (2009, p. 589) state “there is no universal agreement on the definition of action learning,” however, other sources put forward more concrete explanations. Serrat (2008, p. 2) suggests action learning may be referred to as “an educational process by which a person studies his or her own actions and experience to improve performance. Put simply, it is about solving problems and getting things done.” Furthermore, “it should focus on real-life, practice-related problems that are open-ended in nature and do not have a right or wrong answer” (Serrat, p. 4). Weinstein (1995, p. 3) defines action learning as “a way of learning from our actions, and from what happens to us, and around us, by taking the time to question, understand and reflect, to gain insights, and consider how to act in future. Gray (2001, p. 318) says action learning “relies on the understanding that the emphasis of the activity is about the learning that arises from the process rather than ..... the solution to an actual problem.”

A common theme in action learning literature is identifying elements which characterise action learning; that is, elements which should be common to all action learning projects. Paradoxically, there is no firm consensus across literature in relation to these characteristics. Action learning characteristics proposed from Smith and O’Neil (2003), Marquardt (1999), Dewar & Sharp (2006) and Zuber-Skerritt (2002) are summarised in Table 4.
Table 4

*Characteristics of Action Learning*

<table>
<thead>
<tr>
<th>Author</th>
<th>Characteristics</th>
</tr>
</thead>
</table>
| Dewar & Sharp (2003) | - Participants work within a framework which includes agreement to work within certain principles  
                      - Commitment for participants to take responsibility for their learning  
                      - A group of people, normally between 4-8 sharing a problem of issue related to their practice  
                      - Group members raise questions and learn from the experience  
                      - Often has an external facilitator |
| Marquardt (1999)  | - A problem or challenge of importance to the group  
                      - A group of 4-8 members  
                      - A process that emphasizes questions and reflection  
                      - The power to take action on strategies developed  
                      - A commitment to learning at the individual, team and organizational levels  
                      - An action learning coach who focuses on capturing the learning and improving the skills of the group |
| Smith & O'Neil (2003) | - Real problems tackled in real time, no “right” answer  
                      - Participants meet several times in a small stable learning groups (called “sets”)  
                      - Problems are relevant to the participants’ workplace realities  
                      - Participants ask questions, reflect, extract lessons  
                      - Participants support each other  
                      - Participants take action between set meeting to resolve the problem |
| Zuber-Skerritt (2002) | - Learning by doing  
                      - Experiential learning  
                      - Reflecting on practice  
                      - Being open  
                      - Sharing ideas  
                      - Collaborating  
                      - Synergy  
                      - Learning to learn  
                      - Life-long learning  
                      - Learning in the workplace |
Whilst some of these elements resonate through this study (learning from questioning and reflecting, real problem, collaboration) others are loosely represented (group of people involved, shared problem) or are not considered relevant for this particular action learning environment (external facilitator).

Literature also proposes that researchers be allowed some latitude in framing their study as action learning. Crotty (1998, p.14) suggests that while “attending to recognised research designs and their various theoretical underpinnings exercises a formative influence” the researcher may have to “forge a methodology that will meet our particular purposes in this research.” Zuber-Skerritt (2002, p.114) writes “each action learning program is distinctive. This is because the action learning program depends on the context and organisational culture in which it is located, on the purpose/s for which it is designed, and on the existing constraints that may or may not be possible to overcome.” This project follows the general framework of action learning, but includes some elements unique to the situation of the study. For example, there are a number of action learning processes (e.g. liaison with stakeholders, questionnaire validation, indicator revision) operating concurrently rather than the standard action learning situation of a single process leading onto subsequent single processes. Furthermore, some of the action learning processes within this study adapt the observation-reflection-action process to that of action-observation-reflection in order to have material to be observed and reflected upon. Producing initial indicators and questionnaires to present for critique are examples of this adaption. Ultimately, action learning is, however, the methodology to be used in this study.

Summary of Key Issues

The increasing concern of low levels of child and adolescent physical activity demands immediate action (Children's Physical Activity Coalition, 2008). Multi-level intervention strategies are effective in increasing physical activity at a population level (Sallis et al., 2006). Evaluation tools, specifically report cards which incorporate clearly defined benchmarks, also have documented success as advocates of change in policy and in improving community health. Various child
and adolescent physical activity report cards currently combine these strategies (multi-level intervention and report card process) and provide successful models on which to base this project. An action learning methodology, able to cater for the unique situation of developing and implementing a Report Card in Western Australia is an effective and suitable research methodology for this study.
Chapter 3
Methods and Results

The origins of this study are found in the *Charter for Active Kids* (Children's Physical Activity Coalition, 2008) and previous report card initiatives (Active Healthy Kids Canada, 2009; Australian Research Alliance for Children & Youth, 2008a, 2008b; North Carolina Prevention Partners, 2008; Pennington Biomedical Research Center, 2009; Sports Science Institute of South Africa, 2007). Prior to this study, CPAC had already progressed through initial stages of developing a report card, using the 10 Key Rights from the *Charter for Active Kids* as the key measures (Children's Physical Activity Coalition, 2008). The CPAC membership group had also started the process of identifying indicators to be used to measure each Key Right, an idea modelled in previous report card initiatives. This study progressed from this platform and was carried out in three phases:

- Phase One - Development of a Report Card Template and Implementation Tools;
- Phase Two - Evaluation Trials; and

An action learning process (observation-reflection-action and at times, adapted to action-observation-reflection-action) was utilised throughout the study and is evident on a macro and micro level (see Figure 5). The whole study may be considered as an action learning cycle; the proposed state wide implementation representing the second macro cycle. Action learning also took place within the first macro cycle, with numerous observation-reflection-action micro cycles undertaken throughout the three phases. For example, in Phase One - Development of a Report Card Template and Implementation Tools, the questionnaires used to collect data from community stakeholders, were revised (action) using criteria from the Report Card template, guidelines from literature and feedback from expert validation (observation and reflection).
Figure 5. Action learning cycles in the Development & Trial of a Report Card on Children’s Physical Activity in Western Australia
Given the distinct phases of the study, the methods and results for each will be presented together. Phase One comprised the Development of the Report Card Template and Implementation Tools. Phase Two involved the evaluation trials in Geraldton and Fremantle. Finally, Phase Three involved the evaluation of the Report Card process and feedback of the two trials.

**Phase One – Development of a Report Card Template and Implementation Tools**

Phase One is driven by Research Question One: Can a Report Card be developed from the *Charter for Active Kids*?

The process for developing this Report Card was based on those used in previous report card initiatives (Active Healthy Kids Canada, 2009; Australian Research Alliance for Children & Youth, 2008a, 2008b; North Carolina Prevention Partners, 2008; Pennington Biomedical Research Center, 2009; Sports Science Institute of South Africa, 2007) and lessons learned by others (Active Healthy Kids Canada Research Work Group, 2009; Davis, 2008; Derose, Schuster, Fielding, & Asch, 2002; Fielding et al., 1999; O'Sullivan et al., 2001; Simmes et al., 2000).

The initial draft Report Card generated by the CPAC membership group had started the process of identifying indicators to be used to measure each Key Right. This draft was revised and developed using information from other report cards, advice sought from CPAC members (who were privy to existing forms and sources of information which provided suitable data to evaluate a Report Card indicator) and the *Criteria for an Effective Report Card* (see Table 3). The target age group for the Report Card was identified as 5 – 18 years. The use of the term “children” in relation to the Report Card would include children and adolescents within this age range. Specific objectives for the Report Card were also identified at this stage to provide a clear focus for the task of selecting indicators.
Report card objectives.

The Report Card is a tool designed to measure a community’s status towards achieving the Ten Key Rights of The Charter for Active Kids, and thereby the vision of “all children and adolescents in Western Australia actively participating in sufficient physical activity for good social and physical health” (Children's Physical Activity Coalition, 2008). The objectives of the Report Card are to:

1. Identify / define a community’s current status in relation to The Charter’s Vision and the 10 Key Rights
2. Identify aspects of the 10 Key Rights that are being fulfilled and those in need of action
3. Monitor and track the status of each Key Right over time
4. Inform and motivate stakeholder groups
5. Inform and motivate the community
6. Direct and evaluate interventions, planning and policy.

Indicator and evidence source guidelines.

The revised draft Report Card was disseminated amongst CPAC members (who acted as a reference group), accompanied by the objectives and a set of guidelines and considerations as to what constituted appropriate indicators and reliable sources of evidence. These guidelines, collated from similar ideas used in the development of other physical activity and health report cards (Active Healthy Kids Canada Research Work Group, 2009; Australian Research Alliance for Children & Youth, 2008b; Davis, 2008) are listed below:

1. Are the indicators measurable and worth measuring (relevant, reliable, available, comparable)? Do they provide information on the performance
(trend) of the Key Right?

2. Do the indicators resonate? Are they representative of multi-level involvement (populations, family, school, sporting organizations, local community, local government, state government)?

3. Are there too few or too many indicators? Are there too few or too many measures for each indicator?

4. Do the measures adequately measure the indicator? Are they related to end objectives?

5. Will this create a Report Card which is simple & effective, appropriate to the target audience and population in question, and understood by those who need to take action?

Input from members was largely directed towards select areas of expertise within the whole Report Card system. Feedback on the draft Report Card was used to further refine Report Card indicators and possible evidence sources.

The process of establishing benchmarks, used for grading indicators and Key Rights, was guided not only by other report card initiatives (Active Healthy Kids Canada, 2010; Pennington Biomedical Research Center, 2009; Sport Science Institute of South Africa, 2007), but the nature of the indicator and the nature of data available as evidence. Benchmarks were accompanied by a grading continuum, where academic grades from A to F were described or quantified, along with explanatory notes. Again, the CPAC reference group was consulted and their feedback used to revise the benchmarks (see Table 5).
Table 5

*Benchmarks Used in the Grading Process*

<table>
<thead>
<tr>
<th>Grade</th>
<th>Status of indicator / key right</th>
<th>Benchmark Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Excellent</td>
<td>80% + Excellent availability / involvement, very high level priority / funding</td>
</tr>
<tr>
<td>B</td>
<td>Good</td>
<td>60-79% Good availability / involvement, high level priority / funding</td>
</tr>
<tr>
<td>C</td>
<td>Adequate</td>
<td>40-59% Adequate availability / involvement, satisfactory level priority / funding</td>
</tr>
<tr>
<td>D</td>
<td>Poor</td>
<td>20-39% Poor availability / involvement, low level priority / funding</td>
</tr>
<tr>
<td>F</td>
<td>Extremely poor</td>
<td>&lt; 20% Extremely poor availability / involvement, very low level or non-existent priority / funding</td>
</tr>
<tr>
<td>INC</td>
<td>Inconclusive</td>
<td>Not enough evidence to assign a grade</td>
</tr>
</tbody>
</table>

The revised indicators and benchmarks were then incorporated into the Report Card Template (see Phase One Results). The development process of the Report Card Template is depicted in Figure 6.
**Initial Stages (prior to this study)**

- **10 Key Rights identified as report card focus areas**
- **Charter for Active Kids – CPAC**

**Draft Report Card**

- **CPAC members**

- **Review indicators**
  - Established report cards
  - Key stakeholders
  - Available data
  - Criteria for an effective Report Card

- **Draft Report Card**

- **Dissemination to CPAC members**
  - Indicator guidelines accompany report card to focus feedback

- **Review of Report Card indicators and data sources**
  - Feedback from reference group

- **Benchmarks established**
  - Identify nature of data
  - Apply appropriate process (data-driven / expert consensus)
  - Identify ideal scenario & construct grading continuum

**Report Card Template**

---

**Figure 6. Report Card Template Development Process**

Tools to enable the implementation of the Report Card were then developed. The identification and consideration of stakeholders (possible participants in Phase
Two – Evaluation Trials) within target communities, further guided the development of these tools. Letters of introduction and recruitment to the study, questionnaires, consent forms and release strategies were created in template form to provide models which could be used in Phase Two - Evaluation Trials or in future iterations (see Appendices A – I). As shown in Figure 5, the questionnaires were adapted to suit different stakeholders in the trial communities and revised after a validation process by key experts in the field (see Appendices J & K). Questionnaires were also designed in preparation for Phase Three - Report Card Evaluation and Report Card Process Feedback (see Appendices L & M). Furthermore, a step by step process of implementing the Report Card was developed to help facilitate its effective implementation (see Phase One Results and Figure 7). Differentiation of suitable procedures for this study and a proposed future state wide implementation are made where appropriate.
Report Card Implementation Tools
A Report Card on Child and Adolescent Physical Activity Opportunities in Target Community:

Overall Grade: #

Full details of all 45 indicators, results and data sources can be found in the companion technical report which is available from mdoolan@nd.edu.au or c/- Institute of Health & Rehabilitation Research, School of Health Sciences, The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959
## Grading Process

<table>
<thead>
<tr>
<th>Grade</th>
<th>Benchmark Descriptors</th>
</tr>
</thead>
</table>
| A     | Status of indicator / key right is excellent.  
80% +  
Excellent availability / involvement, very high level priority / funding |
| B     | Status of indicator / key right is good.  
60-79%  
Good availability / involvement, high level priority / funding |
| C     | Status of indicator / key right is adequate.  
40-59%  
Adequate availability / involvement, satisfactory level priority / funding |
| D     | Status of indicator / key right is poor.  
20-39%  
Poor availability / involvement, low level priority / funding |
| F     | Status of indicator / key right is extremely poor.  
< 20%  
Extremely poor availability / involvement, very low level or non-existent priority / funding |
| INC   | Inconclusive  
Not enough evidence to assign a grade |

- Quantitative data relating to the one indicator will be collated to produce an average quantitative measure, to be compared against the Benchmark Descriptors.
- In the absence of sufficient or quantitative data, the indicator will be assigned a grade of Inconclusive (INC).
- At least 50% of indicators must return an A - F grade to derive an overall grade for a Key Right.
- INC (Inconclusive) grades (if less than 50%) within the one Key Right will not influence the determination of grade.
- If more than 50% of indicators return an INC grade, the overall grade for the Key Right will be INC.
- Indicators relating to the one Key Right carry equal weighting.
- 1 – 10 Key Right grades carry equal weighting in calculating the overall grade.
- Key Rights with an INC grade will not influence the determination of the overall grade.
- Trend over time (situation is improving, worsening or remaining stable) represented with ↑, ↓ or ↔ signs.
- Disparities (e.g. regional/metropolitan, race/ethnicity, disability, socio-economic status, gender, age) identified by + and – signs.
### Overarching Indicator:

**All children and adolescents meet the national Physical Activity recommendation of at least 60 minutes of moderate and vigorous activity per day.**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>% children and adolescents meeting the national Physical Activity recommendation of at least 60 minutes of moderate and vigorous activity per day</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A</td>
<td>↑</td>
<td></td>
</tr>
</tbody>
</table>

### Key Right # 1:

**All children have a right to receive a minimum of 150 minutes of quality physical education per week.**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 % schools providing 150 minutes of Physical Education for Years 1 – 12</td>
<td>A</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>1.2 % PE-trained teachers amongst teachers delivering Physical Education</td>
<td>A</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>1.3 % schools with comprehensive Physical Education curriculum planning document (e.g. school PE program)</td>
<td>A</td>
<td>↑</td>
<td></td>
</tr>
</tbody>
</table>
Key Right # 2:

All children have a right to be taught by teachers who are well-trained, supported and resourced to deliver physical education.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 % teachers delivering Physical Education with suitable expertise in PE (e.g. minimum 4 PE units per degree)</td>
<td>A</td>
<td>✲</td>
<td></td>
</tr>
<tr>
<td>2.2 Number of PE-related professional development opportunities per year</td>
<td>A</td>
<td>✲</td>
<td>Explain # equating to Excellent / Good etc… for grading</td>
</tr>
<tr>
<td>2.3 % teachers who participate in PE-related professional development opportunities per year</td>
<td>A</td>
<td>✲</td>
<td></td>
</tr>
<tr>
<td>2.4 % schools with at least “adequate” rating using the Physical Activity School Scan (PASS)</td>
<td>A</td>
<td>✲</td>
<td></td>
</tr>
<tr>
<td>2.5 % schools with at least “adequate” sport equipment to student ratio</td>
<td>A</td>
<td>✲</td>
<td></td>
</tr>
</tbody>
</table>
Key Right # 3:

All children have a right to be coached by well-trained and supported coaches, parents and volunteers in sport, recreation and community physical activity.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1  % school coaches with minimum Level 1 Coaching Accreditation</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2  % community sport coaches, coaching junior sport, with minimum Level</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3  % coaches with access current coaching information to facilitate</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4  % coaches with at least adequate equipment, equipment storage &amp;</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&amp; resources for coached group (e.g. suitable ratio of sport equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Right # 4:

All children have a right to have access to programs that link their school with community programs and facilities.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of schools with established links to community programs and facilities (regular use or participation)</td>
<td>A</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>% community programs/organizations/facilities actively networking with schools</td>
<td>A</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>% children involved in community physical activity programs/organizations</td>
<td>A</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Local government presence promoting physical activity in school/community organisations</td>
<td>A</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Key Right # 5:

All children have a right to join in programs that help their parents and caregivers to be active with their children, support physical activity for families, reduce time spent watching TV and other sedentary behaviours.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 % children meeting national guideline for using electronic media for</td>
<td>A</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>entertainment (≤ 2 hours per day)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2 % parents &amp; caregivers who engage / support daily physical activity</td>
<td>A</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>for their children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3 Number of inclusive, family-oriented, physical activity program</td>
<td>A</td>
<td>↑</td>
<td>Explain # equating to Excellent / Good etc… for grading</td>
</tr>
<tr>
<td>opportunities available per year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4 Funding allocated to deliver physical activity campaigns aimed at</td>
<td>A</td>
<td>↑</td>
<td>Initial years may only report absence or presence &amp; amount, but refrain from grading</td>
</tr>
<tr>
<td>families and adults responsible for children’s physical activity levels</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Right # 6:

All children have a right to school and neighbourhood physical and social environments that support active play, walking and cycling.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1  % children with safe access to walking and bike paths</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2  % schools with minimum facility requirements for physical activity</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. Undercover area, grass area, play areas and play markings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3  % neighbourhoods with minimum facility requirements for physical</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>activity e.g. Undercover area, grass area, play areas and play</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>markings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.4  Number of active transport programs / initiatives promoted per year</td>
<td>A</td>
<td></td>
<td>Explain # equating to Excellent / Good etc… for grading</td>
</tr>
<tr>
<td>6.5  % schools with “minimum level” of walkability</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.6  Funding allocated to programs and facilities for promotion and</td>
<td>A</td>
<td></td>
<td>Initial years may only report absence or presence &amp; amount, but refrain from grading</td>
</tr>
<tr>
<td>maintenance of active play, walking and cycling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.7  % children actively commuting (walking / cycling / skating /</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>scootering) to school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.8  % children actively commuting (walking / cycling / skating /</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>scootering from school</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Right # 7:

All children have a right to opportunities to be active at school during recess, lunchtime and after school.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 % schools with structured co-curricular physical activity programs</td>
<td>A</td>
<td>🔺</td>
<td></td>
</tr>
<tr>
<td>7.2 % children participating in structured co-curricular physical activity programs</td>
<td>A</td>
<td>🔺</td>
<td></td>
</tr>
<tr>
<td>7.3 % schools offering facility &amp; equipment access to students outside of PE lesson time</td>
<td>A</td>
<td>🔺</td>
<td></td>
</tr>
<tr>
<td>7.4 % schools implementing policy and initiatives which actively promote physical activity during recess, lunch and before/after school</td>
<td>A</td>
<td>🔺</td>
<td></td>
</tr>
<tr>
<td>7.5 Average duration of ‘active play' opportunities through recess and lunchtime per day</td>
<td>A</td>
<td>🔺</td>
<td>Explain time equating to Excellent / Good etc… for grading</td>
</tr>
<tr>
<td>7.6 % children participating in ‘active play' during recess and lunchtime</td>
<td>A</td>
<td>🔺</td>
<td></td>
</tr>
</tbody>
</table>
**Key Right # 8:**

