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A SAFE HAVEN: THE IMPORTANCE
OF SOCIAL COMFORT IN FACILITATING
PHYSICAL ACTIVITY AMONG
OVERWEIGHT YOUNG PEOPLE

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Introduction

There is a growing concern amongst researchers, medical practitioners and policy makers about the health and fitness of overweight young people, with the UK Parliament recommending that initiatives to tackle obesity should target schoolchildren (HMSO, 2001). Childhood obesity rates in the UK are soaring. In a recent briefing paper, the British Medical Association (2010: p. 1), describe this as:

... extremely worrying as obesity can cause heart disease, osteoarthritis and some cancers. [...] In 2007, 17 per cent of boys aged 2 to 15, and 16 per cent of girls were classed as obese, an increase of 11 per cent and 12 per cent respectively since 1995. [...] The cost of treating obesity and its consequences has been estimated at between £990 million and £1,225 million.

In young people physical activity is associated with improvements in skeletal health, CVD (cardiovascular disease) risk factors, adiposity, self-esteem and mental health (Biddle, Gorely and Stensel, 2004). In spite of this approximately 30% of boys and 40% of girls in the UK fail to meet current physical activity guidelines of 60 minutes of moderate activity on most days of the week (Department of Health, 2004). The increasing prevalence of overweight and obesity in young people has been attributed in part, to decreases in physical activity and increases in sedentary pursuits (Lobstein, Baur and Uauy, 2004). Associated with this demographic change in obesity in young people is an increased prevalence of Type 2 Diabetes (Sinha, Fisch, Teague et al., 2005). If these trends are to be halted or reversed, there is an urgent need to evaluate initiatives designed to encourage healthy lifestyles in young people. In a review of correlates of physical activity of children and adolescents, Sallis et al. (2000), re-
examined 108 published papers and found variables or correlates of physical activity in children were male gender, parental overweight status, preferences for physical activity, intention to be active, fewer perceived barriers, previous physical activity, healthy diet, access to programmes and facilities, and time spent outdoors. Variables or correlates that were consistently associated with adolescents’ physical activity were male gender, younger age, ethnicity (white), perceived activity competence, intention to be active, less depression, previous physical activity, participation in community sports, greater sensation seeking tendencies, support from others, sibling physical activity, direct help from parents, and opportunities to exercise.

There are several contributing factors to the growing number of overweight young people, some of which will be briefly summarised and then the concept of social comfort will be discussed. Over the last few years there have been numerous initiatives in schools to try to address the issues relating to healthy eating, physical activity, food preparation, and school meals. The National Healthy Schools Programme (NHSP) is a joint initiative between the Department for Children, Schools and Families (DCSF) and the Department of Health (DH) — which promotes a whole school/whole child approach to health. The programme has existed since 1999. It is recognised as a key delivery mechanism in the Children’s Plan (DCSF, 2007) and in Healthy Weight, Healthy Lives (DH 2008) 21st Century White Paper reference. As well as improving diet, the government highlighted the importance of increasing physical activity for school children in 2003 by introduced a target of providing two hours of physical activity a week in school for all children aged five to sixteen. A new target for 2008 to 2011 is that all children should have the opportunity for a further three hours of sporting activities a week, although not necessarily delivered through schools. This is known as the 5 hour offer. Improvement and Development Agency for local government (IDEA) (April 2008).

An ever-growing body of literature indicates that being victim to bullying is common among overweight children and may contribute to their impaired psychosocial functioning. In a study by Sweeting, Wright, and Minnis (2005) involving 2,127 middle-school-aged children, the degree of overweight was associated with depressed mood, low self-esteem, and greater victimization. There is some evidence that overweight children may avoid taking part in activities such as physical education classes or sports to avoid weight-related bullying (Faith, Leone, Ayers et al., 2002). In a study of 576 middle-school students, Faith et al. (2002) found that weight criticism during physical activity was associated with negative attitudes toward sports and reduced levels of physical activity. Unfortunately, avoiding participation in social and recreational activities may only serve to further isolate and stigmatize the overweight child, in addition to affecting the physical health and quality of life. If the school context is to be the place where opportunities for physical activity are offered then making
a safe social context that eliminates bullying is essential. Fortunately, recent anti-bullying policy has helped confront bullying in schools, but has not eliminated it.

