

Agenda Supplement – Health, Social Care and Sport Committee

Meeting Venue:

Committee Room 3 – Senedd

Meeting date: 19 October 2017

Meeting time: 09.30

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Inquiry into Physical Activity of Children and Young People: Consultation Responses

Please note the documents below are in addition to those published in the main Agenda and Reports pack for this Meeting

5 Inquiry into the physical activity of children and young people – inquiry refresh

(10.50 – 11.20)

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Attached Documents:

Inquiry into the physical activity of children and young people – inquiry refresh

PACYP 01 Gwyn Harvey

PACYP 02 An Individual

PACYP 03 Richard Ebley

PACYP 04 Wales Institute for Physical Literacy

PACYP 05 Play Wales

PACYP 06 Marion Clark

PACYP 07 Hywel Dda University Health Board

PACYP 08 Abertawe Bro Morgannwg University Health Board

PACYP 09 Women in Sport

PACYP 10 Ysgol Bro Ingli

PACYP 11 St Aidan’s Church in Wales VA School

PACYP 12 Jasmine Langdon



PACYP 13 Sport Wales

PACYP 14 Betsi Cadwaladr University Health Board

PACYP 15 Centre for Exercise, Nutrition and Health Sciences at the University of Bristol

PACYP 16 Welsh Netball

PACYP 17 Cardiff Third Sector Council

PACYP 18 Cardiff and Vale University Health Board

PACYP 19 Carers Trust Wales

PACYP 20 Wales Principal Youth Officers' Group

PACYP 21 Pembrokeshire County Council

PACYP 22 Children in Wales

PACYP 23 University of Southampton

PACYP 24 Caerphilly County Borough Council

PACYP 25 Colleges Wales

PACYP 26 Aneurin Bevan University Health Board

PACYP 27 Elizabeth Lewis

PACYP 28 Mental Health Foundation

PACYP 29 Natural Resources Wales

PACYP 30 British Association for Shooting and Conservation

PACYP 31 City and County of Swansea

PACYP 32 Roycal College of Nursing Wales

PACYP 33 British Medical Association

PACYP 34 Diabetes UK

PACYP 35 Welsh NHS Confederation

PACYP 36 Cardiff University

PACYP 37 NAHT Cymru

PACYP 38 Brecon Beacons National Park Authority

PACYP 39 Football Association Wales Trust

PACYP 40 Public Health Wales

PACYP 41 Ramblers Cymru

PACYP 42 Cricket Wales

PACYP 43 Sustrans Cymru

PACYP 44 Welsh Sports Association

PACYP 45 Welsh Rugby Union

PACYP 46 Fields in Trust

PACYP 47 Disability Sport Wales

PACYP 48 Royal College of Paediatrics and Child Health

PACYP 49 Powys County Council

PACYP 50 Bassaleg School

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Gwyn Harvey

Response from Gwyn Harvey

Consultation for the inquiry into physical activity of children and young people

Introduction

1. My name is Gwyn Harvey, the author/copyright holder of the website www.fairfootball.co.uk. The website seeks to reduce sexism and elitism in sport, by using football as a paradigm to demonstrate the simplicity modifying sports' rules to enable the equal participation by disparate groups, e.g. gender, ability, age, weight, etc.. As my views and knowledge are unique in this particular area of sport, it could be said that I am the world expert.
2. This submission relates primarily to the role of schools, but it represents a challenging, fundamental rethink of what is meant by inclusivity in sport, so has other obvious, wider, implications.

Submission

1. Physical education (PE) in schools is dominated by a few team games - boys playing the high status national sports of football or rugby, and girls playing, the lesser, netball or hockey; all excellent ways of delivering simultaneous outdoor exercise to a large number of children. Unfortunately they are gendered activities, with unequivocal stereotyped messages – no Premier League or Six Nations for girls, but smug superiority for boys. If girls aspire to take part in those national sports their only recourse is through the marginalised, very much subordinate, women's versions. Physical education in schools, whether group or individual, is tainted and influenced by this negative gender association. It's no wonder that many girls, the gender most likely to be overweight, shun PE with such disdain.
2. Despite the Sex Discrimination Act 1975, and the Equality Act 2010 with its very clear [guidance for schools not to discriminate](#), astoundingly, their segregation of PE by gender remains ubiquitous. Although no test case has yet to be brought to court, the responsibility of doing so should rest with those in executive/regulative positions, who instead, either through ignorance or dereliction of duty, deflect that initiative onto school pupils - thus allowing sex discrimination to continue unabated in schools.

