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Health Social Care and Sport Committee call for evidence: Inquiry into physical activity of children and young people

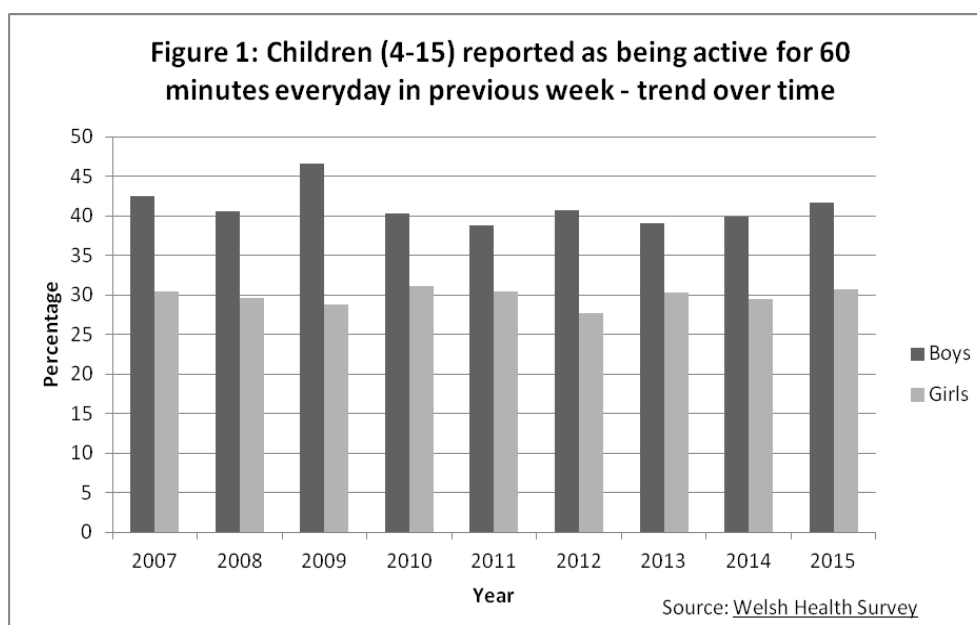
1 Introduction

Public Health Wales welcomes the opportunity to contribute to the Committee inquiry on physical activity of children and young people in Wales.

Physical inactivity contributes to poor health outcomes including obesity, cardiovascular disease and cancer.

1.1 What do we know about physical activity levels in children in Wales? How robust is the data on this issue?

1.1.1 Information on the physical activity levels of children and young people in Wales is available from a number of sources. The first of these is the Welsh Health Survey/National Survey of Wales which collects parent reported information on levels of physical activity of younger children and responses direct from children aged 13-15 years. This provides the potential for monitoring population trends over time (Figure 1) and is a robust and reliable source of information.



1.1.2 An illustration of the data available from the Welsh Health Survey is illustrated in Tables 1 and 2. This indicates for example that physical activity levels in both boys and girls in Wales decline with age (Table 1). The percentage of children who are inactive (not doing 60 minutes of activity on any day of the week) changes very little with age (Table 2). These figures suggest most 11 to 15 year olds (61%) still do 60 minutes of physical activity on at least one day per week.

Table 1

Percentage of children reporting being physically active for 60+ minutes every day, by sex, Wales, 2011-2015

Age group	Boys	Girls	All children
	Percentage (95% CI)	Percentage (95% CI)	Percentage (95% CI)
4 to 6	48.6 (45.8 to 51.4)	41.7 (38.7 to 44.7)	45.4 (43.3 to 47.5)
7 to 10	43.9 (41.3 to 46.4)	35.1 (32.5 to 37.7)	39.5 (37.6 to 41.4)
11 to 15	31.7 (29.5 to 33.8)	18.4 (16.5 to 20.3)	25.2 (23.7 to 26.7)

Produced by Public Health Wales Observatory, using WHS (WG)