Questions remain as to how to effect favourable changes in diet through school based interventions. Studies about healthy eating highlight the importance of targeting the family for the promotion of healthy eating behaviours among children and adolescents. Recent research suggests future interventions should encourage parents to be positive role models and create a supportive home environment through increased encouragement and availability of fruits and vegetables and employing rules to govern eating behaviours (Pearson, Biddle and Gorely, 2009).

The research literature in sport psychology, sociology and physical education reports that the reasons young people participate in sport are, improving skills, having fun, being with friends, experiencing thrills and excitement, achieving success and developing fitness. Often ‘fun and enjoyment’ is reported to be the most important reason and ‘winning’ the least important (Clough, 1993).

In a section about the psychosocial outcomes of physical activity, Biddle et al. point out that the psychological climate and social interactions in physical activity settings are crucial to mental health. He suggests that while physical activity often enhances psychological well-being, the psychological climate and social interactions in such settings will be more crucial than the physical activity itself and that these factors are rarely accounted for (Biddle, Gorely and Stensel, 2004). In terms of bringing about behavioural change, it is often the social relationships experienced during involvement in physical activity that are the most significant factor. Whatever advantages or liabilities are associated with sport involvement, they do not come from sport in isolation but from the blend of social interactions and physical activities that make up the whole sporting experience (Sandford et al., 2006).

Biddle et al. (1998b) and Cavill et al. (2001) suggested that activity may also be related to perceptions of enjoyment, self-efficacy, competence, control and autonomy, positive attitudes towards activity, and a perception of few barriers and many benefits. For young people, qualitative research (Mulvihill et al., 2000) has shown that many barriers emerge during the time of transition to secondary school. For example, greater embarrassment and self-consciousness concerning their bodies, especially for girls, and perceived time pressure from homework were barriers to physical activity. Conversely, young people reported being motivated for physical activity by feelings of well-being, enjoyment and possible weight control. Specifically, of 2,510 students aged 12–15 years, under one-third were classified as ‘poorly motivated’ (16.8%) or ‘amotivated’ (14%), while 43.6% had clearly positive motivational profiles. The amotivated group was characterized by low perceptions of competence and physical self-worth and had feelings that sport ability cannot easily be developed.
The rise in obesity is associated with a rogue’s gallery of individual, social and technological factors. The ‘Big Two’ as scientists call the leading factors are reduced exercise and increased food consumption. But underlying that simple energy-in, energy-out equation is a complex, and so far inexorable, interplay between powerful physiological and societal forces (Ambinder, 2010).

A recent theme in the area of participation in physical activity has been the importance of ‘social comfort’. The suggestion that a sense of belonging, familiarity, being welcome and being fully part of the activity is fundamental to participation (Callaghan, et al., DfES 2001; Lowrey and Kay, 2005). This paper contributes to the debate about social comfort, giving the intervention for overweight children and adolescence as an example of groups of individuals for whom the need for social comfort may be more of a factor than usual. The study summaries qualitative data obtained through interviews with the exercise trainers, young people and parents that illustrated the importance of social comfort for continued participation in physical activity. It is important to point out that the need for social comfort has relevance for all, but particularly for marginalised groups in society.

In the literature discussed there have been several terms mentioned that effect participation: for example, feelings of well-being, having fun, enjoyment, being with friends, experiencing thrills and excitement, achieving success, perceived activity confidence; and also terms associated with the benefits of physical activity such as improved self esteem, improved mental health, reduction in feelings of depression. We hypothesise that a sense of ‘social comfort’ is affected by a combination of these factors and that there is a threshold of ‘social comfort’ that if a context becomes uncomfortable then the individual will withdraw from participation. This can be seen in the school setting particularly with the transition to secondary schools where adolescents become more aware of their bodies and become embarrassed in physical activity contexts. Physical Education lessons in schools are also affected by disruptive behaviour. Researchers have pointed out that there is a need for teachers to be taught how to be reflective and innovative in their lesson plans (Ennis et al., 1997), to be equipped with the skills required for conflict resolution in physical education (Flavier et al., 2002), and to receive ongoing training regarding managing and addressing anti-social behaviour (Kinder et al., 1999). However, as Armour and Yelling (2004) have demonstrated, whereas physical education teachers are keen to promote personal and social development through physical education and school sport, most of the professional development that has traditionally been available to them focuses on updating specific sports skills (Sandford et al., 2006).

