

## **Active Healthy Kids – Wales 2018 Report**

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The following report summarizes the work of the Active Healthy Kids Wales 2018 expert group. Active Healthy Kids is a Global Activity and represents an alliance of 52 countries worldwide who use an agreed methodology to grade criteria related to physical activity exercise and health in children ([www.activehealthykids.org](http://www.activehealthykids.org)). Previous AHK-Wales report cards can be found at ([www.activehealthykidswales.com](http://www.activehealthykidswales.com)).

The AHK Wales expert group is representative of key stakeholders across Wales and is made up of academics and professionals from across the public sector.

The aim of the report card is to use a simple grading approach to score 11 indicators. Seven in **“Physical Activity and Health Behaviour Outcomes”** and 4 in **“Settings and Influences on Physical Activity and Health.”**

The process is the most up to date data on children in Wales and we hope it will inform the Health, Social Care & Sport Committee’s inquiry into physical activity of children and young people. On 4 fronts:

1. The data and processes represent key insights into behaviour, settings, policies and investments.
2. The outcomes and recommendations for what needs to be done to join up insight and research data across Wales.
3. The academic talent and knowledge of experts in this area across Wales
4. The process and product and its use as an advocacy tool for policy, makers and professionals in decision making positions.

We hope that the committee find it insightful and we would be more than happy to expand or provide more detail on the data and findings if required.

**Best Wishes/Cofion Gorau**

**Professor Gareth Stratton**

**On behalf of the AHK-Wales 2018 Expert Group**



## Active Healthy Kids – Wales 2018 Report

### Summary of Grades Assigned to Indicators:

Physical Activity and Health Behaviour Outcomes	
<p><b>Overall Physical Activity</b></p> <p>18.4% of children and young people aged 11-16 years met the recommendation of at least 60 minutes of MVPA every day of the week; 16.8% children and young people aged 11-16 usually exercise in their free time every day of the week.</p> <p>In another survey, 51% of 3-17 year olds were active for at least an hour seven days a week.</p>	D+
<p><b>Organised Sport Participation</b></p> <p>55% of children and young people aged 11-16 years take part in organised activities outside of school/outside of lessons.</p>	C+
<p><b>Active Play</b></p> <p>41% of children aged 5-17 years reported playing out most days.</p> <p>In another survey, 44% of 11-16 year olds exercised in their free time during their summer holidays.</p>	C-
<p><b>Active Transportation</b></p> <p>44% primary school children and 33% secondary school pupils travel actively to school (walk with an adult, walk on their own or with other children, cycle).</p> <p>In another survey, 33.8% of children and young people aged 11-16 years walk/cycle to school; 36.1% children and young people walk/cycle from school.</p>	D+
<p><b>Sedentary Behaviours</b></p> <p>80% of children/young people aged 11-16 years spend 2 or more hours sitting in their free time (e.g. watching TV, using a computer or mobile phone, travelling in a car or by bus, sitting and talking, eating and studying) on weekdays and 87% on the weekend.</p>	F
<p><b>Physical Fitness</b></p> <p>No national data covering all components of physical fitness and full age range therefore inconclusive.</p>	Inc.
<p><b>Physical Literacy</b></p> <p>Physical Literacy sub-indicators: Physical competence – Dragon Challenge 2017 = D+; Motivation – No Data = INC; Confidence – No Data = INC; Knowledge and understanding. Overall Physical Literacy is therefore inconclusive.</p>	Inc.
Settings and Influences on Physical Activity and Health	
<p><b>Family and Peers</b></p> <p>59% of parents were active for 150 minutes+ a week, 8% of parents take part in vigorous activity for &gt;75 minutes/ week, 31% of parents take their child to the playground and 20% of parents take part in informal games such as playing Frisbee.</p>	D
<p><b>School</b></p> <p>No updated data available for 'School' since AHK-Wales 2016, therefore School is inconclusive.</p>	Inc.
<p><b>Community and Environment</b></p> <p>No updated data available for 'Community and Environment' since AHK-Wales 2016 Report Card, therefore Community and Environment is inconclusive.</p>	Inc.
<p><b>Government</b></p> <p>21 Policy documents assessed - Health; Sport; Education; Environment; Transport; Urban Design/ Planning; Other (Play, Sustainable Development; Cross-cutting) Used HEPA Policy Assessment Tool &amp; created weighted Scoring Grid using criteria. Based on present day activity not developing/ future plans = 54%</p>	C+

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**Active Healthy Kids-Wales Authors and Contributors:**

The Active Healthy Kids-Wales (AHK-Wales) 2018 report card was produced by an expert group that consisted of 24 academics, postgraduate researchers, professionals and practitioners. Academics and researchers across **six** Universities in Wales and England collaborated with professionals and practitioners working in Welsh Government, Public Health Wales, Sustrans, Play Wales, Sport Wales and the National Dance Company Wales to co-produce the AHK-Wales 2018 report card.

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The AHK-Wales Expert Group are seeking funding from partners and stakeholders to develop the Active Healthy Kids-Wales 2020 Report Card.