3. Another deleterious side-effect of the concentration upon competitive team games in schools is that less-able groups of children are discriminated against – being either not chosen to play, or ridiculed when they do. Modifying sports' rules is an obvious way of accommodating both the able and less able for collaborative play. It's quite remarkable as to why this has not happened.
4. May I therefore suggest that the committee familiarise themselves by reading through www.fairfootball.co.uk, in its entirety. Then, in order to facilitate the cessation of their present unlawful gender discrimination, Welsh schools should be directed to modify their delivery of PE along the lines suggested in the website - which would also additionally allow access for other less motivated children i.e. the uncoordinated, inactive and overweight! Such an intervention will challenge the status-quo, leading to a step change in physical activity amongst school children; encompassing all levels of ability, and of both genders. Moreover there is no cost as all the necessary legislation and facilities are already in place.
5. I look forward to being called to answer questions.

Yours faithfully

J G Harvey

[REDACTED]
[REDACTED]
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[REDACTED]

TEL. [REDACTED] / [REDACTED]

PACYP 02

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Unigolyn

Response from an Individual

To whom it may concern,

I'm a head of PE and am very interested in the outcome of this inquiry. I thought I would give you my perspective. As a PE teacher and middle manager I'm constantly battling with senior managers for more curriculum time & evidence for one thing or another. Due to the changes constantly being made in education pupils are doing far less physical activity in pe lessons than ever before. Curriculum constraints have seen my school personally lose 1 lesson a week for Key stage 3 pupils. Having to include literacy, numeracy & now the digital framework is further reducing the time pupils actually spend being physically active. It is fantastic when it fits, but constantly providing evidence is what ESTYN & ultimately the Welsh assembly government expect. By doing this it will only reduce the time spent doing physical education, I'm not one to shy away from including literacy, numeracy or digital literacy, in fact I embrace it where it fits, providing evidence is the difficult part as it takes so much time from the actual doing. Sometimes young pupils just need to be able to be physically active without written or video evidence. Some of my pupils are becoming less engaged in PE because it's becoming another academic subject, they just want to take part in sport and be physically active!

The second issue, the GCSE PE specification and exam has more weighting on the theory of pe than actual practical. This is forcing pe departments to further reduce the pupils physical activity time and spend more time sitting at a desk. The exam board (WJEC) has taken fitness out as a practical choice. Girls in-particular don't generally continue with team sports once they leave education, therefore we need to encourage 'fitness' by taking it off the specification means most schools will take or reduce its curriculum time! This is thoughtless & I think will have a very negative impact long term, especially for girls.

The third issue, Schools are very reluctant to give time up for sports days or activity day. My local sports development department are fantastic and create a yearly programme of sports events, it's full of every activity you can think of. But the events are not as well attended as in previous years. Teacher just can't get the time (in some cases the pupils) off to attend many events. My school try their very best to allow us to go to as many events as possible but we still don't go to enough. This is not giving my pupils a wide enough variety of opportunities.

Please contact me to elaborate on any point. I would be happy to assist you in anyway I can.

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PACYP 03

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Richard Ebley

Response from Richard Ebley

Consultation~ Inquiry into physical activity of children and young people

Consultation response

All levels of government and all public funded organisations need to demonstrate good management