All children have a right to media and other campaigns that promote a physically active culture and raise the priority afforded to childhood physical activity.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 % newspaper articles/adverts promoting physically active culture or childhood physical activity per week</td>
<td>A</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>8.2 % news and current affair stories and TV shows/adverts promoting physically active culture or childhood physical activity per week</td>
<td>A</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>8.3 Funding allocated to promote children’s physical activity in the media</td>
<td>A</td>
<td>↑</td>
<td>Initial years may only report absence or presence &amp; amount, but refrain from grading</td>
</tr>
</tbody>
</table>

**Key Right # 9:**

Increased priority is afforded to children’s physical activity across all relevant Western Australian Government Departments and across relevant community and private sector agencies.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Funding and budget allocation for children’s physical activity opportunities across the community</td>
<td>A</td>
<td>↑</td>
<td>Initial years may only report absence or presence &amp; amount, but refrain from grading</td>
</tr>
<tr>
<td>9.2 Representatives from all aspects of a multi-level intervention actively participate in working towards the Charter for Active Kids’ vision</td>
<td>A</td>
<td>↑</td>
<td>Initial years may only report absence or presence, numbers &amp; name positions/roles, but refrain from grading</td>
</tr>
<tr>
<td>9.3 % positive response to participate in report card process</td>
<td>A</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>9.4 Children’s physical activity listed as a priority in policy statements (mission / strategic plan / annual reports)</td>
<td>A</td>
<td>↑</td>
<td>Initial years may only report absence or presence &amp; state which policies, but refrain from grading</td>
</tr>
</tbody>
</table>
Key Right # 10:

Increased priority is afforded to physical activity evaluation and monitoring to assess achievement of the aforementioned goals, and priority given to funding research to better inform future strategies.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Government funding for evaluation and monitoring research reporting on aspects of the Charter for Active Kids’ Key Rights</td>
<td>A</td>
<td>🔺</td>
<td>Initial years may only report absence or presence &amp; amount, but refrain from grading</td>
</tr>
<tr>
<td>10.2 Government funding for research projects relating to children’s physical activity</td>
<td>A</td>
<td>🔺</td>
<td>Initial years may only report absence or presence, research project names &amp; amounts, but refrain from grading</td>
</tr>
<tr>
<td>10.3 Private sector funding for evaluation and monitoring research reporting on aspects of the Charter for Active Kids’ Key Rights</td>
<td>A</td>
<td>🔺</td>
<td>Initial years may only report absence or presence &amp; amount, but refrain from grading</td>
</tr>
<tr>
<td>10.4 Private sector funding for research projects relating to children’s physical activity</td>
<td>A</td>
<td>🔺</td>
<td>Initial years may only report absence or presence, research project names &amp; amounts, but refrain from grading</td>
</tr>
</tbody>
</table>
Recommendations for the Future

1. XXXX.

2. XXXX.

3. XXXX.

4. XXXX.

5. XXXX.

1. XXXX
   - XXXXXXXXXX.
   - XXXXXXXXXX.

2. XXXX
   - XXXXXXXXXX
   - XXXXXXXXXX

3. XXXX
   - XXXXXXXXXX
   - XXXXXXXXXX

4. XXXX
   - XXXXXXXXXX
   - XXXXXXXXXX

5. XXXX
   - XXXXXXXXXX
   - XXXXXXXXXX
Report Card Implementation Process
# Report Card Implementation Process

1. Identification of the community.

2. 

   * Appointment of a Children’s Physical Activity Report Card (CPARC) Committee (e.g. Project Officer and Reference Group).

3. Liaison with key stakeholders in the community and holders of data.

   A combination of methods of communication will be utilized in establishing and maintaining networks with community stakeholders and participants including telephone calls, letters, emails and in-person meetings. Hard and electronic copies of information documents will accompany these communications to help explain the Report Card initiative. The initial stages of liaison may include obtaining permission to conduct research on specific sites.

4. Collation of data.

   Evidence will be collated from a variety of sources (e.g. interviews, questionnaires, web-based research) and includes different sectors of the community (e.g. governing bodies, schools, community organizations).

   * Evidence collated by CPARC Project Officer and/or Group.

5. 

   * Distribution of all collated evidence to CPARC Project Officer and Committee members.

6. 

   * Independent assignment of grades according to grade descriptors.

7. Grade assignment.

   * Consensus meeting to assign grades.

8. Presence of disparities within an indicator (if known), to be identified by + and − signs (e.g. regional/metropolitan, race/ethnicity, disability, socio-economic status, gender, age).
9. Trend over time considered to determine whether the situation is improving, worsening or remaining stable, and represented with ↑, ↓ or ↔ signs.

10. Grade and/or trend allocation may be accompanied by a comment (eg. summary of evidence, any challenges to the process of consensus, explanation of grade).

11. Recommendations for the future written (eg. identify and prioritize indicators needing action to move towards realizing the Charter for Active Kids’ Vision).

   * Consultation with graphic design / printing experts.


    Evidence used in evaluating the Report Card’s impact may include written and oral feedback, number of media pieces, changes in policy or funding.

    Evidence used in evaluating the Report Card process may include written and oral feedback from stakeholders, participants and Report Card Committee and Project Officer’s recorded observations.

    Evidence used in evaluating the Report Card’s impact may include written and oral feedback, number of media pieces, changes in policy or funding, changes in personnel, facilities, programs and physical activity levels.

* Indicates steps relevant to the proposed future Statewide implementation.
Figure 7. Report card implementation process adapted from Stringer’s (2004) Action Research Cycle.
Phase One summary.

The Phase One Methods and Results produced Report Card implementation tools and an implementation process, indicating that it is feasible to develop a Report Card from the Charter for Active Kids. These items were then implemented in evaluation trials in Phase Two.

Phase Two – Evaluation Trials

In this phase, the draft Report Card was trialled in two different local communities, one in regional Western Australia (Geraldton-Greenough) and the other in metropolitan Perth (Fremantle). Research Question Two asked: Can the Report Card be effectively implemented in two different geographical settings?

Human research ethics clearance.

An Application for Low Risk Review of a Project Involving Humans was made to the Human Research Ethics Committee of the University of Notre Dame Australia to conduct this phase of the project and approval was granted. Applications to perform research on school sites were submitted to both the Department of Education and the Catholic Education Office. The Department of Education did not grant permission, primarily because of their objection to the 150 minutes of physical education stipulation in Indicator 1.1 and Key Right 1; this issue is discussed in Chapter 4 (Ethics clearance from Department of Education denied). As a result, only Catholic Education Office schools and Association of Independent Schools of Western Australia schools were included in the trial.

Implementing the Report Card.

The Western Australian local government areas of Fremantle and Geraldton-Greenough were selected as focus communities for the evaluation trials. The local governments for each community were identified as being proactive in their approaches to physical activity. Both have strategic plans for physical activity, dedicated physical activity personnel within the organization and have been
recognized by the State government for physical activity initiatives. Their communities were recognized as being receptive and supportive towards physical activity initiatives and provided an opportunity to compare results between a rural and metropolitan setting. These characteristics were deemed advantageous in trialling the Report Card initiative.

The initial approaches to the trial communities via postal and electronic mail (a cover letter, advertisement brochure and potential participant’s information letter) were made to the Chief Executive Officers, Directors of Community Development Departments and Co-ordinators of Recreation/Sporting Club Development requesting their support and participation in the Report Card trial. These mailings were followed up by phone calls and in-person meetings to further discuss the Report Card initiative, where hard copies of the *Charter for Active Kids* (Children's Physical Activity Coalition, 2008), child physical activity report cards current at the time (Active Healthy Kids Canada, 2008, 2009; Pennington Biomedical Research Center, 2008, 2009; Sports Science Institute of South Africa, 2007), and the Report Card Template were used to help explain the objectives of the initiative. There was a snowballing effect, producing additional potential (some eventual) participants. Email and phone calls were utilised as ongoing communication methods during the trial period.

Questionnaires developed in Phase One were sent to schools and community sporting clubs in both communities. Each trial community had different communication protocols, consequently Fremantle school and club questionnaires were mailed out and Geraldton-Greenough school and club questionnaires were sent via email. Due to the low response rate (40% of schools and 39% of clubs in Fremantle, 29% of schools and 8% of clubs in Geraldton-Greenough) State Sporting Associations and Organizations were approached to provide data in relation to specific sports at the state level in order to supplement local community sporting club information (see Appendices N – P).

Phase Two presented the opportunity to gather feedback on the Report Card indicators from key stakeholders and questionnaire respondents. In some instances, feedback resulted in indicators being immediately edited to allow the process of data
collection to move forward. Other examples of feedback were noted for consideration in future implementations of the Report Card. The feedback and actions taken or required for future iterations are presented in Recommendation 3 (Chapter 5 Summary and Recommendations for the Future).

Data were collected via returned questionnaires, discussions with participants (during in-person meetings and phone calls), and public documents accessed from participants or relevant websites (see Appendices Q & R, Fremantle and Geraldton-Greenough Report Cards, Sources of Information). Summaries of data collected during meetings and phone calls with local government participants, were emailed to those involved for editing and confirmation of information. The grading of individual indicators was carried out according to the Report Card Template grading process. Data from all sources were used in the grading process. Quantitative data relating to individual indicators was collated to produce an average quantitative measure. This measure was compared against the Benchmark Descriptors (see Table 5) in order to allocate a grade to the indicator. In the absence of sufficient, quantitative data the indicator was assigned a grade of Inconclusive (INC). A comment accompanied each grade to summarise the evidence for that indicator’s grade; both quantitative and qualitative data were used in writing these comments. Each Key Right was then graded following the Report Card Template guidelines:

- At least 50% of indicators must return an A - F grade to derive an overall grade for a Key Right.

- INC (Inconclusive) grades (if less than 50%) within the one Key Right will not influence the determination of grade. If more than 50% of indicators return an INC grade, the overall grade for the Key Right will be INC.

- Indicators relating to the one Key Right carry equal weighting.

- Indicator and Key Right trends over time (situation is improving, worsening or remaining stable) were to be represented with ↑, ↓ or ↔ signs. Disparities
(e.g. regional/metropolitan, race/ethnicity, disability, socio-economic status, gender, age) were to be identified by + and – signs.

As most of the indicators and Key Rights were being graded for the first time, there was very limited use of trend and disparity indicators. Finally, an overall grade for child and adolescent physical activity opportunities in each trial community was allocated by averaging the Key Right grades. Grades for Key Rights 1 – 10 carried equal weighting in calculating the overall grade. Key Rights with an INC grade did not influence the determination of the overall grade.

Significant findings relating to the status of each community, and future recommendations were included in the final Report Cards. These long versions of the Report Card (see Appendix CD) were then summarised to deliver concise and powerful messages to the communities’ participants.

The Report Card Release Strategies (see Appendix I) were significantly revised due to time and budget restraints; hard copies of the Snapshot (see Phase Two Results) and the Report Card (see Appendices Q & R) were mailed to the local government recreation/club development co-ordinators for Fremantle and Geraldton-Greenough.
Fremantle
City Council
Snapshot
Report Card on Child & Adolescent
Physical Activity in Fremantle City Council

- A Snapshot

This Report Card is an evaluation of child and adolescent physical activity opportunities in the community of Fremantle, June-December, 2010. Reporting indicators relate to the 10 Key Rights as discussed in the Charter for Active Kids, A Blueprint for Active and Healthy Children in Western Australia.

Overall Grade: C +

Significant Findings

- Good level of training and support for coaches, parents and volunteers involved with child and adolescent sport, recreation and community physical activity in Fremantle;
- Fremantle school and neighbourhood environments provide many opportunities for children and adolescents to be physically active;
- Fremantle schools provide ample opportunity for children and adolescents to be physically active outside of class time;
- Links between Fremantle’s school and community programs and resources are limited;
- There is very little information relating to indicators of Fremantle’s child and adolescent physical activity opportunities.

Recommendations for the Future

1. Engage all sectors of the Fremantle community; a multi-level intervention will be most effective.
2. Celebrate and advertise the aspects of Fremantle child and adolescent physical activity initiatives that are effective and successful.
3. Prioritise interventions for aspects identified in the Report Card which are most need of support.
4. Enable identification of current, accurate, quantitative data relating to Indicators of child and adolescent physical activity in Fremantle.
5. Commit to ongoing monitoring and evaluation.

Further information regarding results and data sources can be found in the Short Form Report Card or the companion technical report which are available from mdoolan@nd.edu.au or c/- Institute of Health & Rehabilitation Research, School of Health Sciences, The University of Notre Dame Australia, PO Box 1225, Fremantle WA 6959
<table>
<thead>
<tr>
<th>Overarching Indicator</th>
<th>All children and adolescents meet the national Physical Activity recommendation of at least 60 minutes of moderate and vigorous activity per day.</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Right # 1</td>
<td>All children have a right to receive a minimum of 150 minutes of quality physical education per week.</td>
<td>C -</td>
</tr>
<tr>
<td>Key Right # 2</td>
<td>All children have a right to be taught by teachers who are well-trained, supported and resourced to deliver physical education.</td>
<td>INC</td>
</tr>
<tr>
<td>Key Right # 3</td>
<td>All children have a right to be coached by well-trained and supported coaches, parents and volunteers in sport, recreation and community physical activity.</td>
<td>B +</td>
</tr>
<tr>
<td>Key Right # 4</td>
<td>All children have a right to have access to programs that link their school with community programs and facilities.</td>
<td>D</td>
</tr>
<tr>
<td>Key Right # 5</td>
<td>All children have a right to join in programs that help their parents and caregivers to be active with their children, support physical activity for families, reduce time spent watching TV and other sedentary behaviours.</td>
<td>C</td>
</tr>
<tr>
<td>Key Right # 6</td>
<td>All children have a right to school and neighbourhood physical and social environments that support active play, walking and cycling.</td>
<td>B</td>
</tr>
<tr>
<td>Key Right # 7</td>
<td>All children have a right to opportunities to be active at school during recess, lunchtime and after school.</td>
<td>B</td>
</tr>
<tr>
<td>Key Right # 8</td>
<td>All children have a right to media and other campaigns that promote a physically active culture and raise the priority afforded to childhood physical activity.</td>
<td>INC</td>
</tr>
<tr>
<td>Key Right # 9</td>
<td>Increased priority is afforded to children’s physical activity across all relevant Western Australian Government Departments and across relevant community and private sector agencies.</td>
<td>C +</td>
</tr>
<tr>
<td>Key Right #10</td>
<td>Increased priority is afforded to physical activity evaluation and monitoring to assess achievement of the aforementioned goals, and priority given to funding research to better inform future strategies.</td>
<td>INC</td>
</tr>
</tbody>
</table>
Geraldton-Greenough
City Council
Snapshot
A Report Card on Child & Adolescent Physical Activity in Geraldton-Greenough City Council

- A Snapshot

This Report Card is an evaluation of child and adolescent physical activity opportunities in the community of Geraldton-Greenough, June-December, 2010. Reporting indicators relate to the 10 Key Rights as discussed in the Charter for Active Kids, A Blueprint for Active and Healthy Children in Western Australia.

Overall Grade: B

Significant Findings

- Good level of training and support for teachers, coaches, parents and volunteers involved with child and adolescent physical education, sport, recreation and community physical activity in Geraldton-Greenough;
- Geraldton-Greenough school and neighbourhood environments provide many opportunities for children and adolescents to be physically active;
- Geraldton schools provide ample opportunity for children and adolescents to be physically active outside of class time;
- Links between Geraldton-Greenough’s school and community programs and resources are limited;
- Opportunities for structured co-curricular physical activity programs at school are limited;
- Participation in the Report Card process was embraced by few community members;
- There is very little information relating to indicators of Geraldton-Greenough’s child and adolescent physical activity opportunities.

Recommendations for the Future

1. Celebrate and advertise the aspects of Geraldton-Greenough child and adolescent physical activity initiatives that are effective and successful.
2. Engage all sectors of the Geraldton-Greenough community; a multi-level intervention will be most effective.
3. Prioritise interventions for aspects identified in the Report Card which are most need of support.
4. Enable identification of current, accurate, quantitative data relating to Indicators of child and adolescent physical activity in Geraldton-Greenough.
5. Commit to ongoing monitoring and evaluation.

Full details of all 45 indicators, results and data sources can be found in the companion technical report which is available from mdoolan@nd.edu.au or c/- Institute of Health & Rehabilitation Research, School of Health Sciences, The University of Notre Dame Australia, PO Box 1225, Fremantle WA 6959
<table>
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<tbody>
<tr>
<td>Key Right # 1</td>
<td>All children have a right to receive a minimum of 150 minutes of quality physical education per week.</td>
<td>C -</td>
</tr>
<tr>
<td>Key Right # 2</td>
<td>All children have a right to be taught by teachers who are well-trained, supported and resourced to deliver physical education.</td>
<td>B +</td>
</tr>
<tr>
<td>Key Right # 3</td>
<td>All children have a right to be coached by well-trained and supported coaches, parents and volunteers in sport, recreation and community physical activity.</td>
<td>B</td>
</tr>
<tr>
<td>Key Right # 4</td>
<td>All children have a right to have access to programs that link their school with community programs and facilities.</td>
<td>C</td>
</tr>
<tr>
<td>Key Right # 5</td>
<td>All children have a right to join in programs that help their parents and caregivers to be active with their children, support physical activity for families, reduce time spent watching TV and other sedentary behaviours.</td>
<td>C</td>
</tr>
<tr>
<td>Key Right # 6</td>
<td>All children have a right to school and neighbourhood physical and social environments that support active play, walking and cycling.</td>
<td>B</td>
</tr>
<tr>
<td>Key Right # 7</td>
<td>All children have a right to opportunities to be active at school during recess, lunchtime and after school.</td>
<td>B</td>
</tr>
<tr>
<td>Key Right # 8</td>
<td>All children have a right to media and other campaigns that promote a physically active culture and raise the priority afforded to childhood physical activity.</td>
<td>INC</td>
</tr>
<tr>
<td>Key Right # 9</td>
<td>Increased priority is afforded to children’s physical activity across all relevant Western Australian Government Departments and across relevant community and private sector agencies.</td>
<td>C</td>
</tr>
<tr>
<td>Key Right #10</td>
<td>Increased priority is afforded to physical activity evaluation and monitoring to assess achievement of the aforementioned goals, and priority given to funding research to better inform future strategies.</td>
<td>INC</td>
</tr>
</tbody>
</table>
Phase Two summary.

Report Cards (Technical Report, Short Version and Snapshot) were produced for the communities of Fremantle and Geraldton-Greenough, indicating that the Report Card tools and implementation process can be effectively implemented in two different geographical settings. However, there were a number of ways the tools and implementation process could be improved for future iterations. Evaluation of the Report Card initiative was undertaken in Phase Three, providing stakeholders the opportunity to offer feedback related to improving the Report Card and its implementation.


In this phase, the results and feedback from the evaluation trials were collated in order to answer Research Question Three: How should the Report Card and its implementation process be modified as a result of the evaluation trials?

The revision of the Report Card release strategies (due to time and budget restraints), prompted reflection on the evaluation questionnaires produced in Phase One. As the Report Card was only distributed to the co-ordinators of local government recreation/club development portfolios in Fremantle and Geraldton-Greenough the evaluation questionnaires and a request for feedback were reworked specifically for them (see Appendices S & T). These items were mailed to their respective addressees, at the same time as the Snapshot and Report Card for their community, to allow time to digest the Report Card and formulate considered responses for the evaluation process.

Representatives from the Fremantle City Council delivered feedback via discussion during an in-person meeting and a returned evaluation questionnaire. The local council representative for Geraldton-Greenough offered feedback via discussion during a phone call as well as a returned evaluation questionnaire. This feedback is presented in Appendix U.
Comparison of trial community results.