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### Background and Context:

This is the third Active Healthy Kids Wales (AHK-Wales) report card following the inaugural and second report card published in 2014 and 2016 respectively. The 2018 report card consolidates and translates research related to physical activity (PA) among children and young people in Wales. The report card aimed to raise the awareness of children and young people’s engagement in PA behaviours and influences, and advocate for children’s right to be active and healthy.

The AHK-Wales is part of the AHK Global Alliance 3.0 that will release report cards from 50 countries across 6 continents on 27<sup>th</sup> November in Adelaide, Australia.

### Methodology:

The AHK-Wales 2018 Expert Group analysed results to assign grades using the “best possible evidence” from nationally representative data, for example, the National Survey for Wales and Health Behaviour in School-Aged Children. Following the AHK Global Alliance grading system, the Expert Group assigned a grade to the 11 indicators.

The grading system used was developed by the Canadian group and is adopted by all countries participating in the AHK Global Alliance. The grades range from A+ where 94-100% of children are meeting the criteria, to F where 0-19 % meet the recommended threshold. Inconclusive (INC) indicated that data was inadequate or not available:

Grade	Descriptor	Prevalence
A+		94 – 100 %
A	Wales is succeeding with most children and adolescents	87 – 93 %
A-		80 – 86 %
B+		74 – 79 %
B	Wales is succeeding with well over half of children and adolescents	67 – 73 %
B-		60 – 66 %
C+		54 – 59 %
C	Wales is succeeding with about half of children and adolescents	47 – 53 %
C-		40 – 46 %
D+		34 – 39 %
D	Wales is succeeding with under half of children and adolescents	27 – 33 %
D-		20 – 26 %
F		< 20 %
Inc.	Incomplete grade – data not sufficient or adequate	N/A

This report guided the use of the best available evidence and recognised that most of the available data were highly susceptible to bias. Further, the AHK-Wales 2018 Expert Group have also included recommendations on the evidence required for future AHK-Wales Report Cards.

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### **Recommendations:**

Following the results of Wales' 2018 AHK-Wales 2018 report card (see 'Summary of Grades Assigned to Indicators' section), the AHK-Wales 2018 Expert Group have made the following 12 recommendations:

1. **Overall:** There is limited nationally representative data on children and young people's physical activity and health. Specifically, there is a lack of evidence on children of early years (under 5 years old). More effort is required to address this gap through systematic robust data collection methods.
2. **Physical Activity:** There continues to be no large-scale studies measuring the physical activity behaviours of young people objectively. This is particularly important given the evidence of over-reporting of physical activity levels observed via self-report when compared to accelerometer measured physical activity (Health Survey of England, 2008).
3. **Sedentary Behaviours:** A significant effort needs to be made to address the very high levels of sedentary behaviour among young people in Wales. To inform the design of effective strategies, there is a need to first generate high-quality evidence using objective measures while simultaneously capturing information on the domain (e.g. school time, leisure time etc.), type (e.g. sitting using the phone) and context of sedentary behaviours.
4. **Government:** Though still in existence and 'active', some of the policies are now dated. This is important to consider because some of the original and intended activities, funding mechanisms and delivery systems will have changed over time, particularly during this period that incorporates the global economic downturn that resulted in significant organisational, structural and systemic changes.
5. **Active Transportation:** As with previous years, surveys only provide data on travel to/from school and not other destinations (e.g. park, shops). More research is needed on how children and young people travel to other places including shops, parks and friends' or relatives' houses. These journeys may provide additional opportunities for active transportation and therefore should be considered for future national surveys.
6. **Family and Peers:** The data sourced from the National Survey for Wales solely focused on parental physical activity. There was no available data on peers' influence for the 2018 report card. A significant effort needs to be made to address the lack of data available on peers' influence.
7. **Organised Sport Participation:** Self-report methods to obtain data on organised activities. Although the survey reports on the different types of organised activities that children and young people take part in, the survey does not report the frequency of participation (i.e. how many times a week do they take part in sport).

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8. **Physical Literacy:** Current research does not account for the **holistic** nature of physical literacy. That is, research tends to separate the domains and does not consider interactions between the domains. As such, there is a need to be more creative with developing approaches to measure/assess physical literacy beyond the constructs of physical proficiencies, from a more holistic perspective (Edwards *et al.*, 2018).
9. **School:** Given the upcoming curriculum changes that places an emphasis on health and well-being, nationally representative research on School is required.
10. **Active Play:** Children's ability to play outdoors locally ought to be promoted and the prioritisation of local community based interventions is necessary to address barriers to playing: safer roads, making the most of community assets-school grounds for play and school play time.
11. **Physical Fitness:** It would appear imperative, that national health surveillance includes the objective measurement of physical fitness to enable the monitoring and evaluation of the effectiveness of public health interventions. The Swanlinx project exemplifies the systematic approach to the large-scale collection of physical fitness data that is required and should be supported.
12. **Community and Environment:** Little to no up to date evidence was available for this indicator. Further data collection, research, and interventions are needed to reduce the barriers towards physical activity and play. Improvements in perceived safety, access, and facilities may produce improvements in physical activity, outdoor and active play, and reductions in sedentary time.

### **Conclusion:**

The AHK-Wales Expert Group endorses that a concerted effort be made to generate nationally representative data on the AHK indicators and to develop effective approaches, in the context of a political climate, that seek to increase PA and decrease sedentary behaviours at scale.

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