I suggest they use ISO 9001 to achieve this

Thank you

PACYP 04

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

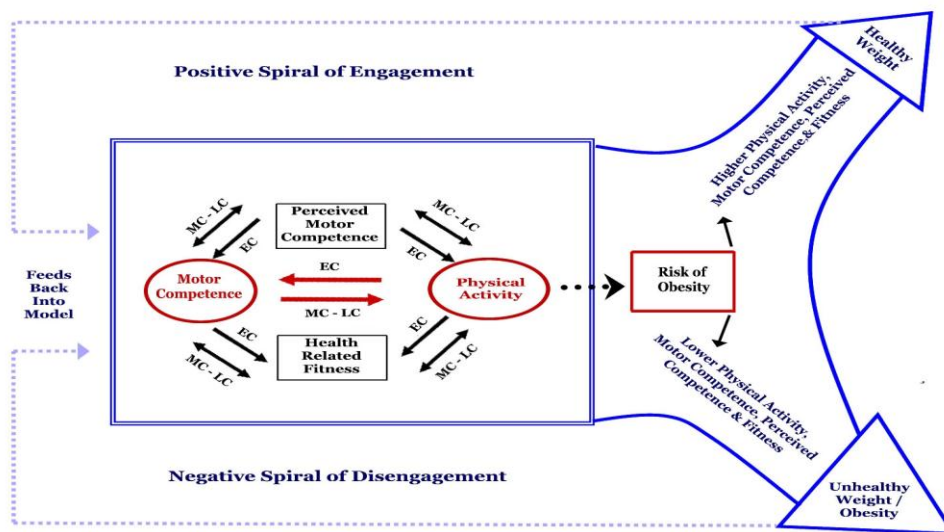
Ymateb gan Athrofa Llythrennedd Corfforol Cymru

Response from Wales Institute for Physical Literacy



Key Messages

- Developing competent and confident movers in early childhood is critical to a positive developmental trajectory and lifelong physical activity.
 - The interaction between physical activity, motor competence, fitness and perceived competence in relation to lifelong physical activity and health is highly complex.
 - Children in Wales are entering the education system without the physical competence required to support appropriate levels of physical activity and are likely to be delayed in their physical development.
 - High quality developmentally appropriate movement experiences are essential for developing positive attitudes for lifelong physical activity and these require highly trained teachers.
 - A structured programme of professional development and training in pre-school settings and the Foundation Phase in Wales has a significant impact on pupils' physical competence
 - Incorporating Successful Kinesthetic Instruction for Pre-schoolers into the Foundation Phase through a whole school and community approach is a cost effective sustainable approach for developing physical competence and key factors relating to physical activity levels in children and adolescents.
1. Over 30 years of global research in motor development shows us that developing competent and confident movers in early childhood is critical to a positive developmental trajectory and lifelong physical activity^{1,2,3,4,5,6,7}. In very early childhood and infancy motor competence is affected by biological maturation, however as children become more mobile the quality of the environment and movement experiences they are exposed to is crucial to the development of core stability, co-ordination and motor competence^{7,8,9}. During early childhood children must develop key foundational skills called fundamental motor skills (FMS) and knowledge of movement concepts^{8,9}. Fundamental motor skills consist of object control skills like throwing and catching and locomotor skills such as running and jumping⁷. These movement concepts and FMS are equivalent to the movement alphabet and form the foundation of sports, games and lifetime activities^{5,6,10,11}.
 2. Multiple models of motor development highlight the importance of FMS for children to be physically active across the lifespan^{12,3}. Drawing on the fields of motor development, psychology and health, Stodden et al.'s³ model shows the complex relationship between physical activity, competence and perceived competence and fitness in relation to lifelong physical activity, obesity and health (Fig 1)
Fig 1. Motor developmental model showing the resulting health trajectories



Stodden, D., Goodway, J., Langendorfer, S., Robertson, M., Rudisill, M., Garcia, C. and Garcia, L. (2008)

This model shows us that very young children need movement to develop the prerequisites for motor competence, such as core stability, balance and co-ordination. Developing motor competence enables them to be more physically active and gain fitness. The more they are active the more competent they become and so on resulting in them entering a positive spiral of engagement in physical activity and healthy weight.

This is further complicated by a child's perception of their ability, their perceived physical competence, which drives motivation for physical activity (if I think I am good I will take part, if I think I am rubbish I won't). In early childhood before the age of seven, children are not able to make an accurate judgement of their ability and think if they try hard they are great. Hence this gives us a window of opportunity to develop children's competence to a level that they will perceive as good^{3,5,7}. It is crucial to progress children along a motor developmental pathway as pupils that have a slow rate of progress are several times more prone to become overweight or obese at the end of primary school¹². A seven year longitudinal study to test Stodden et al.'s model found that physical activity, motor competence and fitness collectively have a longitudinal impact on body fatness. Motor competence and fitness have the greater influence and as such the study highlights that physical activity interventions focusing on the development of motor competence and fitness in early childhood can have a sustainable impact on maintaining a healthy weight status, or even reducing fatness across childhood and adolescence¹³.