Table 6 offers a comparison of Report Card results for Fremantle and Geraldton-Greenough communities. Whilst Fremantle’s overall grade was C+ and Geraldton-Greenough’s overall grade was B-, only 3 indicators (approximately 6.5%) reported marked differences of more than one grade. Eleven indicators received a successful grade (minimum of B grade) in Fremantle and Geraldton-Greenough (approximately 24%), whereas 5 indicators (approximately 11%) received a poor grade (maximum of D grade) for both communities. There were 16 indicators (approximately 35.6%) that returned an Inconclusive grade for both communities, as shown in Table 7.
Table 6
Comparison of Trial Communities’ Report Card Results

<table>
<thead>
<tr>
<th>Overall Grade</th>
<th>Fremantle C+</th>
<th>Geraldton-Greenough B-</th>
<th>Both Inconclusive</th>
<th>Both Successful</th>
<th>Both Poor</th>
<th>Marked Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
<td>Allocated Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>F</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>1.2</td>
<td>INC</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>B</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>INC</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>INC</td>
<td>INC</td>
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<td>x</td>
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<tr>
<td>2.3</td>
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<td></td>
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<td>x</td>
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<td>A</td>
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<td></td>
<td></td>
<td>x</td>
</tr>
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</tr>
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<tr>
<td>4.2</td>
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<tr>
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<td>INC</td>
<td>INC</td>
<td></td>
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<td></td>
<td>x</td>
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<td>5.4</td>
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<tr>
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</tr>
<tr>
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</tr>
<tr>
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<td>C+</td>
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</tr>
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<td>C+</td>
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<td>C+</td>
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</tr>
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</tr>
<tr>
<td>7.3</td>
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<tr>
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<tr>
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<td></td>
<td></td>
<td>x</td>
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<tr>
<td>9.1</td>
<td>INC</td>
<td>INC</td>
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<td></td>
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</tr>
<tr>
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<td>INC</td>
<td>INC</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>10.2</td>
<td>F</td>
<td>INC</td>
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</tr>
<tr>
<td>10.3</td>
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</tr>
<tr>
<td>10.4</td>
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<td>INC</td>
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<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Total #</td>
<td>45</td>
<td>45</td>
<td>16</td>
<td>11</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
Table 7  
*Indicators Assigned an Inconclusive Grade in Both Trial Communities*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>Number of PE-related professional development opportunities per year</td>
</tr>
<tr>
<td>2.3</td>
<td>% teachers who participate in PE-related professional development opportunities per year</td>
</tr>
<tr>
<td>4.3</td>
<td>% children involved in community physical activity programs / organizations</td>
</tr>
<tr>
<td>5.2</td>
<td>% parents &amp; caregivers who engage / support daily physical activity for their children</td>
</tr>
<tr>
<td>5.3</td>
<td>Number of inclusive, family-oriented, physical activity program opportunities available per year</td>
</tr>
<tr>
<td>6.1</td>
<td>% children with safe access to walking and bike paths</td>
</tr>
<tr>
<td>6.6</td>
<td>Funding allocated to programs and facilities for promotion and maintenance of active play, walking and cycling</td>
</tr>
<tr>
<td>7.2</td>
<td>% children participating in structured co-curricular physical activity programs</td>
</tr>
<tr>
<td>8.1</td>
<td>% newspaper articles/adverts promoting physically active culture or childhood physical activity per week</td>
</tr>
<tr>
<td>8.2</td>
<td>% news and current affair stories and TV shows/adverts promoting physically active culture or childhood physical activity per week</td>
</tr>
<tr>
<td>8.3</td>
<td>Funding allocated to promote children’s physical activity in the media</td>
</tr>
<tr>
<td>9.1</td>
<td>Funding and budget allocation for children’s physical activity opportunities across the community</td>
</tr>
<tr>
<td>9.4</td>
<td>Children’s physical activity listed as a priority in policy statements (mission / strategic plan / annual reports)</td>
</tr>
<tr>
<td>10.1</td>
<td>Government funding for evaluation and monitoring research reporting on aspects of the Charter for Active Kids’ Key Rights</td>
</tr>
<tr>
<td>10.3</td>
<td>Private sector funding for evaluation and monitoring research reporting on aspects of the Charter for Active Kids’ Key Rights</td>
</tr>
<tr>
<td>10.4</td>
<td>Private sector funding for research projects relating to children’s physical activity</td>
</tr>
</tbody>
</table>
Summary of feedback from trial communities.

The Report Card products (the Report Card and Snapshot) generated positive feedback. Categories of ease of reading, level of interest, appeal of format and relevant information received an overall rating of “Good” from both trial communities. Fremantle commented that not all information was relevant to Fremantle local government. For example, Key Rights 1, 2 and 7 focus on school settings which Fremantle local government deemed outside of their responsibilities. Geraldton-Greenough expressed concern about the high number of Inconclusive findings which may affect community acceptance of the project; they also suggested using colour and graphics for future Report Cards to enhance visual appeal.

Although neither Fremantle nor Geraldton-Greenough local council representatives had discussed Report Card information with other members of their communities, they identified intra-departmental meetings, local newsletters, meetings with local community members (e.g. DSR representatives), short and long term strategic planning and funding applications as possible uses for Report Card information.

Feedback from the trial communities suggests the Report Card’s ability to contribute to change in their community’s planning, awareness of youth physical activity levels and links between school and community organizations was “Good.” Ability to change policy, funding, access for facilities and equipment, expertise of relevant personnel, professional development opportunities and youth physical activity levels was generally “Satisfactory.”

The Report Card and evaluation processes were overall, perceived to be logical, transparent, objective and reliable; however, Fremantle requested more regular communication and more active involvement in the grading process. The notion of a follow up Report Card was supported by both communities. Fremantle communicated their preference for a revised Report Card initiative; one targeting only areas they identified as being local council responsibilities, to be conducted in a 6 month period, possibly every 2 years. Geraldton-Greenough advised they would
prefer a Report Card which incorporated a greater community response and produced fewer Inconclusive findings.

**Phase Three summary.**

The results and feedback provided by the two different trial communities, along with the researcher’s observations and reflections, resulted in a number of recommended modifications that would benefit future iterations of the Report Card. These are presented in Chapter 5 Recommendations for the Future.
Chapter 4
Discussion

This study followed an action learning methodology based on observation-reflection-action cycles, which allowed modifications and improvements to the Report Card and its implementation process to be incorporated along the way (see Micro Cycles, Figure 5). This chapter will discuss observations and reflections within the framework of the Macro Cycle (see Figure 5).

A number of interesting issues emerged throughout the three phases of this study stemming from or related to participants’ perception of the Report Card initiative, their level of participation and the data they were able to provide. The development of the Report Cards also highlighted a number of interesting issues. These will be discussed in order of occurrence in the implementation process and the Report Card products. The strengths and weaknesses of the study will also be identified.

The Implementation Process

Initial response.

Initial contact and liaison with major stakeholders (which stakeholders reported as “Satisfactory”) in both trial communities, utilised the same information and hard copy resources and was based on the same pre-planned notes. All stakeholders were familiar with the Charter for Active Kids, however, awareness of its specific content and the 10 Key Rights was generally low. Evaluation questionnaire responses and verbal responses reported stakeholders having a “Good” level of interest in participating in the project. However, the stakeholders’ responses observed by the researcher, varied significantly in enthusiasm and willingness to participate, which in turn, affected the data they provided. There are a myriad of possible reasons for these differences. Stakeholder preconceptions of the initiative, due to positive or poor experiences from previous studies or physical activity initiatives, could account for some differences. Stocke and Langfeldt (2004) found that past survey experiences affect respondents’ general attitudes towards surveys as well as their
willingness to participate. Despite a planned approach in communicating the Report Card objectives and the stakeholders reporting a clear understanding of them, the project objectives may not have been clearly communicated and/or not clearly understood, thus affecting their initial responses. Some stakeholders questioned the inclusion of other participants in the study, suggesting they did not identify with the local community as defined by the researcher. For example, one local government identified schools as being outside of their governing responsibilities and were therefore, not part of their community. Guldan (1996) also found that defining a community was a complex task due to the nebulous nature of the word community and the presence of independent sub-communities. The work environment of the stakeholders (e.g. workplace politics, job reviews, significant success or challenges), individuals’ personal situations, experiences and personalities may also account for different (positive or negative) receptions of the Report Card initiative. For example, Kaner, Haighton and McAvoy (1998) found stressful workloads, existing work priorities and a perception that participating in research would add to busy workloads, increased reticence to participate in research and decreased response rates.

**Ongoing communication and participation.**

The ongoing level of communication and participation, which inevitably affected the data obtained, also varied between key stakeholders. Some continued to respond to communications in an efficient manner and offered valuable data for the Report Card. The enthusiasm levels in other stakeholders decreased over the course of the study, while those with a low level of initial enthusiasm (slow replies after multiple requests, providing little data) remained constant throughout the study. In some instances, these responses may be attributed to the atmosphere or pattern set by the initial contact experience, the stakeholders’ work schedules or the level of ongoing communication initiated by the researcher. Although the content of ongoing communication was rated as “Satisfactory” in the evaluation questionnaire, a range of “Limited” to “Satisfactory” was reported for regularity. The researcher’s level of persistence in following up non-responses may have also contributed to this rating. Coday et al. (2005) list persistence as one of the most effective strategies in retaining study participants, thereby enhancing data collection and validity of results. Non-
responses in this study, however, were allocated a maximum of two follow-ups (Hummers-Pradier et al., 2008; Kittleson & Brown, 2005). The 10 month timeframe of the project (due to numerous action learning cycles, time lag in communications and research approvals, researcher’s study timeline extensions) may have contributed to the initiative losing impact and stakeholders losing interest. During that time, some stakeholders changed their work situation (e.g. increased workload, staffing issues) which altered their priorities and enthusiasm to participate in the Report Card initiative (Robinson, Driedger, Elliott & Eyles, 2006).

Ethics clearance from Department of Education denied.

The Department of Education did not provide ethical consent for the research project to proceed on Department of Education school sites. The reported reason related to a historical disagreement with CPAC for Key Right 1 which advocates an aspirational 150 minutes of physical education per week, where government policy required only 120 minutes of physical activity and no specific time allocation for physical education. Written communication from the Department of Education (A. Dodson, personal communication, August 4, 2010) offered the following reasons for rejecting the permission to research application:

- “There are a number of concerns with questions in your survey and how the responses will be interpreted in terms of the report card.”
- “Elements of the charter and some of your indicators do not align to government policy and expectations of public schools.”

Verbal communication reiterated these reasons and also raised concern for “fallout potential” regarding interpretation of feedback for a number of questions and that government schools were “set up for failure” in relation to the 150 minutes of physical education in Key Right 1. Reassurance of the anonymity of schools’ affiliations (data would report on schools in a geographical location and not indicate whether they were Department of Education, Catholic Education Office or Independent schools) did not allay these concerns.
Approval to research on Department of Education sites may have been granted if questions pertaining to the 150 minutes of physical education were removed from the questionnaire. This however, would not gather the relevant data to report on Indicator 1.1, previously established as a suitable measure in determining the status of Key Right 1. Furthermore, removal or editing of the 150 minutes from Key Right 1 in *The Charter for Active Kids* had been previously rejected by CPAC. The potential to gain approval to research on Department of Education sites via a top down approach (lobbying support from the Minister of Education for example), was outside the scope and timeline of this project.

Additional concerns regarding the design of the questionnaire (questions not extracting relevant or specific data) were addressed through the questionnaire validation process which had already commenced. As a result of the application being denied, the sample size for the Physical Education Co-Ordinator Questionnaire was greatly reduced, limiting the data gathered from schools.

**Questionnaire response rates.**

The development and revision of the questionnaires was informed by other studies (Brennan & Charbonneau, 2009; Burchell & Marsh, 1992; Curtis & Redmond, 2009; Diaz de Rada, 2005; Hoonakker & Carayon, 2009; Kaplowitz, Hadlock, & Levine, 2004; Kittleson & Brown, 2005; Layne & Thompson, 1981; Nakash, Jutton, Jorstad-Stein, Gates, & Lamb, 2006; O'Cathain & Thomas, 2004; O'Rourke, 1999; Reagan, 2002) (see Figure 5). Although existing protocols for communication in the two trial communities placed some restrictions on the design and method of distribution, strategies to maximize response rates were applied to both postal and emailed questionnaires. These included:

- minimizing questionnaire length (Layne & Thompson, 1981; O'Rourke, 1999);
- rewriting of questions to ensure clarity of information asked (Kittleson & Brown, 2005; O'Rourke, 1999; Reagan, 2002);
- inclusion of open ended questions (Burchell & Marsh, 1992; O'Cathain & Thomas, 2004);
o designing the questionnaire to be easy to read and complete (Curtis & Redmond, 2009; Diaz de Rada, 2005);

o considering paper size and colour (Diaz de Rada, 2005);

o providing incentives to respond (Brennan & Charbonneau, 2009; Reagan, 2002);

o allowing anonymous responses (Curtis & Redmond, 2009; Hoonakker & Carayon, 2009);

o using an appropriate cover letter with personalised addressing information (Hoonakker & Carayon, 2009; Kaplowitz et al., 2004);

o informing potential participants of the estimated time commitment required (Curtis & Redmond, 2009);

o giving clear return date information and allowing adequate time for return (Curtis & Redmond, 2009; Reagan, 2002);

o sending reminder letters / emails (Curtis & Redmond, 2009; Hoonakker & Carayon, 2009; Nakash et al., 2006);

o providing replacement questionnaires (Brennan & Charbonneau, 2009);

Overall 40% of Fremantle schools, 38.5% of Fremantle clubs, 29% of Geraldton-Greenough schools and 8% of Geraldton-Greenough clubs responded to the Report Card questionnaires, and only 37.5% of state sporting organizations responded. Low response rates for school-based research is not unusual, however the high level of non-response to the questionnaires may be due to factors such as community fatigue in relation to surveys in general as well as physical activity interventions. Workloads and other priorities taking precedence over responding to the questionnaire and individuals’ low levels of interest in the project could have added to the low response rates (Herber, Schnep, & Rieger, 2009; Kaner et al., 1998; Kittleson & Brown, 2005). In addition, school holidays coincided with the distribution dates so some questionnaires may have been lost or forgotten (Layne & Thompson, 1981).
Although there are no definitive benchmarks for response rates, these percentages combined with the small sample sizes could potentially affect stakeholders’ confidence in the results (Curtis & Redmond, 2009; Johnson & Owens, 2003; O'Rourke, 1999). This issue was therefore addressed (response rates and sample size noted) in the Sources of Information section of both trial Report Cards. The importance of trialling the overall process was also emphasised to stakeholders.

**Sourcing data as evidence.**

There were a number of influences on the gathering of evidence for the Report Card indicators, some restrictive and some helpful. Certainly the issues already discussed in Chapter 4 (communication, participants’ enthusiasm, questionnaire response rates and the Department of Education denying permission to conduct research on their school sites) affected the quantity and quality of data. Using an action learning observation-reflection-action process provided opportunity to improve the amount and type of data collected (e.g. approaching state sporting associations to supplement local club sport information, reworking the design and distribution of questionnaires). A set timeframe for the study was, however, necessary in order to produce a current and relevant Report Card. This meant limiting the amount and type of data collected. Some indicators (e.g. those relating to media monitoring, teacher training, professional development opportunities, facilities and equipment evaluations) required significant time, funds and resources, beyond the scope of this study, to collect suitable evidence to assign a grade or further explain the grade given. A significant number of indicators were assigned Inconclusive grades which may have been due to a genuine lack of research or data, or the researcher’s and/or stakeholders’ lack of experience, knowledge or resources to access the data. A number of methods were employed to collect evidence; the school and club questionnaires and web-based research proved the most successful. A major restriction to obtaining data from stakeholders was their limited familiarity with the content of the Report Card Key Rights and Indicators. Connecting what was happening in their community with specific indicators proved difficult and was sometimes achieved by accident (e.g. evidence not previously identified was discovered in local club newsletters). At times, stakeholders’ actual responses in the
questionnaires limited the collection of data as some handwritten responses could not be deciphered, some answers were not relevant and others were not specific enough.

**Interpreting the evidence.**

There was some difficulty in analysing data in instances where respondents used terms with different meanings interchangeably (e.g. physical education, sport, physical activity, active play) or used different types of examples to support their response (e.g. funding allocations explained in percentage of budget or actual costing in dollars). Collecting information from state sporting bodies in the absence of local community sport data meant that information was not specific to the trial communities and at times, was difficult to decipher (e.g. state cricket census information). There were also cases of questions in the questionnaires not accurately aligning with the relevant indicator (e.g. questions relating to Indicator 4.4: Percentage of local governments with dedicated school-community networking taskforce asked about physical activity promotion, not school-community linking).

As this was the first iteration of the Report Card, significant gaps in information were encountered which meant that it was not possible to analyse the trends and disparity within a community. On the whole, however, assignment of grades was a relatively straightforward process due to the concise criteria in the Report Card benchmarks. This is reflected in the stakeholders’ evaluation of the Report Card process as being logical and transparent and the grading process as being objective and reliable (although there was some concern over the reliability of findings due to data limitations).

**Issues Emerging from the Report Cards**

**Positive response to Report Card process.**

It is interesting to note the percentages of positive responses to requests to participate in the Report Card process as identified in Indicator 9.3; 39% of Fremantle potential participants and 15% of Geraldton-Greenough potential participants agreed to participate. Addressing the reasons for these low levels (as previously discussed in the Initial response, Ongoing communication and participation and Questionnaire
response rates sections), will facilitate improved whole-community participation in future iterations of the Report Card. Strategies to improve community response to the Report Card process are presented in Chapter 5 Recommendations.

Indicators for Key Rights.

The indicators used as measures of the Key Rights are evolving entities. Examples of their evolution include the need to reword in order to provide suitable units of measurement and to target appropriate levels/groups of the community, and inclusion of definitions of terminology and examples of valid evidence. Some indicators needed revision during the Report Card trial to enable the collection of data and/or assignment of a grade, while other indicators have been identified as needing attention for the next iteration. Specific indicator information is provided in Table 8 in Chapter 5. Stakeholders who queried the organization of the Key Rights in the Report Card were presented with the Charter for Active Kids. It was not possible to validly assign a grade to some indicators or Key Rights (for example, indicators 1 to 4 in Key Right 10) because their inclusive or visionary wording made it too difficult to collect reliable quantitative evidence. These may need to be revisited in future Report Card initiatives.

Report Card production.

The main factors influencing the production of the final products (the Report Cards delivered to the trial communities) were time and budget. The initial plan was to graphically design short and long form colour Report Cards resulting in appealing communication tools to distribute throughout the trial communities. Considerable time elapsed between the initial approaches to the trial communities (due to delays in communications, time spent sourcing data and analysing data, and extension of study timeframe by the researcher) and the final reports causing concerns about the currency and therefore, relevance of the Report Cards. There was no budget allocated for this phase; the final designs therefore, were based on the Report Card Template. Verbal feedback from both communities suggested the initial plan for Report Card production would be advisable in future iterations. Written feedback from Geraldton-Greenough specified using colour and graphics (pictures and graphs)

The development of the final versions of the Report Cards was guided by the *Criteria for an Effective Report Card* (see Table 3). The Report Cards were made more succinct (evidence was edited from the Technical Report to produce the Report Card, indicator information was edited from the Report Card to produce the Snapshot) and the language and format used for the Significant Findings and Recommendations for the Future particularly, were intended to make the Report Card easily understood. Although there were some opportunities to compare results to previous findings and Australian standards (CAPANS data, physical activity and electronic media for entertainment), these were limited as the trial communities were small local communities rather than state. The evaluation questionnaire from Geraldton-Greenough revealed concern relating to the amount of Inconclusive grades in the Report Card which might affect the community’s acceptance of the Report Card information, i.e. the Report Card would not be seen to be robust. The ability to identify indicators which need future research was, however, an important objective of the Report Card initiative. Furthermore, the planned, documented methods of gathering evidence and the breadth and variety of data used vouch for the robust nature of the Report Card.