Although the evidence indicates that a whole school based approach to intervention has the most success, there are groups of young people who find it difficult to take part in physical education in school (Sandford
et al., 2006). Sainsbury’s TOP Activity was developed by the Youth Sport Trust (YST) and aims to engage less active 7–11 year olds, not engaged in more traditional sports and physical activities, through alternative activities. MEND (Mind, Exercise Nutrition and Do It!) is a targeted intervention programme for overweight 7–13 year olds that supports young people and their families to make life changes that will impact on their health and well-being. The MEND programme has an extensive research and development programme and has evidence showing that the programme helps children lose weight (specifically body fat), increase their physical activity levels and self-esteem and reduce their sedentary behaviours e.g. screen time. In addition, research shows that children and young people who have been on a MEND programme demonstrate sustained health improvements 12 months after starting the Programme (Sacher, 2010). Once recruited, the MEND programme was found to be acceptable to families, with no families dropping out of the programme and a high attendance of 84 per cent.

The overweight young people taking part in the MEND programme often found it difficult to participate in curriculum PE lessons due to lack of self-confidence, lack of fitness and lack of skills. The ten-week MEND programme gave the young people a safe haven in which to increase confidence, fitness and skills so they were then able to take part in school PE lessons and other physical activity. So what contributes to making the exercise sessions on the MEND programme a safe social space for participation? Factors that are reported from the interviews include: the exercise trainers’ views on the training they received to run the exercise component of the programme; recommendations by the young people about the exercise trainers; comments by the young people about the programme; comments by the parents; and some examples of good practice.

Methodology

This research was commissioned by the Youth Sport Trust (YST) and undertaken by the Institute of Youth Sport at Loughborough University. The research was to evaluate the impact of Sainsbury’s TOP Activity delivery within the MEND programme. Sainsbury’s TOP Activity was developed by the Youth Sport Trust and aims to engage less active 7–11 year olds, not engaged in traditional sports and physical activities, by providing alternative activities, such as cheerleading and providing equipment such as hoola hoops, space hoppers and colourful pom poms, cones and bibs. It is designed for use in the informal out-of-school hours club setting and is mainly used in primary schools. Sainsbury’s TOP Activity includes five dimensions: training, equipment, resource cards, a DVD and CD and a deliverer’s handbook. Over 2,000 people have been trained as TOP Activity deliverers in using the TOP Activity
equipment — teachers, assistants, lunch-time supervisors and other ancillary staff. MEND (Mind, Exercise, Nutrition and DO It!) is a targeted ten week (2 hours a week) programme for overweight 7–13 year olds which supports young people and their families in making life changes that will improve their health and well-being. Sainsbury’s TOP Activity delivery within the MEND Programme is managed by local programme managers employed either by MEND or by the participating host school/school sport partnership for school sites or local primary care trust, leisure centres, community centres or councils for non-school sites. The programme involves 20 two hour sessions over ten weeks with one hour of each session devoted to theory and one hour to exercise.

The aim for the MEND organisation is to help reduce childhood obesity in the UK. The MEND programme has its own training, resources and equipment. As the MEND programme is aimed at 7–13 year olds it reaches a wider range of ages than the Sainsbury’s TOP Activity programme outside of MEND (7–11 years olds). Whilst the Sainsbury’s TOP Activity programme targets less active young people not involved in more traditional physical activities, the MEND project is aimed at reducing obesity and only includes young people who are overweight. These young people are not necessarily less active or not engaged in traditional physical activities.

The nutrition theory sessions are delivered by MEND-trained theory trainers employed by MEND or by the participating host school/school sport partnership or host non-school site MEND-trained staff. The second part of the session, involving one hour of exercise, is delivered by a school or non-school site member of staff trained by the Youth Sport Trust as a Sainsbury’s TOP Activity MEND exercise trainer.

These two successful physical activity intervention programmes were combined and targeted overweight 7–13 year old young people and their families in a ten week programme. The evaluation was conducted June — December 2009 and involved the development of eight case studies focussed on MEND programmes delivered on school and non-school sites. Of the eight case studies, three were face-to-face case studies, four were telephone case studies and one an email case study. Interviews were conducted with programme managers and exercise trainers (n=14), and at each of the three face-to-face visits there were two to three small focus groups with young people and their parents.