Overall motor competence is a key factor influencing children's physical activity levels across childhood. Thus it is not enough to just promote physical activity in children we must ensure that children become motor competent during the early childhood years if they are to access a healthy active lifestyle.

- Children in areas of socio economic deprivation in Wales are entering the education system without the physical competence required to support appropriate levels of physical activity and are likely to be delayed in their physical development^{15,16}. This mirrors the international evidence that children growing up in poverty are

developmentally delayed in their FMS placing them at greater risk of negative health outcomes, physical inactivity and poorer academic achievement^{7,17}. Children who are delayed in FMS are less likely to be physically active both now and in the future and as a result have few opportunities to change their motor competence status¹⁷. Over time, developmental delay results in low perceived motor competence, which impacts a child's desire and motivation to be active^{5,6,18}. These factors interact together to pull a child into a negative spiral of dis-engagement resulting in a child who will be inactive across time and more likely to be an unhealthy weight. Such children will have greater health risks and greater rates of hypokinetic disease than children who are motor competent and physically active. Societal changes seeing increased use of equipment such as baby seats, bouncers and buggies, coffee shop culture replacing visits to parks, a huge increase in children's screen time, a lack of green space and limited free play has created a 'perfect storm' for inactivity and motor developmental delay so that children from all socio-economic backgrounds now lack necessary movement opportunities^{19,20}.

We need to look to schools as a key element in the development of motor competence and as a hub for building community capacity for supporting and sustaining physical development. However, despite the importance of the role of the teacher in developing motor competence, the majority of early childhood teachers and primary school staff are inadequately prepared with the knowledge and skills to enhance their pupils' motor development^{15,16}.

4. Fundamental Motor Skills (FMS) do not naturally develop as part of childhood⁷. It is a common misconception that proficiency in FMS naturally emerges as a part of the normal activities of childhood⁷. Consistent evidence suggests that like many other academic skills FMS need developmentally appropriate instruction and opportunities to practice skills in enriched learning environments in order to become motor competent. Although high quality play is an important part of the early years experience, this alone has not been found to change FMS development^{17,18,21}. Although research in the Foundation Phase has shown that a high quality play based curriculum can develop locomotor skills, this is still not sufficient for the development of object control skills which are closely aligned to many sports and activities^{14,15,16}. Of particular concern is that the development of object control skills in early childhood is significantly related to later adolescent physical activity⁴.

The lack of specialist knowledge in physical education in Primary Schools and the rise in cheaper curriculum delivery by outside agencies, NGB coaches and private companies means that adults who are not qualified teachers and have little knowledge of child development are coaching skills rather than teaching children²². Foundation Phase and primary school teachers with an in depth understanding of early childhood pedagogy need professional development to apply their pedagogical skills to the physical development aspect of the curriculum. The skill of the teacher is crucial as children progress through school if they are to continue to engage in physical activity^{23,24}. A systematic review of international studies of approaches that promote physical activity in children and adolescents found that the most important factor was an appropriate teaching approach from an expert physical education teacher and that professional development of teachers to achieve this should be founded on an understanding of teacher learning in order to have an impact on student learning²⁴.

5. In light of this and drawing on research which identified a gap in teachers' knowledge, a programme of training and support was implemented in target schools in Wales. An evidence based programme of professional development, Successful Kinaesthetic Instruction for Pre- schoolers (SKIP) has been used to train teachers, teaching assistants and parents about the importance of early movement for child development¹⁰. Teachers learn how children move through developmental stages in their motor competence and how they can alter tasks and the environment to progress pupils to achieve mastery of skills needed for life long physical activity. Target schools have primarily been in areas of socioeconomic deprivation, where engagement with parents has historically been a challenge. The project also involved running parental engagement sessions and parents taking equipment home to play with their children. Parents have been highly engaged and in some cases taken over the running of sessions. SKIP has been adapted to be incorporated into the Foundation Phase play based approach in Wales. Research into the effectiveness of this programme of professional development and support in West Wales found that pupils significantly improved their FMS after as little as 8 weeks whilst there was no significant change in the control group²⁵.
6. With schools and early childhood settings acting as hubs in the community, parents, grandparents and whole communities have worked to support the physical development of pupils in a highly cost effective and sustainable way impacting over 5000 pupils' physical competence in the region²⁵. Importantly whole schools and communities have developed an ethos of valuing physical activity and continued to support this in after school and holiday opportunities. Key to this success is the understanding of the importance of movement in early childhood to lay the foundations for lifelong physical activity and crucial to this is training staff to understand physical development pedagogy.