Table 2

Percentage of children reporting not being physically active for 60+ minutes on any day, by sex, Wales, 2011-2015

Age group	Boys	Girls	All children
	Percentage (95% CI)	Percentage (95% CI)	Percentage (95% CI)
4 to 6	13.2 (11.3 to 15.1)	15.8 (13.5 to 18.1)	14.4 (12.9 to 15.9)
7 to 10	10.0 (8.4 to 11.6)	13.0 (11.1 to 14.9)	11.5 (10.2 to 12.8)
11 to 15	11.5 (10.0 to 13.0)	14.9 (13.3 to 16.6)	13.2 (12.0 to 14.3)

Produced by Public Health Wales Observatory, using WHS (WG)

- 1.1.3 The Welsh Health Survey has now been replaced by the National Survey of Wales. This includes questions on parent reported levels of physical activity and should provide similar information to previous surveys. The information from this survey is generally provided at an all Wales level which limits the ability of local partnerships to plan and evaluate local action.
- 1.1.4 In addition to the Welsh Health Survey/National Survey, the Health Behaviour of School Children study (HBSC)¹ collects data directly from young people age 11 to 16 every four years. The advantage of this data source is that it provides international comparison data for Welsh children with other countries in the UK, Europe and further afield. The most recent results from 2013/14 indicate only 15% of young people in this study are active for 60 minutes every day. Both the HBSC results and the Welsh Health Survey data indicate a gender gap and the same trend over time i.e. no change in the past 10 years. The HBSC results also indicate no overall variation in the activity levels of 11 to 16 year olds between the seven health board regions in Wales.

¹ [HBSC study findings 2013/14](#)

- 1.1.5 Public Health Wales has been working closely with Cardiff University to develop the School Health Research Network which utilises core elements of the HBSC survey but subject to funding will be undertaken more frequently (every two years). This provides a comparatively large sample size with the majority of secondary schools in Wales now recruited to the survey.
- 1.1.6 No valid population level indicator of physical activity for children age 0 to 4 years in Wales (or the UK) currently exists. Work to develop an appropriate measure should be prioritised. As a result there is little insight or understanding of the patterns and variation of active behaviours in this age group.
- 1.1.7 Sport Wales has also undertaken a school sport survey which provides useful additional information but is slightly less robust in terms of the methodology used than the HBSC study.
- 1.1.8 All of the above sources rely on self reported levels of activity by either young people or parents. There is no directly measured data on levels of physical activity or fitness. However, we do not believe that this is necessary on an ongoing basis to monitor levels of physical activity at a population level.

1.2 Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.

- 1.2.1 The data presented in Table 1 suggest gender-based attitudes towards being active diverge significantly from age 11 years. Further analysis to determine which components of overall physical activity (Sport, leisure/play, active travel, incidental activity); decline the most and contribute to the gap between boys and girls levels of activity would be valuable.
- 1.2.2 The journey to and from school represents an excellent opportunity to build being active into the daily lives of children but data from the 2013/14 HBSC study indicate a widening gender gap as boys and girls get older – by year 11 38% boys walk to school but only 28% of girls do so. Public Health Wales has identified this as a priority for further research and action.
- 1.2.3 There is a need for more direct work with young people to understand the barriers to participation and to further develop insight into these behaviours. The Welsh Network of Healthy School Schemes encourages schools to actively engage young people in addressing health issues and Public Health Wales is currently working to strengthen the emphasis on physical activity, not just sport, within this scheme. This will also include specific requirements to demonstrate inclusive approaches and that the needs of potentially disadvantaged groups have been actively considered and addressed.

1.3 The extent to which Welsh Government policies are aimed at whole populations and/or particular groups, and what impact that approach has on addressing health inequalities.