Findings

This paper reports on several aspects of the findings that contribute to social comfort. The exercise trainers’ views on the training; the exercise trainers’ view of the programme; the views of the young people about the programme and the exercise trainers; and the views of the parents.
The exercise trainers’ views on the training

The TOP Activity training offered the exercise trainers an opportunity to become familiar with the TOP Activity equipment and resource cards. The exercise trainers received a set of resource cards which provided examples of fun games and activity ideas for use in their delivery of TOP Activity programme. The cards supported the equipment and resources.

One exercise trainer felt the training was very useful for understanding how to play appropriate fitness games with the younger children. Several exercise trainers felt the training had helped them to use the TOP Activity equipment and resources within the MEND programme. One suggested, “It [the training] was excellent, it gave great insight to the equipment and how it can be used to stimulate the kids”. Another trainer commented, “It was all good, [I] was given enough information and help to lead the programmes effectively”.

A number of exercise trainers made requests for advice on how to organise a good session for a wide age range (7 — 13 years) including less active and sporty individuals. The following comments illustrate some of the difficulties experienced by the trainers:

I wish that we were taught how to blend senior children with primary children in respect of playing games to suit a wide age group. How to select teams without isolation, intimidation and with fairness.

The content of the courses focused on how to use the equipment for games with the children and not how to analyse a game to see if the children would like it. There was no advice about dealing with children with behaviour problems or domineering parents in a discussion group. So perhaps strategies for behaviour particular for the type of children you get to this programme would be useful.

Other exercise trainers mentioned that managing the wide age range (7–13 years) was their biggest challenge:

... something that I find quite difficult. Some of the kids that come to MEND are sort of 7, and then you’ve got 13 and 14, year olds and that is causing, not trouble, it’s just so hard when you’ve got 10 little ones running around, then you’ve got slightly bigger ones. Slightly bigger ones will want to stay together because they’re making friends, and you’re like ‘no, we need to split you up’.

Age group. I think the main problem that we’re having is definitely the age groups. The younger ones and then the older ones, I find that really hard, just splitting them up, getting them into teams you know, the bigger ones like ‘Oh, I don’t want so and so’, not being horrible but just because they’re smaller and they can’t catch balls very well or you know, things like that.
It is interesting to note that some of the issues mentioned by the exercise trainers relating to large group size, behaviour issues, isolation, intimidation and fairness are issues that would affect the social comfort of the individuals taking part in the sessions. Some of the exercise trainers were newly qualified leisure centre coaches who had previously only worked with adults and others were extremely experienced PE teachers who had worked in schools as specialists for a number of years.

The exercise trainers’ view of the programme

The exercise trainers explained that the young people had made positive comments about the flexibility and variety of the resources and the new and different activities that the young people had been able to be involved with. This encouraged participation and enjoyment.

Having activities available where they can join in even though they may not have the skill level to compete or the physical fitness which would otherwise deter them from taking part in an activity session.

The general feedback is positive as they are trying a new activity something that they may not get the opportunity to do in school or their social background.

On our programmes our children have loved the enormous amount of traditional kind of street games, together games, e.g. run outs bulldogs, tag, funny circuits, as well as playing traditional football, rounders etc. I have encouraged my clients to have fun whilst exercising, probably playing games that they couldn’t or wouldn’t be able to do at their school or in the streets (a lot to do with the ‘not cool’ factor). To my statistical knowledge our success rate is almost 100% in the fitness level improving. Allowing encouraging ‘captains’ whereby this wouldn’t happen in their own school, encouraging leadership in the warm-ups e.g. follow-my-leader type actions. Absolutely ensuring that every child gets a say and control over what games are played, on a rotation basis. Giving control back to the children is a very important psychological aspect in them taking control of their body image and overall well being.

This last comment by the exercise trainer draws out the desire of the trainer to encourage a physical activity session where the young people are having fun, but also where the young people have some autonomy and control over what activities are included in the sessions.

Recommendations by the young people about the exercise trainers

The young people were asked what skills the exercise trainers needed to make the exercise sessions work. They offered the following ideas:
• Be good communicators
• Listen to young people's ideas
• Show young people how to run sessions so that they can help younger children
• Be firm so that poor behaviour does not spoil the session
• Enjoy physical activity and be energetic
• Provide a variety of activities
• Have fun

Again the themes relating to having fun, giving the young people an opportunity to have an input to the sessions by listening to their ideas and letting them help the younger children. The young people also recognised the need for the trainers to be good communicators and the ability to deal with behaviour issues.