Dr Nalda Wainwright [REDACTED]

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PACYP 05

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Chwarae Cymru

Response from Play Wales

September 2017

SeneddHealth@assembly.wales



RE: Inquiry into physical activity of children and young people

1.1 Play Wales is the national charity for children's play. We work to raise awareness of children and young people's need and right to play and to promote good practice at every level of decision making and in every place where children might play. We provide advice and guidance to support all those who have an interest in, or responsibility for providing for children's play so that one day Wales will be a place where we recognise and provide well for every child's play needs.

1.2 We worked closely with Welsh Government on its groundbreaking 'Play Sufficiency' legislation. Section 11 of the Children and Families (Wales) Measure 2010 places a duty on local authorities to assess and secure sufficient play opportunities for children in their area. The Play Sufficiency Duty is part of the Welsh Government's anti-poverty agenda which recognises that children can have a poverty of experience, opportunity and aspiration, and that this kind of poverty can affect children from all social, cultural and economic backgrounds across Wales.

1.3 *Wales – A Play Friendly Place*, the Statutory Guidance to local authorities on assessing for and securing sufficient play opportunities for children in their areas, demonstrates that developing conditions to support children's play requires cross-sector work.

1.4 Although there are limited longitudinal studies assessing the longer-term impact of play for health, there is evidence (and it is widely accepted) that playing is central to children's physical, mental, social and emotional health and wellbeing (Lester and Russell, 2008) and play is enshrined in the United Nations Convention on the Rights of the Child. Through play, children develop resilience and flexibility, contributing to physical and emotional wellbeing. To support this inquiry, we draw the Committee's attention to the very useful definitions of play and recreation provided within the United Nations Committee on the Rights of the Child, General Comment No.17 on Article 31 of the Convention on the Rights of the Child.

1.5 For children themselves, playing is one of the most important aspects of their lives; they value time, freedom and quality places to play. Consultations with children and young people show that they prefer to play outdoors away from adult supervision – in safe but stimulating places (National Assembly for Wales, 2010; Little Voices Shouting Out, 2015; Children's Commissioner for Wales, 2016). In this situation children tend to be physically active and stretch themselves both physically and emotionally to a greater extent than they would if they were supervised (Mackett, et al., 2007).

1.6 Playing is one of the easiest and most natural ways that children of any age can engage in the necessary levels of physical activity. Research (Mackett and Paskins, 2008) suggests that children burn more calories when they are free to play than through almost any other activity, including organised sports.

Play and physical activity

1.7 When given the opportunity to play children are likely to be physically active by running, jumping, dancing, climbing, digging, lifting, pushing and pulling. Active play is the most common type of physical activity that children take part in outside school, and unstructured play may be one of the best forms of physical activity for children (Lester and Russell, 2008).

1.8 How playing contributes to children's physical wellbeing:

- Prolonged and wide-ranging exercise develops stamina (informal sports, chase games, climbing, building).
- Climbing develops strength, co-ordination and balance, while jumping contributes to bone density.
- When children repeat an action as part of their play they are often in the process of calibrating – learning to manage growing bodies – as well as developing agility, co-ordination and confidence.

1.9 Play Wales is pleased to have an opportunity to input into the physical activity of children and young people inquiry. Our submission will be framed around the relevant terms of reference.

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

1.10 Play Wales was a member of the expert group which produced The Active Healthy Kids Wales 2016 Report Card (Stratton, et al, 2016). The main sources of data for *Active and Outdoor Play* were surveys undertaken with children and young people. The data recorded play behaviour, not specifically play activity, as the group took the premise that given the right conditions, more children will play and be physically active. Although there is a lack of evidence for early years, there was strong evidence available for children aged 7-16 which was not available in the previous Report Card. The *Community and the Built Environment* section used data from the National Survey for Wales and Beth Nesa? | What Next? which included questions on the physical and built environment. The Report Card notes gaps in data and includes recommendations to improve grades in the future.

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.

1.11 It is right to note that for the past 17 years the Welsh Government has funded play provision, through the Play Grant, Play Theme of Cymorth and more recently, the Families First funding programme. These funding streams, despite some local issues of allocation, have supported the implementation of Welsh Government's positive and ground-breaking legal and policy developments on play.