**Impact of the Report Cards**

Pre-existing report card initiatives targeting children’s physical activity have been implemented on a scale much larger than the one used in this study. They targeted national, state, provincial and city communities, were produced by teams of experts, and received support and funding from significant agencies and organizations. The report cards have been widely distributed in their target communities via print, radio, television and online media coverage initiatives (Active Healthy Kids Canada, 2009, 2010, 2011; Brownrigg, 2011; Healthy Active Kids Kenya, 2011; Pennington Biomedical Research Center, 2008, 2009, 2010; Sports Science Institute of South Africa, 2007, 2010).
Biomedical Research Center, 2008, 2009, 2010; Sports Science Institute of South Africa, 2007, 2010). The Canadian Report Card Development team, which to date has produced seven annual report cards, has also monitored the distribution of their report card and identified strategies to maximise its impact:

Report Card distribution has now surpassed 40,000 copies.....Media coverage has grown each year – for 2010 it was in excess of 120 million media impressions in TV, radio, print and online media across Canada (Brownrigg, 2010, p. 3). 90% agree the Report Card is achieving its objective of increasing awareness about physical activity in children and youth. 86% agree that it supports their mandate as an organization (Brownrigg, 2010, p. 5).

Key messages, media materials, pre-recorded videotaped interview clips and corresponding web tools are created; a network of regional and national spokespersons are engaged for interviews in select major media markets and a network of partner organizations from across the country to coordinate regional response to the Report Card (Brownrigg, 2010, p. 2).

The revision of the Report Card Release Strategies in this project, due to time and budget constraints, resulted in hard copies of the Snapshot and Report Card being sent to only the local government representatives in each trial community. Evaluation questionnaires and interviews were conducted shortly after the communities received their Report Cards, and therefore reflected their immediate impressions. Both communities reported an intention to use the Report Card information (e.g. in meetings with their own department, meetings with local community members, short and long term planning and funding applications) which indicates they may have some impact within their communities in the short to medium term future. Questionnaire respondents also rated the Report Cards’ ability to change aspects in the community such as policy, planning, funding, access to facilities, personnel expertise and professional development, youth physical activity levels, awareness of youth physical activity levels, community organization and links
(with an average rating of Satisfactory). This indicates the Report Cards may also have some long term impacts on their communities, or at least, the potential to do so.

As the Fremantle and Geraldton-Greenough Report Cards were inaugural initiatives, this level of impact may be viewed as both positive and promising. The large scale production and distribution of the pre-existing report cards created opportunities to have significant impact on their communities, but their ultimate objectives (increasing child physical activity levels and improving the health of their communities) are yet to be achieved. Guldan (1996, p. 691) writes that “the acceptance of community health promotion in itself is a lengthy process” and that “community development is a slow and lengthy process.” The 2010 Louisiana report card identified that

some readers may be concerned by the lack of improvement observed in the grades assigned to the indicators over the last three years. We are fighting a downward trend in our children’s health - a trend that first needs to be slowed and then reversed. Most experts agree that this trend can only be reversed by the concerted efforts of all levels of government, non-government organizations, industry, and parents. The goal of ending childhood obesity in one generation is ambitious (Pennington Biomedical Research Center, 2010, p. 6). Similarly, this project’s ultimate objective (increasing Western Australian child and adolescent physical activity levels) is yet to be achieved.

**Report Card objectives.**

The project did have success in meeting a number of the Report Card Objectives (see Appendix A). Objectives 1 and 2 were fulfilled; the Report Card identified / defined the communities’ current status in relation to the *Charter for Active Kids* ‘Vision and the 10 Key Rights and also identified aspects of the 10 Key Rights that are being fulfilled and those in need of action. Evaluation questionnaires from the trial communities’ representatives indicated the Report Card was informative and useful in planning future interventions (Objectives 4 and 6). Objective 3 (to monitor and
track the status of each Key Right over time) was not achieved as it relied on the Report Card process being repeated in the trial communities in the future. The restricted distribution of the Report Card did not allow Objective 5 (to inform and motivate the community) to be fulfilled. However, given time to develop and infiltrate their target communities, future iterations of the Report Card initiative in Western Australia may be a powerful tool in the battle to increase child and adolescent physical activity levels.

A comparison of the trial communities.

A comparison of the results between the two trial communities highlighted a number of pertinent issues (see Phase Three Results). Most notable is the significant number of indicators registering a grade of Inconclusive in both communities. Data relating to children’s physical activity stories in the media, funding for child physical activity initiatives and research focussing on child physical activity feature in these Inconclusive indicators. Sixteen of the 45 indicators (approximately 35.6%) could not be given a grade of A – F in either community due to a lack of, or inaccessibility to, reliable data and 6 of the 45 indicators (approximately 13.3%) were graded Inconclusive for one of the communities; a portentous finding relating to the current status of Key Rights for child and adolescent physical activity opportunities. These findings should be used as stimulus for direction of future research and the revision of indicators for the next Report Card iteration.

Indicators assigned low grades of D or F in both trial communities (5 of the 45 indicators, approximately 11%) highlight areas of concern which would also require priority in future Report Cards, local or state wide. The number of minutes of quality physical education delivered to children, the linking and networking within a community between schools, local government and local sporting clubs which would facilitate optimal use of local resources and facilities were identified. Both communities received a D grade for the percentage of children meeting national guidelines for using electronic media for entertainment. Although this information was drawn from state wide data, it highlights a legitimate area of concern for the local communities.
It is also important to note the number of indicators assigned grades of A or B in both trial communities (11 of the 45 indicators, approximately 24%). Positive reinforcement is a useful tool for boosting and maintaining morale and motivation in a community to continue supporting and engaging in physical activity interventions (Wood & D’Arcy, 2001). It may also be useful to identify strategies that have produced these desired outcomes to apply in other spheres of the same community or in different communities. Training and support for community members involved with children’s sport and recreation, providing environments which encourage children to be physically active and providing time for children to be physically active are positives identified in both trial communities.

Significantly different grades between the communities (more than one grade difference) were noted across three of the 45 indicators (approximately 6.5%). These each involved the way schools in each community operated; the percentage of schools with established links to community programs and facilities, the percentage of schools with structured co-curricular physical activity programs and the percentage of schools implementing policy and initiatives which actively promote physical activity during recess, lunch and before/after school. This data helps the community with the lower grade not only identify indictors requiring action, but offers a resource of concrete strategies (those employed by the community with the higher grade) which may improve the status of the indicator and subsequent grade going forward.

The very few significant differences in grades also underpin the conclusion that the trial communities offer similar opportunities for child and adolescent physical activity, regardless of whether they are rural or metropolitan. Overall, the two communities produced reasonably similar Report Card results. This may be due in part to the reasons these communities were chosen for the Report Card trial in the first instance; they were perceived to be supportive of physical activity initiatives and had local governments and community members willing to engage in physical activity interventions. Despite the two local government departments and individuals having different role titles (Fremantle’s Community Development department and Recreation Development Co-Ordinator, and Geraldton-Greenough’s Creative Communities department and Sport and Recreation Club Development Officer), their objectives and methods of operation are similar. The presence and
influence of common agencies and organizations such as State Government Departments (e.g. Department of Sport and Recreation, Department of Health, Western Australian Local Government Association) Active After-school Communities, Catholic Education Office, Association of Independent Schools of Western Australia and State Sporting Associations may also contribute to shaping the way the two communities function. Furthermore, similar sources of information were used in collecting data which may have also contributed to producing comparable grades.

**Strengths and Weaknesses of the Study**

**Strengths.**

1. The study was framed by the *Charter for Active Kids*; a definitive, evidence-based document. This allowed for the identification of clear and concise objectives for developing and trialling the Report Card.
2. The action learning methodology allowed for learning and improvements (such as identification of indicators and development of implementation tools) to be implemented along the way, thus strengthening the Report Card design. It also ensured that unforeseen deviations and revisions of planned actions (such as method of communication to trial communities, production of Report Cards and distribution of Report Card products) did not stall study progress.
3. Numerous templates and proformas developed for this study provide an excellent foundation for future Report Card initiatives.
4. Numerous and various sources of quantitative information were accessed, thus making the data rich, resonant and measurable.
5. Indicators and Key Rights lacking information were identified.

**Weaknesses.**

1. Restrictions on budget, resources and data collection timeframe limited the amount of data collected.
2. The refusal by the Department of Education to approve research on their school sites significantly decreased the sample size for the school questionnaire, which in turn decreased the amount of data collected.

3. Low response rates from the school, community club and state sporting organization questionnaires limited the data collected. This caused some concern with regards to the dependability of data; however, the breadth and variety of data sources balanced these concerns.

4. The significant number of indicators returning an Inconclusive grade weakens the Report Cards’ conclusions and potential for community acceptance of the Report Card initiative. The need to justify and guide future research, however, overrides these issues.
Chapter 5
Summary & Recommendations for the Future

Summary of Key Findings

The research project was conducted over three distinct phases, each driven by a key research question. Phase One involved the development of a Report Card based on the *Charter for Active Kids*. As identified in the Phase One Methods and Results, a draft Report Card was developed from the *Charter for Active Kids*. In Phase Two, the draft Report Card was effectively piloted in two different geographical settings with some varying results. Finally in Phase Three, an evaluation of the Report Card trials, including feedback from key stakeholders involved in Phase Two, was used to make a series of recommendations on ways to improve the Report Card for further, more widespread use.

The Report Card fulfilled four of the six objectives identified in Phase One (see Chapter 3 Report Card objectives). The status in relation to the 10 Key Rights was defined for each trial community, aspects of the 10 Key Rights being fulfilled and those in need of action were identified, stakeholder groups were informed and Report Card information was useful in directing and planning future interventions. The action learning methodology used in this project proved useful in allowing learning and improvements to be implemented throughout the course of the study, and would be advantageous in strengthening the design of ensuing iterations. Whilst the Report Card initiative fulfilled some characteristics of a multi-level ecological intervention (the 45 indicators targeted all sectors of the trial communities), increased collaboration between trial communities’ sectors and the researcher/s (to improve effectiveness of data collation and analysis), would benefit future Report Card initiatives. The dearth of information relating to Key Right indicators and the challenge of recruiting participants for research projects are also significant issues emerging from the implementation of the Report Card.
Recommendations for the Future

The following 11 recommendations are relevant for future Report Card iterations implemented at a local community or State community level.

1. Refresh and develop the *Charter for Active Kids* to improve community awareness and understanding of its message. For each Key Right, highlight sectors of the community with the greatest influence on driving the status of the Key Right forward, and link them with possible actions/solutions such as those listed in the *Charter for Active Kids*. An example of this recommendation is provided in Table 8. Allocating responsibilities and identifying useful strategies would not only identify clearer links with an ecological model of intervention, but foster community sectors’ ownership of Key Rights’ responsibilities and justify their roles in facilitating much needed action.
<table>
<thead>
<tr>
<th>Key Right</th>
<th>All Western Australian children have a right to:</th>
<th>Most Influential Community Levels &amp; Sectors</th>
<th>Examples of Possible Actions/Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>KR #1</td>
<td>Receive a minimum of 150 minutes of quality physical education per week.</td>
<td>1. Policy (State Government)</td>
<td>Include recommendations on school physical education time as part of population strategies to control child and adolescent obesity. Provide more resources for emphasis on the mastery of fundamental movement skills – since these are essential for later participation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Organization (Schools)</td>
<td>Monitor quality and delivery of physical education. Support teachers to identify students at educational risk in physical education and to develop effective programs that address the needs of these students.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Interpersonal (Teachers, Parents)</td>
<td>Advocate, through school councils and parent bodies, for the importance of 150 minutes of quality physical education each week. Ensure that the physical education experience is fun. Empower students by engaging them in defining and initiating quality physical activity opportunities.</td>
</tr>
</tbody>
</table>

○ This list is not exhaustive
2. Promote the allocation of Key Right responsibilities within an ecological framework to emphasize the need for the community’s comprehensive engagement in improving the status of the 10 Key Rights. Furthermore, resist possible future requests to implement a revised version of the Report Card targeting only a single sector of the community (e.g. local government) as this contradicts the fundamental premise of effective community intervention i.e. a comprehensive, collaborative approach.

3. Revise the wording of nominated Key Right indicators for future Report Card initiatives. Revisions implemented in this study and suggested for the future are listed in Table 9.
Table 9
*Key Right Indicator Revisions*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Issue</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>The ideal of 150 minutes of physical education is likely to continue to cause concern; Department of Education’s policy requires only 120 minutes and post-compulsory schooling in all schools does not require inclusion of physical education.</td>
<td>“% schools providing 150 minutes of Physical Education for Years 1 – 12” changed to “Average number of minutes of Physical Education in Years 1 – 12)</td>
</tr>
<tr>
<td>1.1-1.3 2.1-2.3 6.2 7.1-7.6</td>
<td>Confusion in understanding and use of the terms Physical Education, sport, physical activity and active play.</td>
<td>Provide definitions and/or examples for each term.</td>
</tr>
<tr>
<td>3.2</td>
<td>“Minimum Level 1 Coaching Accreditation” wording excludes other appropriate coaching qualifications.</td>
<td>Reword “Minimum Level 1 Coaching Accreditation” to read “suitable coaching qualifications”</td>
</tr>
<tr>
<td>4.1-4.2 7.4</td>
<td>Confusion regarding the terms actively promote, actively network, established links.</td>
<td>Provide definitions and/or examples for each term. Reword indicators to use uniform language.</td>
</tr>
<tr>
<td>4.4</td>
<td>“% local governments” not appropriate language for a small community trial as</td>
<td>Reword to read “School-community networking duties assigned to specific role/s within</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>there is only one local government.</th>
<th>local government organization” for local community Report Card. Reword to read “state government” for state Report Card.</th>
</tr>
</thead>
</table>
| 5.4 | Indicators relating to funding require uniform units of measurement. | Include unit of measurement in the indicator. e.g. % of budget instead of $$.

<table>
<thead>
<tr>
<th></th>
<th>“Walking / cycling / skating” not necessarily all inclusive.</th>
<th>Replace with the term “actively commuting” and provide the examples of walking, cycling, skating, scootering.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.6-6.8</td>
<td>“Across government departments” not appropriate language for small community trial.</td>
<td>Reword to “across local council departments.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>“Working towards the Charter for Active Kids’ vision” is too specific; does not include representatives who are working towards that vision, but are not aware of the Charter.</th>
<th>Reword to “providing opportunities for and improving child &amp; adolescent physical activity.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.2</td>
<td>Queries regarding the order / categories / importance of indicators.</td>
<td>Revise order / categories of Key Rights and indicators</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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| Difficulty in connecting what is happening in the community with specific indicators, possibly resulting in evidence being overlooked. | Provide a range of examples for each indicator. Include an open ended section, used to document evidence which does not seem to fit within any specific indicator. |
| Some indicators not relevant to some sectors of the community (e.g. local government has no influence on 1.1 – 1.3) | Some indicators to be classed as “dormant” (i.e. not excluded) if community sector has no direct input to changing. This needs to be considered on an individual case basis. |
| Wording of some indicators / Key Rights makes collection of quantitative data difficult. | Retain visionary or inclusive wording but support with definitions and/or examples which relate to quantitative data. May report “Inconclusive” grades in early Report Cards. |

4. Retain indicators currently returning a grade of Inconclusive in future Report Cards to highlight areas lacking in available data. This information may be used to stimulate and guide future research.

5. Lobby community leaders’ support for the Report Card initiative. Table 10 presents a list of such people for both a local community and State wide Report Card initiative. Gaining community leaders’ support will:

i) generate publicity and improve awareness of the Report Card in the wider community;
ii) recruit more participants at all levels of community organizations (a “top-down” approach may be helpful in this instance. For example, the State Government endorsing future Report Cards and what they advocate, may facilitate the Department of Education and subsequently, Department of Education’s schools’ participation);

iii) stimulate institutions’ and organizations’ interest in offering support/sponsorship/expertise in resourcing the Report Card implementation (e.g. Physical Activity Taskforce, Healthway, Lottery West, individual local governments, Universities);

iv) generate interest and support for conducting research of indicators currently reporting an Inconclusive grade (see Phase Three Results);

v) facilitate negotiation on including Report Card data collection into existing information gathering systems and duty statements for relevant stakeholders.
Table 10
Potential Community Leader Supporters of Future Report Card Initiatives

<table>
<thead>
<tr>
<th>Local Community</th>
<th>State Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mayor</td>
<td>• Ministers (Sport &amp; Recreation, Education, Health, Planning, Transport)</td>
</tr>
<tr>
<td>• Council CEO</td>
<td>• Manager of Physical Activity Taskforce</td>
</tr>
<tr>
<td>• Director of Council Departments (Community Development, Community Infrastructure)</td>
<td>• CEO’s of State sporting bodies</td>
</tr>
<tr>
<td>• Local representatives of State Departments (Sport &amp; Recreation, Health)</td>
<td>• Editors / journalists with media agencies</td>
</tr>
<tr>
<td>• Managers of sport &amp; recreation organizations / facilities</td>
<td>• University Deans (Health Sciences)</td>
</tr>
<tr>
<td>• School Principals</td>
<td>• Directors of State and National organizations (Heart Foundation, ACHPER, Active Afterschool Communities, Sports Medicine Australia, CPAC, CEO, AISWA)</td>
</tr>
<tr>
<td>• Editors / journalists with local media</td>
<td></td>
</tr>
</tbody>
</table>

6. Employ an action learning methodology to reap maximal benefit (improving the Report Card design) from learning opportunities throughout the implementation process.

7. Improve stakeholder participation by:
   i) improving communication with stakeholders (increase regularity of communication, thereby increasing opportunity for dialogue, and increase number of follow up/reminder communications);

   ii) emphasising Report Card objectives and benefits to stakeholders;

   iii) liaising with stakeholders to allay concerns about perceived negative consequences;
iv) setting realistic and achievable timeframes for Report Card processes; and

v) working with stakeholders’ busy/changing workloads.

8. Increase the amount of data collected for indicators assigned an Inconclusive grade in an effort to allocate an A-F grade (Recommendations 2 – 4 will support this endeavour).

9. Incorporate colour and graphics in future Report Card end products (e.g. Snapshot and Report Card) to improve visual appeal and reader understanding. (Recommendation 3 iii) may help secure funding and/or expertise).

10. Set a realistic and achievable timeframe for the whole Report Card initiative. This will not only help maintain stakeholder participation (see Recommendation 4 iv), but help ensure data and the Report Card products are current and relevant. This timeframe should be established in conjunction with Recommendation 11.

11. Implement a follow up Report Card process (or processes). The follow up/s should occur following a set time (providing opportunity for progress to be made), to monitor progress (or lack thereof) towards achieving the 10 Key Rights and sufficient physical activity levels for children and adolescents in Western Australia. Previous child physical activity report cards model reporting cycles of varying lengths. The Canadian, Louisianan and Kenyan report cards are produced annually. South Africa produces their report card every three years. There is argument for 12 months being too short a time; concerns include lack of opportunity to plan, resource and implement change, and contributing data (such as CAPANS’ findings updated every four years) not being updated before the next report card is produced. The imperative of creating opportunity and momentum for the Report Card initiative to operate and develop, however, supports a 12 month cycle.
References


Active Healthy Kids Canada. (2011). Don't let this be the most physical activity our kids get after school. Canada's Report Card on Physical Activity for Children & Youth, from http://www.activehealthykids.ca/


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Appendix A

Initial Approach to Governing Bodies
Dear Insert Name

DEVELOPMENT AND TRIAL OF A REPORT CARD ON CHILDREN’S PHYSICAL ACTIVITY

I am conducting an action research project aimed at improving physical activity opportunities for children in the Insert Community Name. The title of the project is “Development and Trial of a Report Card on Children’s Physical Activity in Western Australia” and is undertaken as part of the fulfilment of a Master of Education at The University of Notre Dame Australia.

The project involves using an evaluation tool, in the form of a report card, to identify the current status of children’s physical activity opportunities in the Insert Community Name community. The information from the report card will then be used to inform and motivate stakeholder groups in the community; recommendations for the future will be included.

The ultimate objective of this research project is to improve the physical, mental and social development of children and adolescents in the Insert Community Name and prevent onset of chronic disease associated with inadequate physical activity.

I have enclosed information which further explains the Report Card initiative. I would very much appreciate the opportunity to discuss my research with you or a Insert Community Name representative involved in child physical activity advocacy.

I thank you for your consideration and look forward to your response.