- 1.3.1 Welsh Government policy has taken a combined approach at a whole population level but also acknowledges the needs of specific groups; for example those with a disability. Strategies/policies/plans with a dedicated remit for physical activity and/or sport have included Climbing Higher (2005), Creating an Active Wales (2009), and legislation including the Active Travel (Wales) Act 2013. Other strategies with a physical activity and/or sport aspect have included Our Healthy Future (2010) and Together for Health (2012).
- 1.3.2 In the context of Children & Young People, the recent Active Healthy Kids Wales Report Card 2016 has stated that 'policy has not resulted in an increase in physical activity in Wales for the past 10 years'. Based on the evidence from available data regarding physical activity participation rates, Public Health Wales considers the Report Card's appraisal a fair assessment of policy impact. Public Health Wales, Welsh Government and Sport Wales have been working together over the last two years to develop a more combined strategic approach to the promotion of physical activity at a population level with a focus on tackling health inequalities. We anticipate that this combined approach will continue through the Obesity Prevention and Reduction Strategy.
- 1.3.3 Future policy should acknowledge the additional risk of young girls dropping out of physical activity and sport, and must also be inclusive enough to ensure that disabled children, or those with special educational needs, are also able to access good quality physical education and have equity in terms of opportunities to be active.

1.4 Barriers to increasing the levels of physical activity among children in Wales, and examples of good practice in achieving increases in physical activity, and in engagement with hard to reach groups, within Wales, the UK and internationally

- 1.4.1 Barriers to participation are complex and vary with geography and demographics. Evidence suggests they are best addressed by multi-component programmes of interventions within a settings based approach. Programmes should be informed by early engagement and ongoing consultation with the community or group of interest.
- 1.4.2 Levels of physical activity in children vary seasonally, with lower activity when rainfall increases and daylight hours reduce. Children are less active on weekend days than on weekdays².

² A Child for all Seasons, CEDAR, 2016

- 1.4.3 Lack of routine and structure during school holiday periods for children are associated with lower levels of physical activity. Evaluation of the School Holiday Enrichment Programme suggests children who attended were significantly more likely to achieve the recommended 60 minutes per day of physical activity. Children recorded on average 17 minutes more per day when attending the programme compared to weekdays spent at home.³

1.5 Physical activity guidelines and how we benchmark physical fitness in children

- 1.5.1 Wales works to the UK Chief Medical Officers' guidelines for Physical Activity which are 180 minutes per day of movement for the 0-5 year olds, and 60 minutes per day of moderate activity for 5-18 year olds⁴.
- 1.5.2 There is no universal measure and benchmarking of physical fitness levels in Wales although relevant projects have run in some regions, for example the Swan-linx⁵ project in Swansea area which combined assessment of physical fitness and competence, with questions on motivation and attitudes towards participation.
- 1.5.3 It is recommended any universal fitness measure be introduced with caution, and be a relative measure with the focus on change/progression in a child's individual fitness. The new curriculum development provides an opportunity to introduce objective measures of physical fitness at an individual child level to enable child centred goals and objectives to be set and monitored as a component of their educational achievement and learning.

1.6 Measurement, evaluation and effectiveness of the Welsh Government's programmes and schemes aimed at promoting physical activity of children

- 1.6.1 Public Health Wales has identified that a lack of focus on measurement of impact or outcomes is a weakness for the majority of health improvement action in Wales, including for physical activity. We have been working closely with a cross organisational group to develop a minimum set of indicators for population physical activity in Wales.
- 1.6.2 This group has identified the potential value of developing a common framework for the monitoring and evaluation of physical activity interventions to enhance the understanding of effectiveness of programmes. This could be adopted by all funding bodies including Welsh Government;

³ [Evaluation of the School Holiday Enrichment Programme, WLGA, 2016](#)

⁴ Start Active, Stay Active, Dept. for Health, 2011.