1.12 Whilst the Welsh Government has clearly taken measures to deliver its commitment to children's play, insufficient resources are committed to monitoring and evaluating the impact of the wider initiatives. In particular, there is a history of inadequate accompanying guidance for funding programmes which local authorities and their partners have used to support community based play provision as play projects aligned well as a delivery model to both Families First and Community First funding programmes.

1.13 Evidence (Play Wales, 2003, 2006, 2009, 2011 and Lester and Russell, 2014) suggests that complimentary initiatives such as Integrated Children's Centre funding, Communities First, Families First and Community Focused Schools were not used to best effect for children's play. Play Wales is concerned that changes to Families First and Communities First programmes will result in the closure of community based play projects, thus, resulting in the unintended outcome of less access to opportunities for active play.

1.14 Government should consider funding streams or programmes which support staffed playwork provision in its own right for all of the benefits it brings to children and their communities and for the infrastructure needed locally via play development teams. Investment is needed to support local authorities to take forward play sufficiency actions to increase children's play opportunities.

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.

1.15 Children and parents report a range of barriers preventing children playing out as many adults recall from their childhoods: safety fears, traffic, time pressures, reduction in spaces to play. This is reinforced by the priority decision of the Children's Commissioner for Wales to campaign for play opportunities (Beth Nesa, 2016). Also, National Survey for Wales (2014-15) found that only 50% of the adult population are satisfied with places for children's play.

1.16 Our experience shows that play friendly adults and initiatives in communities helps to remove or reduce these barriers, meaning more children can play out with confidence.

Examples of good practice

1.17 For instance, in terms of good practice, a project which piloted the use of school grounds, using the Play Wales *Use of school grounds for playing out of teaching hours* toolkit (Play Wales, 2016), features as a case study in the World Health Organisation's review of impacts and effectiveness of Urban Green Space Interventions.

1.18 We draw the Committee's attention to findings gathered by colleagues at Glyndŵr University from local experiments that indicate that access to quality play opportunities supported by playworkers during playtime helps improve activity levels (Taylor, Tawil and Baker 2014). In a school based research project across six schools in Wrexham, physical activity levels of children were assessed in normal playtime and in sessions which were led by playworkers. Playworkers operated under the Playwork Principles¹ and implemented a playwork intervention. In the playwork led sessions, children were given access to a wide range of loose parts² play materials and encouraged to engage in self-directed play, as part of this playwork intervention. Children wore heart rate monitors and accelerometers³ to build a picture of the children's physical activity levels. Physical activity is measured using different intensities: moderate physical activity (MPA), vigorous physical activity (VPA) and a combination of the two; moderate and vigorous physical activity (MVPA). The study showed:

- Loose parts play increased MPA, VPA and MVPA when the initial levels of physical activity were taken into account
- Loose parts play had a greater effect on girls and significantly increased the amount of health enhancing physical activity undertaken
- Loose parts play increased physical activity in those individuals and schools that had previously been the least active.

A similar study in Australia found that loose parts play had a significant long-term effect on physical activity (Hyndman et al, 2014). Loose parts play is relatively low cost compared to most other interventions and loose parts can be 'refreshed' regularly to maintain interest.

¹ The Playwork Principles establish a professional and ethical framework for playwork.

² Loose parts are natural and man-made materials that can be manipulated, moved and adapted, built and demolished. More can be found here: <http://www.playwales.org.uk/login/uploaded/documents/Publications/loose%20parts%20toolkit.pdf>

³ Heart rate monitors measured the stress placed on the heart during play at lunch time and accelerometers measured the frequency, intensity and duration of children's physical activity.

1.19 A recent report, *Why temporary street closures for play make sense for public health* (University of Bristol, 2017) suggests that supporting local residents to temporarily close their streets for play⁴ could make a meaningful contribution to children's physical activity levels, with children three to five times more active during playing out sessions than they would be on a 'normal' day after school. Using GPS and accelerometers, it was found that children were outdoors for a large proportion (>70%) of the time the streets were closed and spent on average 16 minutes per hour in MVPA. It also found that outdoor, active play was more likely to replace sedentary and screen-based activities, than structured physical activities. Currently, only Monmouthshire Council supports this low-cost, grassroots model⁵, although Cardiff Council supported Play Wales to pilot sessions with residents in August 2017 and Play Wales continues to advocate for a less bureaucratic local system.