Yours sincerely

Maria Doolan

c/- Institute for Health and Rehabilitation Research
School of Health Sciences
The University of Notre Dame Australia
PO Box 1225, Fremantle WA 6959
mdoolan@nd.edu.au
Appendix B

Introductory Information Brochure
Grades and recommendations provided

Nicola Roxon
Federal Minister for Health & Aging:

“The Government is now embarking on a bold strategy for preventative health action including......
helping Australians participate in more sport and active recreation......
In addition to the Government’s investments, there’s a need for action in every community and every family.”

Australian Government 2009, Taking Preventative Action – A Response to Australia: The Healthiest Country by 2020 -
The Report of the National Preventative Health Initiative

Contact Details:

Maria Doolan
Office for Health and Rehabilitation Research
School of Health Sciences
The University of Notre Dame Australia
PO Box 1225, Fremantle WA 6959
mdoolan@nd.edu.au

A Physical Activity Report Card on Children & Adolescents’ Physical Activity
in the community of

# # # # #
Objectives of the Report Card

- Identify the current status of physical activity among ####’s youth
- Motivate the #### community to create even more physical activity opportunities for its youth
- Highlight ####’s successful physical activity initiatives
- Identify aspects that need support / improvement
- Help direct and evaluate future interventions, policy & planning

Identifying strengths....

Advertises the good work of #### Council.

Identifies community organizations which can model best practice.

Promotes use of already available facilities.

Encourages & rewards physical activity advocates.

Identifying challenging aspects....

- Informs the community and raises awareness
- Motivates the community to action change
- Provides direction when planning future interventions.
- A proactive approach, attracts motivated expertise to effect change.
- Offers evidence for funding assistance applications.
- Encourages the disadvantaged.

The Process....

- Liaison with key stakeholders in the #### community.
- Collation of information from local government, schools, community sporting clubs
- Analysis of information: Physical activity programs / opportunities graded against objective descriptors
- Recommendations for the future provided to the ######## community.
- Feedback & evaluation of the impact of the Report Card and the reporting process itself.
Appendix C

Cover Letter to Community Sporting Clubs
Improving Child and Adolescent Physical Activity Opportunities

I am completing a Masters of Education through the University of Notre Dame, Australia. The research that I am undertaking is aimed at improving physical activity opportunities for children in the Fremantle community. The title of the project is "Development and Trial of a Report Card on Children's Physical Activity in Western Australia".

Your feedback in relation to your Club’s involvement in children’s physical activity would add great value to this project.

Please find attached, an information letter which outlines the project and a questionnaire relating to children's physical activity.

I would very much appreciate your efforts in responding to the questionnaire and returning it to the address below.

Thank you very much for your time.

Yours sincerely

Maria Doolan

mdoolan@nd.edu.au

c/- Institute of Health & Rehabilitation Research
School of Health Sciences
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959
Appendix D

Cover Letter to Schools
改善儿童和青少年的体育活动机会

我是####学校的健康和体育教育教师，正在通过澳大利亚圣母大学完成硕士学位。我正在从事的研究旨在改善 Insert Community Name 社区儿童的体育活动机会。该项目的标题是“在西澳大利亚开发和试验儿童体育活动报告卡”。

反馈与您学校有关体育活动的机会将为该项目增加巨大价值。

您的学校参与这项研究将涉及以下承诺：

在 Insert Date 之前完成：
- 阅读 Potential Participant’s Information Letter (~2分钟)
- 完成 Principal’s Site Consent form (~1分钟)
- 完成 Physical Education Co-Ordinator’s Questionnaire (~10分钟)

在 Insert Date 之前完成：
- 完成报告卡工具和过程评估问卷 (5分钟)

我已附上有关信息的相应文件。非常感谢贵校的参与并同意将电子版或纸质版的附送文件返回到以下地址。

我感谢您考虑并希望您同意参与这项研究项目。

此致

Maria Doolan
mdoolan@nd.edu.au
C/- Institute of Health & Rehabilitation Research
School of Health Sciences
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959
Appendix E

Potential Participant’s Information Letter
DEVELOPMENT AND TRIAL OF A REPORT CARD ON CHILDREN’S PHYSICAL ACTIVITY

Dear Participant,

I am conducting an action research project aimed at improving physical activity opportunities for children and adolescents (5 – 18 years old) in Western Australian communities. The title of the project is “Development and Trial of a Report Card on Children's Physical Activity in Western Australia” and is undertaken as part of the fulfilment of a Master of Education at The University of Notre Dame Australia.

The project involves using an evaluation tool, in the form of a report card, to identify the current status of children’s physical activity opportunities in a given community. The information from the report card will then be used to inform and motivate stakeholder groups in the community and help direct and evaluate future interventions, planning and policy related to children’s physical activity opportunities. The ultimate objective of this research project is to improve the physical, mental and social development of children and adolescents in Western Australian communities and prevent onset of chronic disease associated with inadequate physical activity.

Participants will be invited to contribute information relating to children’s physical activity opportunities in their community. This information may be gleaned from previous research initiatives or by completing a 10 – 15 minute questionnaire. Data collected will be stored securely for a minimum period of five years, after which, the hard data will be shredded. The results from the study will be made freely available to all participants.

Your participation as a subject in this research project is completely voluntary and you are free to withdraw at any time without explanation, without adverse consequences.

The Human Research Ethics Committee of the University of Notre Dame Australia has approved the study. If you have any concerns about the research project, please feel free to contact me on # or mdoolan@nd.edu.au or my supervisor, Prof. Beth Hands, Director, Institute for Health and Rehabilitation Research by phone (08) 9433 0206 or email at bhands@nd.edu.au.

I thank you for your consideration and hope you will agree to participate in this research project.

Yours sincerely,

Maria Doolan

If participants have any concerns about the conduct of this research project, they can contact the researcher or, alternatively, the Executive Officer, Human Research Ethics Committee, The University of Notre Dame Australia, ph: (08) 9433 0941; fax (08) 9433 0519.
Appendix F

Site Consent Form
I, (Principal’s Name) ____________________________ hereby consent to the researcher, Maria Doolan, conducting research at ____________________________ (School’s Name) in the interest of the research project listed above.

- I have read and understood the Information Sheet about this project and any questions have been answered to my satisfaction.
- I understand that I may withdraw consent for said research at any time without prejudice.
- I understand that information gathered by the researcher may be used to inform stakeholder groups in the Western Australian community with the purpose of improving physical activity opportunities for youth in the community.
- I understand that information gathered by the researcher may be published in the form of a report card and dissertation.
- I understand that responses from individuals and from the school as a collective community will not be identifiable in said publications.
- I understand that the protocol adopted by the University Of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at http://www.nhmrc.gov.au/

<table>
<thead>
<tr>
<th>Principal’s Name:</th>
<th>Principal’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Researcher’s Name:</th>
<th>Researcher’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Doolan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If participants have any concerns about the conduct of this research project, they can contact the researcher or, alternatively, the Executive Officer, Human Research Ethics Committee, The University of Notre Dame Australia, ph: (08) 9433 0941; fax (08) 9433 0519.
Appendix G

Community Sporting Club Questionnaire
1. Approximately how many personnel in your organization are involved with developing / promoting child and adolescent physical activity?

   Indicator 3.2

2. How many of these personnel have formal qualifications related to developing child and adolescent physical activity? (eg. Level 1 Coaching Accreditation, Sport related degree)

   Indicator 3.2

3. Do you / your personnel access current coaching information (Eg. current = no more than 5 years old)?

   Yes   No

   Comment:

   Indicator 3.3

4. Approximately how many professional development opportunities related to physical activity are made available or offered to you / your personnel per year?

   Indicator 3.2 & 3.3

5. Approximately how many professional development opportunities do you / your personnel, participate in per year?

   Indicator 3.3

6. How would you rate your organization’s overall sport equipment to child ratio? Eg. Consider amount of waiting time, time with hands on experience, ability to maximize students’ learning opportunities

   Poor   Limited   Adequate   Good   Excellent   Other   

128
Please give examples:

**Indicator 3.4**

7. How would you rate your organization’s overall access to suitable sports facilities? Eg. undercover area, grassed area, field/court play areas and play markings

☐ Poor ☐ Limited ☐ Adequate ☐ Good ☐ Excellent ☐ Other

Please give examples:

**Indicator 6.3**

8. Does your organization network / have established links with local schools? Eg. coaching, umpiring, facilities, equipment, competitions, awards

☐ Yes ☐ No

Please list schools and outline how you link with them:

**Indicator 4.2**

9. Does your local government have an active role / assist your organization in promoting physical activity for children and adolescents? Eg. dedicated personnel, proactive policy

☐ Yes ☐ No

Please give examples:

**Indicator 4.4**

10. Approximately how many children participate in your organization’s physical activity programs?

**Indicator 4.3**

11. Does your organization offer inclusive, family-oriented, physical activity programs?

☐ Yes ☐ No

If Yes, approximately, how many of these programs does the organisation offer per year?

**Indicator 5.3**

Please list examples:

**Indicator 5.3**
12. Does your organization allocate funding to programs/initiatives aimed at families and adults responsible for children and adolescent physical activity levels?

☐ Yes  ☐ No

If Yes, what is the approximate amount or percentage of budget allocated to these programs/initiatives?

Indicator 5.4

13. Does your organization receive funding for child and/or adolescent physical activity programs or initiatives?

☐ Yes  ☐ No

If appropriate, please give details:

Indicator 9.1

14. Does your organization list children and adolescents’ physical activity as a priority in policy documents (e.g., mission statement/strategic plan/annual reports)?

☐ Yes  ☐ No

Please give examples:

Indicator 9.4

15. Any additional comments:

Please return questionnaire by Insert Date to:

mdolan@nd.edu.au or

c/- Institute of Health & Rehabilitation Research
School of Health Sciences
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959

Thank you for completing this questionnaire.

If participants have any concerns about the conduct of this research project, they can contact the researcher or, alternatively, the Executive Officer, Human Research Ethics Committee, The University of Notre Dame Australia, ph: (08) 9433 0941; fax (08) 9433 0519.
Appendix H

Physical Education Co-Ordinator’s Questionnaire
PHYSICAL EDUCATION CO-ORDINATOR’S QUESTIONNAIRE

Do not write your name on this questionnaire.
Please return by Insert Date.

1. On average, how many minutes of Physical Education does a student in compulsory schooling years at your school, receive per week? (eg. Yr 1-3 = “x” minutes, Yr 4 – 6 = “y” minutes, Yr 7 – 10 = “z” minutes)

   Indicator 1.1

2. How many staff deliver Physical Education at your school?

   Indicator 1.2

3. How many staff delivering Physical Education at your school have completed at least four Physical Education units in their teaching degree?

   Indicator 1.2 & 2.1

4. Does your school have a comprehensive Physical Education curriculum planning document? Eg. school PE program  Indicator 1.3

   □ Yes       □ No

5. Please outline the average duration of active play opportunities per day (during recess, lunch, before/after school), excluding Physical Education and structured co-curricular physical activities?

   Total number of minutes of active play opportunities =  Indicator 7.5
   Minutes during Recess =
   Minutes during Lunch =
   Minutes Before School =
   Minutes After School =

6. On average how many students in your school participate in active play on any given day?

   Total number of students in your school =  Indicator 7.6
   Number of students participating in active play:
   During Recess =
   During Lunch =
   Before School =
   After School =
7. Approximately how many PE related professional development opportunities are offered or made available to staff delivering PE, per year?

Indicator 2.2

8. Approximately how many PE related professional development opportunities do staff delivering PE, participate in per year?

Indicator 2.3

9. How would you rate your school’s overall sport equipment to student ratio? Eg. Consider amount of waiting time, time with hands on experience, ability to maximize students’ learning opportunities

Indicator 2.5

☐ Poor  ☐ Limited  ☐ Adequate  ☐ Good  ☐ Excellent  ☐Other

10. How would you rate your students’ overall access to suitable facilities? Eg. undercover area, grassed area, play areas and play markings

☐ Poor  ☐ Limited  ☐ Adequate  ☐ Good  ☐ Excellent  ☐Other

Please describe suitable facilities and outline level of access:

Indicator 2.4 & 6.2

11. Approximately, how many coaches help coach your school’s students in sport or physical activity? (excluding staff who deliver the PE program)

Indicator 3.1

12. Approximately, how many of those coaches are (minimum) Level 1 coaches?

13. Does your school have established links with community sporting programs and facilities?

☐ Yes  ☐ No

Please list programs and/or facilities:
15. Does your local government have an active role in promoting physical activity at your school? Eg. dedicated personnel, proactive policy
☐ Yes ☐ No
Please provide details:

16. Does your school offer a structured co-curricular physical activity program?
☐ Yes ☐ No
If yes, please provide a brief outline of this program:

Approximately, what percentage of students participate in your school's co-curricular physical activity program?

17. Does your school offer students access to equipment and facilities outside of PE lesson time?
☐ Yes ☐ No
Please list examples of equipment and facilities:
18. When does your school implement policy / initiatives which actively promote physical activity to students (excluding Physical Education and structured co-curricular program)?

☐ No implementation  ☐ Recess  ☐ Lunch  ☐ Before school
☐ After school

Please give examples of initiatives:

*Indicator 7.4*

19. Approximately, how many students, engage in these physical activity initiatives?

| Total number of students in your school = |  
| Number of students participating in physical activity initiatives: |  
| During Recess = | Before School = |
| During Lunch = | After School = |

20. Any additional comments:

*Please return questionnaire by *Insert Date* to:*

mdoolan@nd.edu.au or
c/- Institute of Health & Rehabilitation Research
School of Health Sciences
The University of Notre Dame Australia
PO Box 1225
Fremantle  WA  6959

*Thank you for completing this questionnaire.*

If participants have any concerns about the conduct of this research project, they can contact the researcher or, alternatively, the Executive Officer, Human Research Ethics Committee, The University of Notre Dame Australia, ph: (08) 9433 0941; fax (08) 9433 0519.
Appendix I

Report Card Release Strategies
## Report Card Release Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Presentation**  | i) Invite key stakeholders to a presentation of the Report Card findings and recommendations.  
ii) Present Report Card findings and recommendations to key stakeholders at regular or allocated governing body meeting.  
iii) Supply hard copies of the Report Card (short form) and Technical Report (long form) to all key stakeholders at this presentation.                                                                                   |
| **Mail Out**      | i) Mail out hard copies of the Report Card (short form) to all participants.  
ii) Mail out hard copies of the Report Card (short form) to all media organizations in the community.                                                                                                                                                                          |
| **Media Coverage**| i) Follow up mail out of Report Card with telephone calls/emails to encourage news stories.  
ii) Provide examples of media coverage of previous report card initiatives (eg. URL links).  
iii) Encourage key stakeholders and participants to make themselves available for interview by media representatives.  
iv) Promote incorporation of Report Card information into relevant media opportunities.                                                                                                                                  |
| **Internet Access**| i) Seek permission from stakeholders and participants for Report Card and Technical Report to be made available on community and organization websites.  
Appendix J

Validation of Questionnaires
VALIDATION OF QUESTIONNAIRES

The Children’s Physical Activity Coalition (CPAC) produced the Charter for Active Kids which identified key strategies to enhance young Western Australians’ participation in physical activity. These strategies are summarized in the Charter for Active Kids’ Ten Key Rights (see attached).

A Report Card initiative, aimed at evaluating the current status of these Ten Key Rights is underway. Some data relevant to the Report Card is to be collected from schools and community sporting clubs using questionnaires. Please read the attached documents and help us to validate the questionnaires by rating them according to the scales below.

1. Relevance of questions to specified indicators

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
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<tr>
<td>Not Relevant</td>
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2. Structure of questionnaire

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<th>8</th>
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<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate</td>
<td>Appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Comments

Name: ____________________  Position: ______________________________________
Appendix K

Validation Experts
Experts Involved in Questionnaire Validation

Academic Staff
Health Sciences Department
University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959

Research Officer
Be Active WA
Physical Activity Taskforce
246 Vincent Street, Leederville WA 6007
Appendix L

Feedback on Report Card Process Questionnaire
1. How were you initially contacted or introduced to the Report Card initiative?
☐ Telephone call  ☐ Letter  ☐ Email  ☐ Incidental conversation  ☐ Planned meeting

2. Please indicate your thoughts on this initial contact / introduction:
☐ Appropriate  ☐ Inappropriate
Comments__________________________________________________________
_________________________________________________________________

3. What method/s of ongoing communication were used?
☐ Telephone call  ☐ Letter  ☐ Email  ☐ Incidental conversation  ☐ Planned meeting

4. Please rate this ongoing communication (regularity / content):
☐ Inadequate  ☐ Appropriate  ☐ Excessive
Comments__________________________________________________________
_________________________________________________________________

5. Were the objectives and the process of implementing the Report Card made clear to you?
Objectives: ☐ Yes  ☐ No  Process: ☐ Yes  ☐ No

6. How would you describe your involvement in the Report Card process?
☐ Voluntary participant  ☐ Obligatory participation (felt like you had to / part of your role/duties)
Comments__________________________________________________________
_________________________________________________________________
7. Was the Report Card initiative a logical and transparent process?

☐ Yes  ☐ No

Comments________________________________________________________

8. Was the evaluation and grading process transparent, objective and reliable?

☐ Yes  ☐ No

Comments________________________________________________________

9. How would you describe opportunity or request for input?

☐ Inadequate  ☐ Appropriate  ☐ Excessive

Comments________________________________________________________

10. Please indicate your thoughts on the format of information gathering and feedback questionnaires:

☐ Easy to fill out  ☐ Difficult to fill out

☐ Clear language  ☐ Confusing language

☐ Time efficient  ☐ Took too long to complete

Any other comments regarding the Report Card itself or the process of implementing the Report Card:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Thank you for completing this questionnaire.

If participants have any concerns about the conduct of this research project, they can contact the researcher or, alternatively, the Executive Officer, Human Research Ethics Committee, The University of Notre Dame Australia, ph: (08) 9433 0941; fax (08) 9433 0519.
Appendix M

Impact of Report Card Questionnaire
IMPA CT OF REPORT CARD QUESTIONNAIRE

Do not write your name on this questionnaire.

1. Have you heard about Community’s Name Report Card on Children & Adolescents’ Physical Activity?
   □ Yes   □ No

   If “No,” please return this questionnaire in the envelope provided.
   Thank you for participating in this questionnaire.

2. With regards to the Report Card, please tick the appropriate box / boxes:
   □ I have seen / know what the Report Card looks like
   □ I have had a look through / brief read of the Report Card
   □ I have read the Report Card

3. Did you find the Report Card easy to read?
   □ Yes   □ No

   Comments______________________________________________________________

4. Did you find the Report Card’s format interesting / appealing?
   □ Yes   □ No

   Comments______________________________________________________________

5. What do you believe were the main messages presented in the Report Card?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. Do you believe the Report Card is a useful initiative?
   □ Yes   □ No

   Comments______________________________________________________________
   ________________________________________________________________
7. Have you discussed the Report Card information with others?

☐ Yes  ☐ No
Please give details ____________________________________________________________
____________________________________________________________________________

8. Have you made use of Report Card information? Eg. newsletters, reports, applications, presentations

☐ Yes  ☐ No
Please give details ____________________________________________________________
____________________________________________________________________________

8. Have you seen any media coverage of the Report Card and/or its information?

☐ Yes  ☐ No
☐ Print media  ☐ Radio  ☐ Television
Please give details ____________________________________________________________
____________________________________________________________________________

9. Please indicate if you think the Report Card on Children and Adolescents’ Physical Activity has brought about change (within the Geraldton community) on the following aspects:

☐ Policy  ☐ Access to facilities / equipment
☐ Planning  ☐ Expertise of personnel responsible for developing youth physical activity opportunities
☐ Funding  ☐ Professional development opportunities for relevant personnel
☐ Youth participation levels in physical activity  ☐ School – family - community organization / program links
☐ Awareness of youth physical activity levels  ☐ Other ____________________________

10. Would you like the Report Card process to be conducted again next year? (follow up / comparison)

☐ Yes  ☐ No
Comments _________________________________________________________________

Thank you for completing this questionnaire.