⁵ Tyler R, Mackintosh K, Brophy S, Christian D, Todd C, Tuvey S, Jones A, McNarry M, Beynon I, McCoubrey S, Anderson W, John H, Stratton G. Swan-Linx: Fitness Fun Day Report – Swansea Schools (2015)

Sport Wales and the Lottery. Public Health Wales will be working with the group to develop these proposals further in the coming year.

1.7 Value for money of Welsh Government spending to promote exercise in children.

1.7.1 Public Health Wales would support a review of the value for money of physical activity interventions in children in Wales.

1.7.2 Inclusion of health economics guidance in a common framework and set of tools for monitoring and evaluating interventions would also increase the ability of the Welsh Government and its partners to assess the cost effectiveness of spending e.g. HEAT tool for walking and cycling

1.7.3 Whole of school programmes have been identified as one of the seven best investments for increasing physical activity by the WHO⁶, and the Transforming Health Improvement Review identified 'multi component school based programmes' as being effective in increasing levels of physical activity. The Welsh Network of Health School Schemes is a whole school approach and we need to ensure that the requirements of the scheme and the focus are consistent with the evidence base. This work is currently in progress.

1.8 The role of schools, parents and peers in encouraging physical activity, and the role of Sport Wales, NHS Wales and Public Health Wales in improving levels of physical activity.

1.8.1 As with many health and wellbeing outcomes the solutions and influence do not rest with any one body or organisation. Public Health Wales believes that it is well placed to work with others to facilitate action towards this goal and to support Government in monitoring population levels of physical activity, including inequalities. It is important that there is ongoing and active leadership and co-ordination of this important area of work and Public Health Wales is committed to continuing its work with Government and with other bodies such as Sport Wales, Natural Resources Wales and the Curriculum Reform Programme to maximise the opportunities to improve health outcomes.

1.8.2 The actions required to address levels of physical activity will rest with a number of agencies, including some for whom physical activity is not the primary outcome, but whose contributions are key. These include local authorities through their land use and planning policy; provision of green space and leisure facilities; their education responsibilities, and their role in Highways and Transport Policy. Sporting organisations (notably Sport Wales) and Natural Resources Wales also have important roles to play. For

⁶ Investments that work for physical activity, ISPAH, 2011

example Sport Wales has a goal of increasing participation in sport, but increasing population level physical activity will require much more than increasing participation in sport. The NHS in Wales has a relatively limited role in this area but will of course contribute to co-ordination and leadership in this area through their Directors of Public Health and their involvement in a range of strategic partnerships.

- 1.8.3 Public Health Wales has a statutory role to give assistance to other public bodies carrying out a health impact assessment (HIA) as required by the Public Health (Wales) Act 2017. A key consideration within HIA is the potential impact on the health and wellbeing of the population and the distribution of those impacts. This extends to policies, programmes, services and other activities that have the potential to impact both positively and negatively upon opportunities for physical activity.
- 1.8.4 Public Health Wales is working with partners to maximise the opportunities that the planning system provides to deliver high quality place making and sustainable environments in order to address key Public Health priorities including addressing physical inactivity⁷.
- 1.8.5 The expert group brought together to produce the Active Healthy Kids report card for Wales⁸ rated it overall as D- in 2016. The strongest area (B) was judged to be 'School' as a supportive setting and enabler of physical activity in children and young people. The Welsh Network of Healthy Schools Scheme helps define what "good looks like" for schools in relation to physical activity, and provides guidance and support to schools to achieve this
- 1.8.6 Parents have an ongoing role to play in encouraging physical activity and studies show children of active parents and with siblings are more active. The support of parents and significant others is associated with physical activity levels in adolescence in particular.⁹ There is little robust evidence of the interventions or policies which are likely to increase parent support for physical activity.

⁷ 'Planning for better health and well-being in Wales: A Briefing' (TCPA/WHIASU), 2016

⁸ [Active Healthy Kids Report Card](#), 2016, Stratton G et al.

⁹ [Sallis, JF et al. A review of correlates of physical activity of children and adolescents, 2000](#)