Comments by the young people about the programme

The participants in one school were unanimous in their description of the sessions as 'fun' and this was the primary motivator for attendance at the sessions. The session that was witnessed during the visit was energetic and enjoyed by all. Older students were supporting younger students during the session.

The following illustrate the comments from the young people. The social comfort factors such as autonomy ('not forced to do anything'), getting involved, making friends, having fun with friends stand out as a key aspect of participation.

Becoming fitter. Not like skinny or anything. They don’t force us to do anything. Diet in the right way and getting involved and making friends. (girl, age 14)

It's dead funny. You can have a laugh with your friends. It's not like it's a competition it's just a laugh. (girl, age 13)

It's just the activities are fun and it's not all about people telling you you need to eat certain things. I like the exercise. (girl, age 12)

My mates were coming and they said it was dead good, so I started coming. (girl, age 13)

Participants also commented that the leaders were energetic, active, fun and listened to their ideas about what activities to do. The sessions developed sports leader skills and were thoroughly enjoyed by the participants.

The young participants at one school site spoke about their improved team working skills and these were very apparent in the session that was observed. The exercise trainer explained how this camaraderie had been encouraged from the outset: 'At the beginning of the programme we kind
of do a few little team building things to get them to know each other and get them working together before they sort of form as a group'.

Some of the young participants contrasted the MEND sessions with PE sessions:

- Normally I don’t do anything like this at school but here I just feel that I can join in. (girl, age 13)
- When you come here you can talk to anyone. (girl, age 12)
- You get to chat to teachers that you don’t usually get to chat with. (girl, age 13)

These last three comments by the young people give some hints as to why they feel more comfortable and able to participate in the after school sessions compared to their PE lessons. The environment set in the sessions enables the young people to be able to talk to each other and to the teachers. In the following comments from the exercise trainers there are some more suggestions as to why the MEND exercise sessions led to engagement in school PE lessons and after school activities:

- They enjoy the exercise because they’re exercising with children similar to them. They’ve been coming every week for 2 hours twice a week.
- The main challenge is all to do with overcoming a fear of exercise with the children.

I had some girls who are in my PE group, who are overweight, very conscious of getting changed and who never did PE. Through doing the MEND programme I’ve actually been able to sit down and talk to them and having the time and speaking to parents, these girls now actually are more involved in PE sessions, they’re more involved in after school activities. They’re doing things outside of school because they know that they are able to exercise with a group of children.

Again the enjoyment aspect of the sessions and exercising with young people similar to them stands out as does the teachers having time to sit down and talk and understand the young people and the parents.

**Parents’ views**

A common theme expressed by the parents was that the exercise sessions offered a ‘safe haven for exercise with peers’:

- When you’ve got a group that you can come to where the children enjoy and make friends and they don’t really care how fat they look or whatever because all the rest of the kids are the same, then it kind of gives them a bit of a safe haven if you like and I
know that sounds really strange, but they’re more confident because there’s a group of children that are the same as them.

The exercise trainers explained that the parents had also made positive comments about the flexibility and variety of the resources and the new and different activities that the young people had been able to be involved with. Most (parents) comment on the flexibility and variety of the resources and a move away from traditional sports. The exercise trainers felt that the parents involved with the programme were very positive and that coming to the programme had created a social group for the parents which had raised their self-confidence and self-esteem.

... the parents are always very positive about the information and advice they’re given because they’re able to support their children.

... the parents said, ‘we don’t know what we’d do if we weren’t here two nights a week’ and in that two hours they get a good social group amongst the parents because they all help each other as well. So again, it raises self-confidence and self-esteem with the parents because they actually have more confidence again, like cooking healthy foods and we give them recipes and we do a food fest (festival) where they all come in and we do a bit of healthy eating and cooking, so even the advice and information we give them, the parents can take it on board as well.

The benefits of coming to the school in the evening twice a week and feeling comfortable also helped to improve the relationship between the parents and the school with the MEND programme manager as the link.

Another challenge it’s probably overcome is the relationship between parents and school, the home life, any problems now obviously the parents have with anything in school, they can come through me [the MEND programme manager] as a contact really, and again it is just improving self-esteem and self-confidence for them to go on and go into different activities.

Here we see an improvement in the social comfort of the parents both in terms of the relationships with other parents and the relationship of the parents with the school.