If participants have any concerns about the conduct of this research project, they can contact the researcher or, alternatively, the Executive Officer, Human Research Ethics Committee, The University of Notre Dame Australia, ph: (08) 9433 0941; fax (08) 9433 0519.
Appendix N

Selecting State Sporting Associations
## CAPANS Survey

Prevalence of Physical Activities undertaken in the last seven days, 2008 (%)

<table>
<thead>
<tr>
<th>Sports with State Associations</th>
<th>Primary Boys</th>
<th>Primary Girls</th>
<th>Secondary Boys</th>
<th>Secondary Girls</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball</td>
<td>40.4</td>
<td>28.4</td>
<td>50.5</td>
<td>26.2</td>
<td>36.4</td>
</tr>
<tr>
<td>Soccer</td>
<td>59.6</td>
<td>27.9</td>
<td>35.5</td>
<td>22.4</td>
<td>36.4</td>
</tr>
<tr>
<td>Swimming</td>
<td>43.2</td>
<td>50.9</td>
<td>20.1</td>
<td>19.2</td>
<td>33.4</td>
</tr>
<tr>
<td>Tennis/Table Tennis</td>
<td>32.6</td>
<td>25.7</td>
<td>31.8</td>
<td>20.4</td>
<td>27.6</td>
</tr>
<tr>
<td>Athletics</td>
<td>30</td>
<td>31.6</td>
<td>22.4</td>
<td>16.3</td>
<td>25.1</td>
</tr>
<tr>
<td>Cricket</td>
<td>43.1</td>
<td>23.6</td>
<td>21.1</td>
<td>4.3</td>
<td>23.0</td>
</tr>
<tr>
<td>AFL</td>
<td>40.7</td>
<td>9.4</td>
<td>34.6</td>
<td>5.9</td>
<td>22.7</td>
</tr>
<tr>
<td>Baseball/Softball/Teeball</td>
<td>30.8</td>
<td>27.7</td>
<td>9.2</td>
<td>8.9</td>
<td>19.2</td>
</tr>
<tr>
<td>BMX/Motorbike Riding</td>
<td>33.5</td>
<td>11.3</td>
<td>23.3</td>
<td>4.5</td>
<td>18.2</td>
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<tr>
<td>Netball/Netballab</td>
<td>3.7</td>
<td>23.2</td>
<td>2.2</td>
<td>16.1</td>
<td>11.3</td>
</tr>
<tr>
<td>Touch/Rugby</td>
<td>16.7</td>
<td>5.7</td>
<td>17.3</td>
<td>2.4</td>
<td>10.5</td>
</tr>
<tr>
<td>Golf</td>
<td>16.8</td>
<td>9.2</td>
<td>7.3</td>
<td>0.7</td>
<td>8.5</td>
</tr>
<tr>
<td>Hockey</td>
<td>7.1</td>
<td>6.7</td>
<td>3.6</td>
<td>5</td>
<td>5.6</td>
</tr>
</tbody>
</table>

* Combination of Sports, but keeping Tennis due to significant participation rates
** Combination of Sports, so using Netball instead

- Invited to participate in study
Appendix O

Email to State Sporting Associations
Questionnaire - Child and Adolescent Physical Activity Opportunities

Dear

I’m just following up on our phone conversation this morning and sending through the questionnaire, aimed at gathering some information about your Association’s involvement with child and adolescent physical activity.

I would like to use State level information to compare with the local communities I am investigating (Fremantle & Geraldton). The aim of my research is to highlight successful organisations and strategies which might help promote and improve physical activity opportunities in other sporting communities. I have attached an information sheet which provides a more detailed outline of my research project.

Any information you can provide in response to the attached questionnaire would be most helpful and much appreciated.

Please let me know if you would like any further information.

Thank you very much for your time and efforts.

Maria Doolan

mdoolan@nd.edu.au

c/- Institute of Health & Rehabilitation Research
School of Health Sciences
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959

Attach – Information Sheet & Questionnaire
Appendix P

State Sporting Association Questionnaire
Name of State Sporting Association: ____________________________________________
Contact Person: ____________________________________________________________

Please return by Insert Date.

1. Please indicate the number of community sport coaches, coaching junior sport (5 – 18 year olds) within your Association? Indicator 3.2

2. Please indicate the number of these coaches with minimum Level 1 Coaching Accreditation? 3.2

3. Do these coaches have access to current (no more than 5 years old) coaching information? 3.3

4. Examples of these coaching resources / how coaches may access them? 3.3

5. Does your Association actively network with schools? 4.2

6. How? 4.2
7. What other programs, does your Association use / in what other ways does your Association engage with 5-18 year olds? 4.2 & 4.3

8. Number of 5 – 18 year olds regularly participating (registered) in your sport? 4.3

9. Number of other 5 – 18 year olds who participate sporadically eg in one-off events? 4.3

10. Does your Association run family-oriented programs that look to include family members? 5.3

11. Examples of these programs and how they include family members? 5.3

12. What funding ($ value, % of budget) or priority does your Association allocate to these family-oriented programs? 5.4

13. What forms of media / advertising does your Association use to promote physical activity specifically for 5 – 18 year olds? 8.1 & 8.2

14. Can you give a measure of how regular or how much promotion happens? Eg. # of articles per week in various media forms or % of total promotions that target 5 – 18 year olds? 8.1 & 8.2

15. What $ value or % of budget or priority is allocated to this media promotion? 8.3
16. Does your Association produce / use a mission statement / strategic plan / operational plan / annual report?  9.4

17. Does it specifically mention / target 5 – 18 year olds?  9.4

18. Examples of how / where it does this?  9.4

19. Does your Association support (conduct / fund) research (gather information) relating to 5 – 18 year olds' physical activity?  10.4

20. Examples of how it does this?  10.4

Any other comments regarding your Association and child and adolescent physical activity opportunities:

Please return questionnaire by Insert Date to:

mdoolan@nd.edu.au or
c/- Institute of Health & Rehabilitation Research
School of Health Sciences
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959

Thank you for completing this questionnaire.

If participants have any concerns about the conduct of this research project, they can contact the researcher or, alternatively, the Executive Officer, Human Research Ethics Committee, The University of Notre Dame Australia, ph: (08) 9433 0941; fax (08) 9433 0519.
Appendix Q

Fremantle Report Card
A Report Card on Child & Adolescent Physical Activity in Fremantle City Council

This Report Card is an evaluation of child and adolescent physical activity opportunities in the community of Fremantle, June-December, 2010. Reporting indicators relate to the 10 Key Rights as discussed in the Charter for Active Kids, A Blueprint for Active and Healthy Children in Western Australia.
Sources of Information

Information has been collated from a variety of sources (interviews, questionnaires, web-based research) and includes different sectors of the community (governing bodies, schools, community organizations).

The following resources have contributed data to the Report Card:

- An interim report of the evaluation of the Australian Sports Commission’s Active After-school Communities program: Summary findings of the program monitoring research 2009.
- Australian Bureau of Statistics website
- Catalyse Community Perceptions Survey: City of Fremantle
- Charter for Active Kids, A Blueprint for Active and Healthy Children in Western Australia.
- City of Fremantle Active Freo e-newsletter
- City of Fremantle Budget 2009-10.
- City of Fremantle Budget 2010-11.
- City of Fremantle Strategic Plan 2010-15.
- City of Fremantle website
- Department of Education Physical Activity Strategy 2008-2011
- Fremantle: Physical Activity Impact Assessment Framework
- Walk Score website
- 2010 Active After School Communities’ Questionnaire
- 2010 Fremantle Community Sporting Clubs’ Questionnaire
- 2010 Fremantle Schools’ Questionnaire

Data from 2010 Fremantle Schools’ Questionnaire includes Independent and Catholic Education Office schools only, as permission to include Department of Education school sites was not granted. 40% of schools responded to the questionnaire.

Approximately 39% of community sporting clubs responded to the 2010
**Child and Adolescent Physical Activity Opportunities in Fremantle:**

**Overall Grade:** C +

**Significant Findings**

- Good level of training and support for coaches, parents and volunteers involved with child and adolescent sport, recreation and community physical activity in Fremantle;
- Fremantle school and neighbourhood environments provide many opportunities for children and adolescents to be physically active;
- Fremantle schools provide ample opportunity for children and adolescents to be physically active outside of class time;
- Links between Fremantle’s school and community programs and resources are limited;
- There is very little information relating to indicators of Fremantle’s child and adolescent physical activity opportunities.

Full details of all 45 indicators, results and data sources can be found in the companion technical report which is available from mdoolan@nd.edu.au or c/- Institute of Health & Rehabilitation Research, School of Health Sciences, The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959
Grading Process

<table>
<thead>
<tr>
<th>Grade</th>
<th>Benchmark Descriptors</th>
</tr>
</thead>
</table>
| A     | Status of indicator / key right is excellent.  
|       | 80% + Excellent availability / involvement, very high level priority / funding |
| B     | Status of indicator / key right is good.  
|       | 60-79% Good availability / involvement, high level priority / funding |
| C     | Status of indicator / key right is adequate.  
|       | 40-59% Adequate availability / involvement, satisfactory level priority / funding |
| D     | Status of indicator / key right is poor.  
|       | 20-39% Poor availability / involvement, low level priority / funding |
| F     | Status of indicator / key right is extremely poor.  
|       | < 20% Extremely poor availability / involvement, very low level or non-existent priority / funding |
| INC   | Inconclusive  
|       | Not enough evidence to assign a grade |

- Quantitative data relating to the one indicator will be collated to produce an average quantitative measure, to be compared against the Benchmark Descriptors.
- In the absence of sufficient or quantitative data, the indicator will be assigned a grade of Inconclusive (INC).
- At least 50% of indicators must return an A - F grade to derive an overall grade for a Key Right.
- INC (Inconclusive) grades (if less than 50%) within the one Key Right will not influence the determination of grade.
- If more than 50% of indicators return an INC grade, the overall grade for the Key Right will be INC.
- Indicators relating to the one Key Right carry equal weighting.
- 1 – 10 Key Right grades carry equal weighting in calculating the overall grade.
- Key Rights with an INC grade will not influence the determination of the overall grade.
- Trend over time (situation is improving, worsening or remaining stable) represented with ↑, ↓ or ↔ signs.
- Disparities (e.g. regional/metropolitan, race/ethnicity, disability, socio-economic status, gender, age) identified by + and – signs.
Overarching Indicator:

All children and adolescents meet the national Physical Activity recommendation of at least 60 minutes of moderate and vigorous activity per day.

D

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>% children and adolescents meeting the national Physical Activity</td>
<td>D</td>
<td>-</td>
<td>Statewide data (i.e. not Fremantle specific) from 2008 CAPANS findings. No comparable data from previous 2003 CAPANS report.</td>
</tr>
</tbody>
</table>

Key Right # 1:

All children have a right to receive a minimum of 150 minutes of quality physical education per week.

C -

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 % schools providing 150 minutes of Physical Education for Years 1 – 12</td>
<td>F</td>
<td>-</td>
<td>0% schools deliver 150 minutes of Physical Education per week.</td>
</tr>
<tr>
<td>1.2 % PE-trained teachers amongst teachers delivering Physical Education</td>
<td>INC</td>
<td></td>
<td>Classroom teachers in primary schools delivering Physical Education need to be included in this data.</td>
</tr>
<tr>
<td>1.3 % schools with comprehensive Physical Education curriculum planning document (e.g. school PE program)</td>
<td>B</td>
<td>-</td>
<td>75% schools have a comprehensive Physical Education curriculum planning document.</td>
</tr>
</tbody>
</table>
Key Right # 2:

All children have a right to be taught by teachers who are well-trained, supported and resourced to deliver physical education.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 % teachers delivering Physical Education with suitable expertise in PE (e.g. minimum 4 PE units per degree)</td>
<td>INC</td>
<td>-</td>
<td>Classroom teachers in primary schools delivering Physical Education need to be included in this data.</td>
</tr>
<tr>
<td>2.2 Number of PE-related professional development opportunities per year</td>
<td>INC</td>
<td>-</td>
<td>Accurate data of number of opportunities not available.</td>
</tr>
<tr>
<td>2.3 % teachers who participate in PE-related professional development opportunities per year</td>
<td>INC</td>
<td>-</td>
<td>Accurate data of number of participants not available.</td>
</tr>
<tr>
<td>2.4 % schools with at least “adequate” rating using the Physical Activity School Scan (PASS)</td>
<td>INC</td>
<td>-</td>
<td>Administration of the PASS requires a trained researcher.</td>
</tr>
<tr>
<td>2.5 % schools with at least “adequate” sport equipment to student ratio</td>
<td>B</td>
<td></td>
<td>100% of schools reported at least, adequate sport equipment to student ratio. The average rating was Good.</td>
</tr>
</tbody>
</table>
Key Right # 3:

All children have a right to be coached by well-trained and supported coaches, parents and volunteers in sport, recreation and community physical activity.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1% school coaches with minimum Level 1 Coaching Accreditation</td>
<td>A</td>
<td>-</td>
<td>Approximately 80% of coaches in schools and 100% of Active After School Communities program instructors have completed specific coaching accreditation.</td>
</tr>
<tr>
<td>3.2% community sport coaches, coaching junior sport, with minimum Level 1 Coaching Accreditation</td>
<td>C</td>
<td>-</td>
<td>On average, 57% of personnel in community sporting clubs (coaches, coaching junior sport) have a minimum Level 1 Coaching Accreditation.</td>
</tr>
<tr>
<td>3.3% coaches with access current coaching information to facilitate best practice (e.g. current = no more than 5 years old)</td>
<td>A</td>
<td>-</td>
<td>Approximately 86% of personnel involved with Junior sport and 100% of AASC coaches have access to current coaching information. Structured courses (PD opportunities, coaching accreditation) are effective in disseminating current information.</td>
</tr>
<tr>
<td>3.4% coaches with at least adequate equipment, equipment storage &amp; resources for coached group (e.g. suitable ratio of sport equipment to children)</td>
<td>A</td>
<td>-</td>
<td>Community sporting clubs and AASC coaches have been considered in this grade. Approximately 85% of Fremantle sporting clubs reported having an at least, adequate ratio of sport equipment to children. The average rating was Good.</td>
</tr>
</tbody>
</table>
### Key Right # 4:

All children have a right to have access to programs that link their school with community programs and facilities.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 % of schools with established links to community programs and facilities (regular use or participation)</td>
<td>C</td>
<td>-</td>
<td>Limited quantitative data suggests at least 50% of schools have links with community organizations.</td>
</tr>
<tr>
<td>4.2 % community programs/organizations/facilities actively networking with schools</td>
<td>D</td>
<td>-</td>
<td>Averaging information from schools and clubs suggests approximately 38.25% of community organizations actively network with schools. AASC provides a successful model of the benefits of community organizations networking with schools.</td>
</tr>
<tr>
<td>4.3 % children involved in community physical activity programs/organizations</td>
<td>INC</td>
<td>-</td>
<td>Limited accurate quantitative data is available for this indicator. AASC programs have only 9.5% of Fremantle children involved in their physical activities.</td>
</tr>
<tr>
<td>4.4 Local government presence promoting physical activity in school/community organisations</td>
<td>F</td>
<td>-</td>
<td>Averaging information from schools and community sporting clubs suggests only 16% of these respondents recognize a local government presence promoting physical activity within their organization.</td>
</tr>
</tbody>
</table>
Key Right # 5:

All children have a right to join in programs that help their parents and caregivers to be active with their children, support physical activity for families, reduce time spent watching TV and other sedentary behaviours.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 % children meeting national guideline for using electronic media for entertainment (≤ 2 hours per day)</td>
<td>D</td>
<td>↑</td>
<td>Statewide data (i.e. not Fremantle specific) from 2008 CAPANS findings suggest 23% of WA youth are meeting the guideline.</td>
</tr>
<tr>
<td>5.2 % parents &amp; caregivers who engage / support daily physical activity for their children</td>
<td>INC</td>
<td>-</td>
<td>Accurate data on number of participants not available.</td>
</tr>
<tr>
<td>5.3 Number of inclusive, family-oriented, physical activity program opportunities available per year</td>
<td>INC</td>
<td>-</td>
<td>Accurate data on number of opportunities not available.</td>
</tr>
<tr>
<td>5.4 Funding allocated to deliver physical activity campaigns aimed at families and adults responsible for children’s physical activity levels</td>
<td>B</td>
<td>-</td>
<td>Funding was identified across 3 entities (local government, regional AASC program and community sporting clubs) in Fremantle, however only 50% of the community sporting clubs reported such funding.</td>
</tr>
</tbody>
</table>
All children have a right to school and neighbourhood physical and social environments that support active play, walking and cycling.

<table>
<thead>
<tr>
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<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.1</strong> % children with safe access to walking and bike paths</td>
<td>INC</td>
<td></td>
<td>No specific quantitative data available. 64% of residents satisfied with footpaths and cycleways.</td>
</tr>
<tr>
<td><strong>6.2</strong> % schools with minimum facility requirements for physical activity</td>
<td>A</td>
<td></td>
<td>87.5% of schools have at least minimum facility requirements.</td>
</tr>
<tr>
<td>e.g. Undercover area, grass area, play areas and play markings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.3</strong> % neighbourhoods with minimum facility requirements for physical</td>
<td>B</td>
<td></td>
<td>72% Fremantle residents satisfied with sport &amp; recreation facilities, 71% community sporting clubs have adequate facilities.</td>
</tr>
<tr>
<td>activity e.g. Undercover area, grass area, play areas and play markings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.4</strong> Number of active transport programs / initiatives promoted per</td>
<td>B</td>
<td></td>
<td>Whilst data is incomplete, evidence suggests a “Good” number of active transport initiatives are promoted each year.</td>
</tr>
<tr>
<td>year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.5</strong> % schools with “minimum level” of walkability</td>
<td>A</td>
<td></td>
<td>80% of schools have a minimum level of walkability. Fremantle schools average a rating of B.</td>
</tr>
<tr>
<td><strong>6.6</strong> Funding allocated to programs and facilities for promotion and</td>
<td>INC</td>
<td></td>
<td>Funding confirmed, but specific amounts are unknown. Long term monitoring would enable accurate determination of grade and trend.</td>
</tr>
<tr>
<td>maintenance of active play, walking and cycling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.7</strong> % children actively commuting (walking / cycling / skating /</td>
<td>C</td>
<td>↑</td>
<td>On average, approximately 40.4% of children actively commute to school. Statewide data (i.e. not Fremantle specific) from CAPANS 2008.</td>
</tr>
<tr>
<td>scootering) to school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.8</strong> % children actively commuting (walking / cycling / skating /</td>
<td>C</td>
<td>↑</td>
<td>On average, approximately 49% of children actively commute from school. Statewide data (i.e. not Fremantle specific) from CAPANS 2008.</td>
</tr>
<tr>
<td>scootering from school</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Key Right # 7:**

All children have a right to opportunities to be active at school during recess, lunchtime and after school.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 % schools with structured co-curricular physical activity programs</td>
<td>C</td>
<td></td>
<td>50% of schools offer a structured co-curricular physical activity program.</td>
</tr>
<tr>
<td>7.2 % children participating in structured co-curricular physical activity programs</td>
<td>INC</td>
<td></td>
<td>Not able to accurately determine the % of students participating in co-curricular physical activity programs.</td>
</tr>
<tr>
<td>7.3 % schools offering facility &amp; equipment access to students outside of PE lesson time</td>
<td>A</td>
<td></td>
<td>100% of schools offered students access to equipment and facilities outside of Physical Education lesson time.</td>
</tr>
<tr>
<td>7.4 % schools implementing policy and initiatives which actively promote physical activity during recess, lunch and before/after school</td>
<td>C</td>
<td></td>
<td>50% schools reported actively promoting physical activity outside of lesson time.</td>
</tr>
<tr>
<td>7.5 Average duration of ‘active play’ opportunities through recess and lunchtime per day</td>
<td>A</td>
<td></td>
<td>The average duration of 65 minutes exceeds the recommended 60 minutes per day. Excellent opportunities for active play.</td>
</tr>
<tr>
<td>7.6 % children participating in ‘active play’ during recess and lunchtime</td>
<td>B</td>
<td></td>
<td>On average, at least 60% of children and adolescents participate in active play outside of lesson time.</td>
</tr>
</tbody>
</table>
Key Right # 8:

All children have a right to media and other campaigns that promote a physically active culture and raise the priority afforded to childhood physical activity.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 % newspaper articles/adverts promoting physically active culture or childhood physical activity per week</td>
<td>INC</td>
<td>-</td>
<td>No accurate quantitative information currently available.</td>
</tr>
<tr>
<td>8.2 % news and current affair stories and TV shows/adverts promoting physically active culture or childhood physical activity per week</td>
<td>INC</td>
<td>-</td>
<td>No accurate quantitative information currently available.</td>
</tr>
<tr>
<td>8.3 Funding allocated to promote children's physical activity in the media</td>
<td>INC</td>
<td>-</td>
<td>No accurate data regarding funding for child and adolescent physical activity specifically.</td>
</tr>
</tbody>
</table>
Key Right # 9:

Increased priority is afforded to children’s physical activity across all relevant Western Australian Government Departments and across relevant community and private sector agencies.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Funding and budget allocation for children’s physical activity opportunities across the community</td>
<td>INC</td>
<td>-</td>
<td>Funding is allocated for children’s physical activities in the Fremantle community, but accurate quantitative data is unknown.</td>
</tr>
<tr>
<td>9.2 Representatives from all aspects of a multi-level intervention actively participate in working towards the Charter for Active Kids’ vision</td>
<td>A</td>
<td>-</td>
<td>Representatives from all levels in the community active in providing physical activity opportunities for children &amp; adolescents. Future report cards may look to gauge extent of involvement.</td>
</tr>
<tr>
<td>9.3 % positive response to participate in report card process</td>
<td>D</td>
<td>-</td>
<td>~39% of those approached, agreed to participate.</td>
</tr>
<tr>
<td>9.4 Children’s physical activity listed as a priority in policy statements (mission / strategic plan / annual reports)</td>
<td>INC</td>
<td>-</td>
<td>More information is required to make an accurate judgment.</td>
</tr>
</tbody>
</table>
Key Right # 10:

Increased priority is afforded to physical activity evaluation and monitoring to assess achievement of the aforementioned goals, and priority given to funding research to better inform future strategies.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.1</strong> Government funding for evaluation and monitoring research</td>
<td>INC</td>
<td>-</td>
<td>There is evidence of government funding for research, but no accurate data regarding amount.</td>
</tr>
<tr>
<td>reporting on aspects of the Charter for Active Kids' Key Rights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.2</strong> Government funding for research projects relating to children's</td>
<td>F</td>
<td>-</td>
<td>No evidence of local government funding for child physical activity specific research.</td>
</tr>
<tr>
<td>physical activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.3</strong> Private sector funding for evaluation and monitoring research</td>
<td>INC</td>
<td>-</td>
<td>No accurate data available.</td>
</tr>
<tr>
<td>reporting on aspects of the Charter for Active Kids' Key Rights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.4</strong> Private sector funding for research projects relating to children</td>
<td>INC</td>
<td>-</td>
<td>No accurate data available.</td>
</tr>
</tbody>
</table>
Recommendations for the Future

1. Engage all sectors of the Fremantle community; a multi-level intervention will be most effective.

2. Celebrate and advertise the aspects of Fremantle child and adolescent physical activity initiatives that are effective and successful.

3. Prioritise interventions for aspects identified in the Report Card which are most need of support.

4. Enable identification of current, accurate, quantitative data relating to Indicators of child and adolescent physical activity in Fremantle.

5. Commit to ongoing monitoring and evaluation.

1. Engage all sectors of the Fremantle community; a multi-level intervention will be most effective

- Research proves that intervention initiatives, and, in particular initiatives aimed at increasing physical activity, are most effective when the strategies involve all layers and facets of society and utilize multiple avenues of engagement.
- All levels of government (Federal, State and Local), educational institutions (schools, TAFE, university), community sporting groups, local businesses, families, individual children and adolescents should be engaged.

2. Celebrate and promote the aspects of Fremantle child and adolescent physical activity initiatives that are effective and successful

- Press releases in local newspapers and on local broadcasting stations
- Feature stories on City of Fremantle / school / sporting club websites
- Inclusion in Active Freo e-newsletter distributed to community sporting groups
- Inclusion in City of Fremantle / School / Club meetings’ agendas
- Signage at Fremantle Leisure Centre, Samson Recreation Centre, Fremantle schools and other physical activity venues

3. Prioritise interventions for aspects identified in the Report Card which are most need of support

   i. Increase and strengthen links between school and community (Key Right #4)

   - Support participation in the Active After School Communities program
   - Provide incentives for schools to utilise community venues and participate in community programs and activities
   - Provide incentives for community sporting organizations to engage with local schools via coaching, facilities, equipment, player recruitment
Allocate funding and resources to enable a specific government department (e.g. Recreation) to attend to school/community links
Further develop physical activity information databases and promote its use to schools and community clubs

ii. Improve response to the Report Card process

Fremantle community leaders must take ownership of the community's status quo and endorse the Report Card initiative
Publicise objectives of the Report Card
Embed tasks related to the provision of Report Card information into existing roles' duty statements (i.e. not seen as extra, superfluous duty)
Improve networking opportunities between Report Card Project Officer and participants
Publicise tangible positive outcomes resulting from the Report Card Process (e.g. Quotes from participants, change in statistics)

iii. Increase Physical Education time allocation in school

All sectors of the Fremantle community (government departments, school councils, community groups, parent bodies, individuals) must advocate increased quality physical education time in schools i.e. 150 minutes per week

iv. Reduce time spent using electronic media for entertainment (maximum of 2 hours per day)

Embrace the Actions/Solutions offered in Charter for Active Kids: A Blueprint for active and healthy children in Western Australia.

**Actions/solutions for all Key Rights are detailed in the Charter for Active Kids, a blueprint for active and healthy children in Western Australia**

4. Enable identification of current, accurate, quantitative data relating to Indicators of child and adolescent physical activity in Fremantle

Allocate funding for the specific purpose of monitoring and evaluating Indicators
Incorporate relevant information into existing information gathering procedures (e.g. City of Fremantle Club Survey, School audits, funding applications)
Education regarding Key Right Indicators for Report Card participants, thus clarifying the type of information required
All sectors of the Fremantle community to advocate increased resources allocated to this task

5. Commit to ongoing monitoring and evaluation

Commit to a long term Report Card process e.g. 5 year plan
Celebrate successes and improvements which will in turn, motivate stakeholders
Commit to channelling resources towards aspects identified in the Report Card as in most need of attention, as opposed to those which may find popular favour
Allocate resources for the continuation of the Report Card process
Appendix R

Geraldton-Greenough Report Card
A Report Card on Child & Adolescent Physical Activity in Geraldton-Greenough City Council

This Report Card is an evaluation of child and adolescent physical activity opportunities in the community of Geraldton-Greenough, June-December, 2010. Reporting indicators relate to the 10 Key Rights as discussed in the Charter for Active Kids, A Blueprint for Active and Healthy Children in Western Australia.
Sources of Information

Information has been collated from a variety of sources (interviews, questionnaires, web-based research) and includes different sectors of the community (governing bodies, schools, community organizations).

The following resources have contributed data to the Report Card:

- An interim report of the evaluation of the Australian Sports Commission’s Active After-school Communities program: Summary findings of the program monitoring research 2009.
- Australian Bureau of Statistics website
- Charter for Active Kids, A Blueprint for Active and Healthy Children in Western Australia.
- Department of Education Physical Activity Strategy 2008-2011
- City of Geraldton-Greenough Annual Report 2009-2010
- City of Geraldton-Greenough Budget 2009-2010 (by Work Area), Budget 2010-2011
- City of Geraldton-Greenough - Club Development Officer
- City of Geraldton-Greenough - 2010 Community Satisfaction Survey
- City of Geraldton-Greenough - Green Travel Plans - Local Planning Policy
- City of Geraldton-Greenough - Physical Activity and Nutrition Plan 2010-2014
- City of Geraldton-Greenough - Plan for the Future 2009-2014
- City of Geraldton-Greenough Sporting Futures Report - DRAFT
- City of Geraldton-Greenough website
- City of Geraldton-Greenough - Youth ‘N’ Motion 2009 Youth Survey Report
- Midwest Bike Week Report 2010
- Midwest Region Department of Sport and Recreation - Regional Officer
- Walk Score website
- 2010 Geraldton Community Sporting Clubs’ Questionnaire
- 2010 Geraldton Schools’ Questionnaire

Data from 2010 Geraldton Schools’ Questionnaire includes Independent and Catholic Education Office schools only, as permission to include Department of Education school sites was not granted. 29% of schools responded to the questionnaire. Approximately 8% of community sporting clubs responded to the 2010 Geraldton Community Sporting Clubs’ Questionnaire.
Child and Adolescent Physical Activity Opportunities in Geraldton-Greenough:

Overall Grade: B -

Significant Findings

- Good level of training and support for teachers, coaches, parents and volunteers involved with child and adolescent physical education, sport, recreation and community physical activity in Geraldton-Greenough;

- Geraldton-Greenough school and neighbourhood environments provide many opportunities for children and adolescents to be physically active;

- Geraldton schools provide ample opportunity for children and adolescents to be physically active outside of class time;

- Links between Geraldton-Greenough’s school and community programs and resources are limited;

- Opportunities for structured co-curricular physical activity programs at school are limited;

- Participation in the Report Card process was embraced by few community members;

- There is very little information relating to indicators of Geraldton-Greenough’s child and adolescent physical activity opportunities.

Full details of all 45 indicators, results and data sources can be found in the companion technical report which is available from mdoolan@nd.edu.au or c/- Institute of Health & Rehabilitation Research, School of Health Sciences, The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959
# Grading Process

<table>
<thead>
<tr>
<th>Grade</th>
<th>Benchmark Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Status of indicator / key right is excellent. &lt;br&gt;80% + &lt;br&gt;Excellent availability / involvement, very high level priority / funding</td>
</tr>
<tr>
<td>B</td>
<td>Status of indicator / key right is good. &lt;br&gt;60-79% &lt;br&gt;Good availability / involvement, high level priority / funding</td>
</tr>
<tr>
<td>C</td>
<td>Status of indicator / key right is adequate. &lt;br&gt;40-59% &lt;br&gt;Adequate availability / involvement, satisfactory level priority / funding</td>
</tr>
<tr>
<td>D</td>
<td>Status of indicator / key right is poor. &lt;br&gt;20-39% &lt;br&gt;Poor availability / involvement, low level priority / funding</td>
</tr>
<tr>
<td>F</td>
<td>Status of indicator / key right is extremely poor. &lt;br&gt;&lt; 20% &lt;br&gt;Extremely poor availability / involvement, very low level or non-existent priority / funding</td>
</tr>
<tr>
<td>INC</td>
<td>Inconclusive &lt;br&gt;Not enough evidence to assign a grade</td>
</tr>
</tbody>
</table>

- Quantitative data relating to the one indicator will be collated to produce an average quantitative measure, to be compared against the Benchmark Descriptors.
- In the absence of sufficient or quantitative data, the indicator will be assigned a grade of Inconclusive (INC).
- At least 50% of indicators must return an A - F grade to derive an overall grade for a Key Right.
- INC (Inconclusive) grades (if less than 50%) within the one Key Right will not influence the determination of grade.
- If more than 50% of indicators return an INC grade, the overall grade for the Key Right will be INC.
- Indicators relating to the one Key Right carry equal weighting.
- 1 – 10 Key Right grades carry equal weighting in calculating the overall grade.
- Key Rights with an INC grade will not influence the determination of the overall grade.
- Trend over time (situation is improving, worsening or remaining stable) represented with ↑, ↓ or ↔ signs.
- Disparities (e.g. regional/metropolitan, race/ethnicity, disability, socio-economic status, gender, age) identified by + and – signs.
Overarching Indicator:
All children and adolescents meet the national Physical Activity recommendation of at least 60 minutes of moderate and vigorous activity per day.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>% children and adolescents meeting the national Physical Activity</td>
<td>D</td>
<td>-</td>
<td>Statewide data (i.e. not Geraldton specific) from 2008 CAPANS findings. No comparable data from previous 2003 CAPANS report.</td>
</tr>
<tr>
<td>recommendation of at least 60 minutes of moderate and vigorous activity per day</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key Right # 1:
All children have a right to receive a minimum of 150 minutes of quality physical education per week.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 % schools providing 150 minutes of Physical Education for Years 1 – 12</td>
<td>F</td>
<td>-</td>
<td>0% schools deliver 150 minutes of Physical Education per week.</td>
</tr>
<tr>
<td>1.2 % PE-trained teachers amongst teachers delivering Physical Education</td>
<td>A</td>
<td></td>
<td>100% of staff delivering Physical Education have suitable expertise in Physical Education. 100% of schools receive some quality Physical Education</td>
</tr>
<tr>
<td>1.3 % schools with comprehensive Physical Education curriculum planning document (e.g. school PE program)</td>
<td>C</td>
<td>-</td>
<td>50% schools have a comprehensive Physical Education curriculum planning document.</td>
</tr>
</tbody>
</table>
**Key Right # 2:**

All children have a right to be taught by teachers who are well-trained, supported and resourced to deliver physical education.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 % teachers delivering Physical Education with suitable expertise in PE (e.g. minimum 4 PE units per degree)</td>
<td>A</td>
<td>-</td>
<td>100% of staff delivering Physical Education have suitable expertise in Physical Education.</td>
</tr>
<tr>
<td>2.2 Number of PE-related professional development opportunities per year</td>
<td>INC</td>
<td>-</td>
<td>Accurate data on number of opportunities not available.</td>
</tr>
<tr>
<td>2.3 % teachers who participate in PE-related professional development opportunities per year</td>
<td>INC</td>
<td>-</td>
<td>Accurate data on number of participants not available.</td>
</tr>
<tr>
<td>2.4 % schools with at least minimum facility requirements for physical activity</td>
<td>A</td>
<td>-</td>
<td>2010 Geraldton Schools’ Questionnaire found 100% of responding schools reported minimum facility requirements for physical activity. * Administration of the Physical Activity School Scan (PASS) requires a trained researcher.</td>
</tr>
<tr>
<td>2.5 % schools with at least “adequate” sport equipment to student ratio</td>
<td>B</td>
<td></td>
<td>100% of schools reported at least, adequate sport equipment to student ratio. The average rating was Good.</td>
</tr>
</tbody>
</table>
Key Right # 3:

All children have a right to be coached by well-trained and supported coaches, parents and volunteers in sport, recreation and community physical activity.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 % school coaches with minimum Level 1 Coaching Accreditation</td>
<td>INC</td>
<td>-</td>
<td>Not able to accurately determine the % of coaches helping with sport of physical activity in schools, that have as a minimum, a Level 1 coaching accreditation.</td>
</tr>
<tr>
<td>3.2 % community sport coaches, coaching junior sport, with minimum Level 1 Coaching Accreditation</td>
<td>C</td>
<td>-</td>
<td>On average, 55% of personnel in community sporting clubs (coaches, coaching junior sport) have a minimum Level 1 Coaching Accreditation.</td>
</tr>
<tr>
<td>3.3 % coaches with access current coaching information to facilitate best practice (e.g.. current = no more than 5 years old)</td>
<td>B</td>
<td>-</td>
<td>Approximately 67% of personnel involved with Junior sport have access to current coaching information.</td>
</tr>
<tr>
<td>3.4 % coaches with at least adequate equipment, equipment storage &amp; resources for coached group (e.g.. suitable ratio of sport equipment to children)</td>
<td>A</td>
<td>-</td>
<td>Approximately 80% of Geraldton-Greenough sporting clubs reported having an at least, adequate ratio of sport equipment to children. The average rating was Good.</td>
</tr>
</tbody>
</table>
Key Right # 4:

All children have a right to have access to programs that link their school with community programs and facilities.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 % of schools with established links to community programs and facilities (regular use or participation)</td>
<td>A</td>
<td>-</td>
<td>Limited quantitative data suggests at least 100% of schools have links with community organizations.</td>
</tr>
<tr>
<td>4.2 % community programs/organizations/facilities actively networking with schools</td>
<td>D</td>
<td>-</td>
<td>Averaging information from schools and clubs suggests approximately 36% of community organizations actively network with schools.</td>
</tr>
<tr>
<td>4.3 % children involved in community physical activity programs/organizations</td>
<td>INC</td>
<td>-</td>
<td>Limited accurate quantitative data is available for this indicator.</td>
</tr>
<tr>
<td>4.4 Local government presence promoting physical activity in school/community organisations</td>
<td>D</td>
<td>-</td>
<td>Averaging information from schools and community sporting clubs suggests only 25% of these respondents recognize a local government presence promoting physical activity within their organization.</td>
</tr>
</tbody>
</table>
All children have a right to join in programs that help their parents and caregivers to be active with their children, support physical activity for families, reduce time spent watching TV and other sedentary behaviours.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>% children meeting national guideline for using electronic media for entertainment (≤ 2 hours per day)</td>
<td>D</td>
<td>↑</td>
</tr>
<tr>
<td>5.2</td>
<td>% parents &amp; caregivers who engage / support daily physical activity for their children</td>
<td>INC</td>
<td>-</td>
</tr>
<tr>
<td>5.3</td>
<td>Number of inclusive, family-oriented, physical activity program opportunities available per year</td>
<td>INC</td>
<td>-</td>
</tr>
<tr>
<td>5.4</td>
<td>Funding allocated to deliver physical activity campaigns aimed at families and adults responsible for children’s physical activity levels</td>
<td>B</td>
<td>-</td>
</tr>
</tbody>
</table>
**Key Right # 6:**

All children have a right to school and neighbourhood physical and social environments that support active play, walking and cycling.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 % children with safe access to walking and bike paths</td>
<td>INC</td>
<td>-</td>
<td>No specific quantitative data available.</td>
</tr>
<tr>
<td>6.2 % schools with minimum facility requirements for physical activity e.g. Undercover area, grass area, play areas and play markings</td>
<td>A</td>
<td>-</td>
<td>100% of schools reported having at least minimum facility requirements.</td>
</tr>
<tr>
<td>6.3 % neighbourhoods with minimum facility requirements for physical activity e.g. Undercover area, grass area, play areas and play markings</td>
<td>A</td>
<td>-</td>
<td>90% Geraldton-Greenough residents satisfied with sport &amp; recreation facilities, 100% community sporting clubs have adequate facilities.</td>
</tr>
<tr>
<td>6.4 Number of active transport programs / initiatives promoted per year</td>
<td>B</td>
<td>-</td>
<td>Whilst data is incomplete, evidence suggests a “Good” number of active transport initiatives are promoted each year.</td>
</tr>
<tr>
<td>6.5 % schools with “minimum level” of walkability</td>
<td>A</td>
<td>-</td>
<td>Approximately 86% of schools have a minimum level of walkability. The average rating of Geraldton schools is B.</td>
</tr>
<tr>
<td>6.6 Funding allocated to programs and facilities for promotion and maintenance of active play, walking and cycling</td>
<td>INC</td>
<td>-</td>
<td>Funding for provision of active play, walking and cycling confirmed. Long term monitoring would enable accurate determination of grade and trend.</td>
</tr>
<tr>
<td>6.7 % children actively commuting (walking / cycling / skating / scooter) to school</td>
<td>C</td>
<td>↑</td>
<td>On average, approximately 40.4% of children actively commute to school. Statewide data (i.e. not Geraldton specific) from CAPANS 2008.</td>
</tr>
<tr>
<td>6.8 % children actively commuting (walking / cycling / skating / scooter) from school</td>
<td>C</td>
<td>↑</td>
<td>On average, approximately 49% of children actively commute from school. Statewide data (i.e. not Geraldton specific) from</td>
</tr>
</tbody>
</table>
**Key Right # 7:**

All children have a right to opportunities to be active at school during recess, lunchtime and after school.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 % schools with structured co-curricular physical activity programs</td>
<td>F</td>
<td>-</td>
<td>0% of schools offer a structured co-curricular physical activity program.</td>
</tr>
<tr>
<td>7.2 % children participating in structured co-curricular physical activity programs</td>
<td>INC</td>
<td>-</td>
<td>Not applicable as 0% of schools offer a structured co-curricular physical activity program.</td>
</tr>
<tr>
<td>7.3 % schools offering facility &amp; equipment access to students outside of PE lesson time</td>
<td>A</td>
<td>-</td>
<td>100% of schools offered students access to equipment and facilities outside of Physical Education lesson time.</td>
</tr>
<tr>
<td>7.4 % schools implementing policy and initiatives which actively promote physical activity during recess, lunch and before/after school</td>
<td>A</td>
<td>-</td>
<td>100% schools reported actively promote physical activity outside of lesson time.</td>
</tr>
<tr>
<td>7.5 Average duration of ‘active play’ opportunities through recess and lunchtime per day</td>
<td>A</td>
<td>-</td>
<td>The average duration of 135 minutes exceeds the recommended 60 minutes per day. Excellent opportunities for active play.</td>
</tr>
<tr>
<td>7.6 % children participating in ‘active play’ during recess and lunchtime</td>
<td>INC</td>
<td>-</td>
<td>Not able to accurately determine average number of students participating in active play per day.</td>
</tr>
</tbody>
</table>
### Key Right # 8:

All children have a right to media and other campaigns that promote a physically active culture and raise the priority afforded to childhood physical activity.  