The importance of the family was highlighted in the evaluation in terms of the effects of educating the parents about diet and exercise. The high attendance (84%) of the parents and young people to the sessions demonstrates the commitment to the programme but also as the parents are recruited to the programme they are more committed to provide transport for themselves and the young people to attend the sessions. In one school the exercise trainer had encouraged siblings and cousins to participate one session a week and this had been very successful. In the
same school, exercise sessions that included the parents had also been very popular.

**Recommendations by the exercise trainers about how to improve the training and ongoing support**

Exercise trainers had several ideas for improving the exercise training courses and on-going support. These have been split into two sections and include ideas relating to suggestions from the exercise trainers about how to improve the training courses and how the exercise trainers could share ideas and good practice:

- good for less experienced trainers to shadow an experienced trainer;
- include advice on how to manage a wide age range on the training course;
- include advice on how to deal with ‘difficult’ or ‘dominant’ parents in discussion groups on the training course;
- allow times for questions on the training course;
- the exercise trainer course could include groups of MEND children so that experience could be gained in delivering to children;
- top up courses or workshops to look at some new ideas about how to use the equipment;
- email of new and fresh ideas;
- a survey could be completed or a website developed with all the games that are ever played to share ideas between trainers;
- a ‘good practice’ website where you share all your knowledge, ideas, experience, games ideas, problem sharing.

A few exercise trainers struggled with the wide age range and they recommended that it would be easier to manage a group of younger children and a group of older children separately, particularly if the group was large or had special needs. Other more experienced trainers who were specialist PE teachers did not find the age range problematic and found that older participants benefited from supporting younger participants.

**Discussion**

The findings presented in this paper are from an area of research that is not often considered when addressing participation in physical activity — social comfort. Providing a safe social space for participation, including a peer group of similarly overweight young people, was key to encouraging participants to become involved in this programme. The areas covered in
the research from the point of view of all involved — exercise trainers, young people and parents, has provided some qualitative evidence and shown the importance of a number of areas not often addressed. For example, the training and experience of the exercise trainers was shown to be essential in providing a comfortable environment. The difficulties with managing the wide age range on the MEND programme was mentioned by many, the need for more training in how to coach children and adolescents for coaches who had previously only coached adults, the request for help for dealing with behaviour issues in the exercise sessions and dealing with dominant parents, all highlight the need for the training to focus on the social issues and not just the explanations about how to use the equipment and play the games. The more experienced PE teachers were able to manage the wide age range and organise the older children to help with the younger ones. This supports the research by Armour and Yelling (2004) who found that although physical education teachers were keen to promote personal and social development through physical education and school sport, most of the professional development that has traditionally been available to them focuses on updating specific sports skills. The recommendations by the exercise trainers gave ideas about how to increase the provision of suitable training and ongoing support for the trainers and touch on the need for advice about how to promote personal and social development and deal with issues of isolation and inclusion, for example, how to select teams without isolation, intimidation and with fairness.

The importance of the family was highlighted in the evaluation in terms of the effects of educating the parents about diet and exercise. The high attendance of the parents and young people to the sessions demonstrates the commitment to the programme but also as the parents are recruited to the programme they are more committed to provide transport for themselves and the young people to attend the sessions. Consultation about the timings of the sessions with the parents and young people in terms of day of the week and the time after school enabled higher attendance. The parents also emphasised the importance of having a peer group for themselves as a support network.

The main aim of the initial evaluation for the Youth Sport Trust was to evaluate the effectiveness of the exercise trainers training and the use of equipment. The topic of social comfort was not the primary focus of the evaluation but a theme that came out of the interviews. Future research areas should include focusing on social comfort and what encourages overweight young people to participate in physical activity. Also looking at the range of courses for coaches, trainers and teachers and including issues on behaviour management and inclusion that affect social comfort.
The ideas of the exercise trainers in terms of training, mentoring, ongoing support and networking of trainers through a web-site should be evaluated to see what methods are most effective.

Conclusion
The implications of this research for the future development of physical activity programmes for young people are to consider issues relating to social comfort when designing and running courses and workshops for coaches, trainers, teachers and educators. Courses relating to behaviour management and inclusion are essential as is on-going mentoring and support for the trainers to enable them to develop the necessary social skills and professional experience needed to run sessions where the participants feel comfortable.

References
A Safe Haven