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 % newspaper articles/adverts promoting physically active culture or childhood physical activity per week</td>
<td>INC</td>
<td>-</td>
<td>No accurate quantitative information currently available.</td>
</tr>
<tr>
<td>8.2 % news and current affair stories and TV shows/adverts promoting physically active culture or childhood physical activity per week</td>
<td>INC</td>
<td>-</td>
<td>No accurate quantitative information currently available.</td>
</tr>
<tr>
<td>8.3 Funding allocated to promote children’s physical activity in the media</td>
<td>INC</td>
<td>-</td>
<td>No accurate data regarding funding for child and adolescent physical activity specifically.</td>
</tr>
</tbody>
</table>
Key Right # 9:

Increased priority is afforded to children’s physical activity across all relevant Western Australian Government Departments and across relevant community and private sector agencies.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Funding and budget allocation for children’s physical activity opportunities across the community</td>
<td>INC</td>
<td>-</td>
<td>Funding is allocated for children’s physical activities in the Geraldton community, but accurate quantitative data is unknown.</td>
</tr>
<tr>
<td>9.2 Representatives from all aspects of a multi-level intervention actively participate in working towards the Charter for Active Kids’ vision</td>
<td>A</td>
<td>-</td>
<td>Representatives from all levels in the community active in providing physical activity opportunities for children &amp; adolescents. Future report cards may look to gauge extent of involvement.</td>
</tr>
<tr>
<td>9.3 % positive response to participate in report card process</td>
<td>F</td>
<td>-</td>
<td>~15% of those approached, participated.</td>
</tr>
<tr>
<td>9.4 Children’s physical activity listed as a priority in policy statements (mission / strategic plan / annual reports)</td>
<td>INC</td>
<td>-</td>
<td>More information is required to make an accurate judgement.</td>
</tr>
</tbody>
</table>
Key Right # 10:

Increased priority is afforded to physical activity evaluation and monitoring to assess achievement of the aforementioned goals, and priority given to funding research to better inform future strategies.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Grade</th>
<th>Trend</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Government funding for evaluation and monitoring research reporting</td>
<td>INC</td>
<td>-</td>
<td>There is evidence of government funding for research, but no accurate data regarding amount.</td>
</tr>
<tr>
<td>10.2 Government funding for research projects relating to children’s</td>
<td>INC</td>
<td>-</td>
<td>Not enough information to make an accurate assessment.</td>
</tr>
<tr>
<td>10.3 Private sector funding for evaluation and monitoring research</td>
<td>INC</td>
<td>-</td>
<td>No accurate data available.</td>
</tr>
<tr>
<td>10.4 Private sector funding for research projects relating to children’s</td>
<td>INC</td>
<td>-</td>
<td>No accurate data available.</td>
</tr>
</tbody>
</table>
Recommendations for the Future

1. Celebrate and advertise the aspects of Geraldton-Greenough child and adolescent physical activity initiatives that are effective and successful.

2. Engage all sectors of the Geraldton-Greenough community; a multi-level intervention will be most effective.

3. Prioritise interventions for aspects identified in the Report Card which are most need of support.

4. Enable identification of current, accurate, quantitative data relating to Indicators of child and adolescent physical activity in Geraldton-Greenough.

5. Commit to ongoing monitoring and evaluation.

1. Celebrate and promote the aspects of Geraldton-Greenough child and adolescent physical activity initiatives that are effective and successful
   - Press releases in local newspapers and on local broadcasting stations
   - Feature stories on City of Geraldton-Greenough / school / sporting club websites
   - Inclusion in Sports Alive Club Development e-newsletter distributed to community sporting groups
   - Inclusion in City of Geraldton-Greenough / School / Club meetings’ agendas
   - Signage at Geraldton-Greenough venues such as the Aquarena, the Regional Library, parks and recreational grounds, community halls and other physical activity venues

2. Engage all sectors of the Geraldton-Greenough community; a multi-level intervention will be most effective
   - Research proves that intervention initiatives, and, in particular initiatives aimed at increasing physical activity, are most effective when the strategies involve all layers and facets of society and utilize multiple avenues of engagement (Centers for Disease Control and Prevention, 2001; Giles-Corti, 2006; Huang, et al., 2009; Sallis, 2003; Smedley & Syme, 2000; van Sluijs, et al., 2007).
All levels of government (Federal, State and Local), educational institutions (schools, TAFE, university), community sporting groups, local businesses, families, individual children and adolescents should be engaged.

3. Prioritise interventions for aspects identified in the Report Card which are most need of support

i. Improve positive response and participation in the Report Card process *(Indicator 9.3)*

- Geraldton-Greenough community leaders must take ownership of the community’s status quo and endorse the Report Card initiative
- Publicise objectives of the Report Card
- Embed tasks related to the provision of Report Card information into existing roles’ duty statements (i.e. not seen as extra, superfluous duty)
- Improve networking opportunities between Report Card Project Officer and participants
- Publicise tangible positive outcomes resulting from the Report Card Process (e.g. Quotes from participants, change in statistics)

ii. Increase and strengthen links between school and community *(Indicator 4.2 and 4.4)*

- Support participation in the Active After School Communities program
- Provide incentives for schools to utilise community venues and participate in community programs and activities
- Provide incentives for community sporting organizations to engage with local schools via coaching, facilities, equipment, player recruitment
- Allocate funding and resources to enable a specific government department (e.g. Club Development or Youth Development) to attend to school/community links
- Further develop physical activity information databases and promote its use to schools and community clubs

iii. Increase Physical Education time allocation in school *(Indicator 1.1)*

- All sectors of the Geraldton-Greenough community (government departments, school councils, community groups, parent bodies, individuals) must advocate increased quality physical education time in schools i.e. 150 minutes per week

iv. Reduce time spent using electronic media for entertainment (maximum of 2 hours per day) *(Indicator 5.1)*

- Embrace the Actions/Solutions offered in Charter for Active Kids: A Blueprint for active and healthy children in Western Australia (Children’s Physical Activity Coalition, 2008)

v. Increase structured co-curricular physical activity programs offered at school
Encourage schools to participate in the Active After School Communities program
Utilise community sporting clubs' expertise and personnel in providing co-curricular physical activity programs
Advocate increased resources and funding for schools to provide co-curricular physical activity programs
Provide support to families to enable participation in co-curricular physical activity programs e.g. Transport assistance

**Actions/solutions for all Key Rights are detailed in the Charter for Active Kids, a blueprint for active and healthy children in Western Australia (Children's Physical Activity Coalition, 2008).**

4. **Enable identification of current, accurate, quantitative data relating to Indicators of child and adolescent physical activity in Geraldton-Greenough**

- Allocate funding for the specific purpose of monitoring and evaluating Indicators
- Incorporate relevant information into existing information gathering procedures (e.g. City of Geraldton-Greenough Youth Survey, DSR Midwest Region Census questionnaires, School audits, Community Grant applications)
- Education regarding Key Right Indicators for Report Card participants, thus clarifying the type of information required
- All sectors of the Geraldton-Greenough community to advocate increased resources allocated to this task

5. **Commit to ongoing monitoring and evaluation**

- Commit to a long term Report Card process e.g. 5 year plan
- Celebrate successes and improvements which will in turn, motivate stakeholders
- Commit to channelling resources towards aspects identified in the Report Card as in most need of attention, as opposed to those which may find popular favour
- Allocate resources for the continuation of the Report Card process
Appendix S

Report Card Evaluation Questionnaire
Please complete this questionnaire prior to meeting with the Researcher.

Please rate the Report Card and the Report Card Snapshot on the following criteria:

1. Ease of reading:
   - Report Card - □ Poor □ Limited □ Satisfactory □ Good □ Excellent
   - Report Card Snapshot - □ Poor □ Limited □ Satisfactory □ Good □ Excellent

2. Level of interest:
   - Report Card - □ Poor □ Limited □ Satisfactory □ Good □ Excellent
   - Report Card Snapshot - □ Poor □ Limited □ Satisfactory □ Good □ Excellent

3. Appeal of format:
   - Report Card - □ Poor □ Limited □ Satisfactory □ Good □ Excellent
   - Report Card Snapshot - □ Poor □ Limited □ Satisfactory □ Good □ Excellent

4. Relevant information:
   - Report Card - □ Poor □ Limited □ Satisfactory □ Good □ Excellent
   - Report Card Snapshot - □ Poor □ Limited □ Satisfactory □ Good □ Excellent

Comments: ____________________________________________________________
__________________________________________________
__________________________________________________

_________________________________________________________________

_________________________________________________________________
5. Have you discussed the Report Card information with others?

☐ Yes  ☐ No

Please give details: __________________________________________

________________________


6. Please indicate if you intend to use Report Card information for any of the following:

☐ Meeting/action within your Department  ☐ Council website

☐ Meeting/action with other Council Departments  ☐ Local Community newsletter / e-newsletter

☐ City Council meetings  ☐ Media releases

☐ Meeting with local community members  ☐ Report writing

☐ Short term operational planning  ☐ Budget

☐ Long term strategic planning  ☐ Presentation

☐ Funding application  ☐ Other

☐ Do not intend to use this information

Please give details: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. What do you believe were the main messages presented in the Report Card?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
8. Please rate the ability of the Report Card’s information to contribute to change within the Fremantle community on the following aspects:

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Poor</th>
<th>Limited</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Planning</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Funding</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Access to facilities &amp; equipment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Expertise of personnel responsible for developing youth physical activity opportunities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Professional development opportunities for relevant personnel</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Youth participation levels in physical activity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Awareness of youth physical activity levels</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>School-family-community organisation / program links</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>

9. Please rate the initial contact methods for the Report Card project *(Insert specifics of initial contact)*:

<table>
<thead>
<tr>
<th>Poor</th>
<th>Limited</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

10. Please rate the level of ongoing communication:

<table>
<thead>
<tr>
<th>Regularity - Excellent</th>
<th>Poor</th>
<th>Limited</th>
<th>Satisfactory</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content - Excellent</th>
<th>Poor</th>
<th>Limited</th>
<th>Satisfactory</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Comments

________________________________________________________

________________________________________________________

________________________________________________________
11. Please rate your level of interest in participating in the Report Card project:
☐ Poor    ☐ Limited    ☐ Satisfactory    ☐ Good    ☐ Excellent
Comments____________________________________________________
____________________________________________________

12. Were the objectives of implementing the Report Card made clear to you?
☐ Yes    ☐ No

13. Was the Report Card initiative a logical and transparent process?
Logical - ☐ Yes    ☐ No
Transparent - ☐ Yes    ☐ No

14. Was the Report Card evaluation and grading process objective and reliable?
Objective - ☐ Yes    ☐ No
Reliable - ☐ Yes    ☐ No

15. Please rate the format and content of this evaluation questionnaire:
Format - ☐ Poor    ☐ Limited    ☐ Satisfactory    ☐ Good    ☐ Excellent
Content - ☐ Poor    ☐ Limited    ☐ Satisfactory    ☐ Good    ☐ Excellent

16. Would you like the Report Card process to be conducted again next year?
☐ Yes    ☐ No

Any other comments regarding the Report Card itself or the process of implementing the Report Card:
____________________________________________________
____________________________________________________
____________________________________________________

Thank you for completing this questionnaire.

If participants have any concerns about the conduct of this research project, they can contact the researcher or, alternatively, the Executive Officer, Human Research Ethics Committee, The University of Notre Dame Australia, ph: (08) 9433 0941; fax (08) 9433 0519.
Appendix T

Request for Feedback
Re: Development and Trial of a Report Card on Child and Adolescent Physical Activity in Insert Community Name

On behalf of The University of Notre Dame Australia and the Children’s Physical Activity Coalition (CPAC), I thank you for your valuable contribution in the evaluation trial of a Report Card on Child and Adolescent Physical Activity.

Please find enclosed draft copies of:

- A Report Card on Child & Adolescent Physical Activity in Insert Community Name – A Snapshot
- A Report Card on Child & Adolescent Physical Activity in Insert Community Name
- Report Card Evaluation Questionnaire

I would very much appreciate the opportunity to discuss these documents with you in order to answer any questions about the reporting process, the Report Card itself, and possibilities for useful applications. I also want your feedback regarding this project. This is important for the future development of the Report Card and for the evaluation component of my thesis.

I look forward to hearing from you and scheduling a discussion at your earliest convenience.

Yours sincerely

Maria Doolan
Master of Education Student
c/- Institute for Health and Rehabilitation Research
School of Health Sciences
The University of Notre Dame Australia
PO Box 1225, Fremantle WA 6959
mdoolan@nd.edu.au
Appendix U

Feedback from
Fremantle and Geraldton-Greenough Communities
The following ratings and comments relate to the Report Card and the Report Card Snapshot product:

1. Ease of reading: Report Card - Good
   Report Card Snapshot - Good

2. Level of interest: Report Card - Good - Excellent
   Report Card Snapshot - Good - Excellent

3. Appeal of format: Report Card - Good
   Report Card Snapshot - Satisfactory - Good

4. Relevant information: Report Card - Satisfactory - Good
   Report Card Snapshot - Satisfactory - Good

Comments:

**Fremantle:**
Not all information is relevant to Fremantle LGA.

**Geraldton-Greenough:**
There are quite a few areas where findings were “inconclusive” which combined with poor participation rate make future community acceptance of the project a concern.

Very black and white; suggest use colour, graphics (pictures, graphs) to complement text content.

5. Report Card information had not been discussed with others in either Fremantle or Geraldton-Greenough communities.
6. Communities' responses regarding intended uses for Report Card information:

<table>
<thead>
<tr>
<th>Possible Uses</th>
<th>Would NOT be used for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting/action within your Department</td>
<td>Meeting/action with other Council Departments</td>
</tr>
<tr>
<td>Local newsletters / e-newsletters</td>
<td>City Council meetings</td>
</tr>
<tr>
<td>Meeting with local community members (e.g. DSR)</td>
<td>Council website</td>
</tr>
<tr>
<td>Short term operational planning</td>
<td>Media releases</td>
</tr>
<tr>
<td>Long term strategic planning</td>
<td>Report writing</td>
</tr>
<tr>
<td>Funding application</td>
<td>Presentation</td>
</tr>
</tbody>
</table>

Details:

Fremantle:

The report card items relevant to LGA will be shared among staff in community development directorate. Outcomes relevant to sporting clubs will be provided in the next ActiveFreo e-newsletter.

7. Main messages perceived to be presented in the Report Card:

Fremantle:

Overall children & adolescents are not meeting physical activity guideline of 60 min moderate activity / day.
Community clubs are doing well in providing physical activity programs
Greater links could be made between schools and community organisations

Geraldton-Greenough:

Lack of community support for projects that are perceived to be more work for volunteers
100% of community clubs are satisfied with current level of facilities seems to contradict community feedback for the Draft Sporting Futures Report
↑ requirement for schools and local community clubs to make better use of resources and facilities
8. The Report Card’s ability to contribute to change in the community on the following aspects:

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Planning</td>
<td>Good</td>
</tr>
<tr>
<td>Funding</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Access to facilities &amp; equipment</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Expertise of personnel responsible for developing youth physical activity opportunities</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Professional development opportunities for relevant personnel</td>
<td>Limited - Satisfactory</td>
</tr>
<tr>
<td>Youth participation levels in physical activity</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Awareness of youth physical activity levels</td>
<td>Satisfactory - Good</td>
</tr>
<tr>
<td>School-family-community organisation / program links</td>
<td>Satisfactory - Good</td>
</tr>
</tbody>
</table>

9. The initial contact methods for the Report Card project: **Satisfactory**

10. **Ongoing communication:**
    - Regularity: Limited - Satisfactory
    - Content: Satisfactory

Comments:

Fremantle:

*Increased communication at the data collation stage would have identified additional relevant information. More active involvement in grading process was requested.*

11. Both Fremantle and Geraldton-Greenough representatives reported level of interest in participating in the Report Card project as **“Good.”**
12. Both Fremantle and Geraldton-Greenough representatives reported the objectives of implementing the Report Card had been made clear to them.

13. Was the Report Card initiative a logical and transparent process?

Logical - Yes
Transparent - Yes

14. Was the Report Card evaluation and grading process objective and reliable?

Objective - Yes
Reliable - 1 x Yes / 1 x No

15. The format and content of this evaluation questionnaire were rated:

Format - Satisfactory - Good
Content - Good

16. Both Fremantle and Geraldton-Greenough representatives wanted the Report Card process to be conducted again next year.

Fremantle:
And then every two years; an intensive project i.e. 3 months to collect data, 3 months to write report. Quick turnaround would help with keeping data current. Two years to allow time for progress. Future Report Card targeting only items relevant to local government would increase engagement.

Any other comments:

Fremantle:

Suggest title of Report Card changed from targeting “Fremantle City Council” to “the City of Fremantle” i.e. to identify the area rather than the Council organization.
Don’t see a role for LGA in numerous Key Rights / indicators i.e. not the responsibility of local government, therefore their input and relevance is limited.
Club Development program (DSR website) & Regional Club Development Officer (Cockburn/Fremantle area) may offer data for Key Right 3.
Don’t see local government as having a role / responsibility in many instances (indicators). Wouldn’t participate as it would be a duplication of roles (with what state & local sporting associations do in schools). LGA input therefore, restricted. Many indicators difficult to measure accurately as there are a number of programs / initiatives / budgets which target other issues, but affect child & adolescent physical activity opportunities as a by-product. Definitions for what exactly is being measured would be helpful. Could look at actioning Recommendation for the Future # 1 – 3. Too hard to tackle # 4 and 5 at this point. Limitations include resources, organization structure and funding.

Took a long time from initial contact to receiving the Report Card. Some information out of date or been superseded. New information (Strategic Recreation Needs Assessment) surveyed & available, but was after deadline for data collation. Local Governments are very different so sampling different ones over a number of years is not a very good way to compare results from year to year.

Geraldton-Greenough:

Concerned about the “inconclusive” ratings; detracts from believability. Long wait for the Report Card, but recognize there is usually a delay from information collection to publishing time. Discrepancies between what was reported in club questionnaire responses and what clubs reported to Geraldton-Greenough City Council?? Suggests the questionnaires need to address the respondents to emphasize the need for club perspective (not the individual’s) Anonymity of questionnaire respondents offers both positives (overcomes some reluctance to volunteer controversial information) and negatives (can’t follow up – clarification of information, provide immediate solutions/contacts/information). General apathy in responding to questionnaires has been their experience with other initiatives. Possible reasons include time shortage, not a priority for them, need a better understanding of how it will help them, prefer face to face or internet communication, questionnaire fatigue, possible overlap of this issue with other initiatives, experienced other initiatives’ failures.