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

1.20 While the benefits of how playing improves general physical health are recognised (Department of Health, 2011) it has been generally overlooked by mainstream health policy.

1.21 To support children's play, complimentary policies can be examined to determine to what extent they support playing:

- **Children's ability to play outdoors locally ought to be promoted.** It should be easier for communities to close their streets for street play sessions (through, for example, changes to the Road Traffic Regulation Act (1984), removing the requirements for parents to take out expensive local advertising to inform people about the temporary closure of a street for play). Government should actively promote urban design that gets children more active, by better enabling them to travel independently and play out on their local streets and in their neighbourhoods.
- **Confusion and concerns over health and safety regulations that are preventing many children from taking part in active outdoor play must be addressed.** Half of children polled for a Playday survey in 2008 said they had been prevented from climbing a tree because it is 'too dangerous' (ICM/Playday 2008). Play Wales supports the Health and Safety Executive's (HSE) statement on the importance of considering the *benefits*, as well as the risks, when assessing children's play (HSE, 2012).
- **There is an urgent need to address the negative perceptions of children and young people playing in their communities.** The intolerance of children and young people playing out in their communities is having an increasingly detrimental effect on the health of children. The restriction imposed on children's freedom of movement by the misuse of anti-social behaviour orders has contributed to a negative view of children and young people accessing public space and made children less active.

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.

Schools

1.22 It has been found that the majority of authoritative systematic reviews and evaluations which quantify evidence of the wider outcomes and impact of play interventions and initiatives focus on play in school (Gill, 2014). As Gill points out, setting up studies and interventions, gathering data, and exploring different factors and variables are all more straightforward in school than in family or community contexts, and as a child spends more than six hours a day and 28 weeks of the year at school, for at least 12 years of life, children have considerable opportunities to play. International empirical evidence suggests that school playground break time (also referred to as playtime) initiatives aimed at enriching play opportunities are linked to a range of improvements in academic skills, attitudes and behaviour, and to improved social skills, improved social relations between different ethnic groups, and better adjustment to school life (Gill, 2014).

⁴ Street play sessions can be viewed at: <https://www.youtube.com/watch?v=sbBOqxGPMus>

⁵ Abergavenny Street Play:

<http://www.playwales.org.uk/login/uploaded/documents/Right%20to%20play/Wales%20A%20Play%20Friendly%20Place%20issue%2042.pdf>

Efforts to improve physical activity and wellbeing in schools should focus on more than just sport and physical education:

- The provision of adequate breaks for play should be mandatory and inspected as part of whole school inspection. Play Wales is concerned about the increasing queries it receives from parents and practitioners regarding the withdrawal of playtime (including lunch time play break) to shorten the school day, or, more concerning as part of a behaviour management policy. For many children, school play time is the main chance they have to play, be active and socialise with their friends.
- School landscape design and playground design which supports play should feature in new school design from the outset. Play Wales can provide further information and signpost to resources for this.
- Initiatives that are intended to increase physical activity in schools should make specific reference to time for play alongside other physical activity interventions.
- School communities should be encouraged to consider making their outdoor space available for playing when the teaching day ends and during weekends, as noted in Welsh Government guidance (Welsh Government, 2014).

Sport Wales

1.23 Although there are some local examples of local partnership working between play and sport development teams in Wales, Sport Wales does not engage well nationally with the play and playwork sector. When developing programmes and messaging regarding play, physical literacy and activity for children, it should be encouraged to work more widely and in partnership with Play Wales to ensure synergy of message.

Public Health Wales

1.24 Play Wales welcomes the recognition of children's play in PHW's public health programme, *Every Child Wales*. PHW has worked in partnership with Play Wales on the campaign messaging regarding Step 6 of the programme (children should play outdoors every day.) This programme focuses on children aged five and under; we advise that PHW maintains this commitment to children's play by promoting all of the health benefits that playing brings to children and young people of all ages in future programmes and campaigns. To support the programme, the latest issue of our *Focus on Play*⁶ publication provides information to support public health professionals to consider the role they hold in supporting better opportunities for children to play in their own communities.

Conclusion

1.25 Play Wales has advocated for inclusion and recognition of children's play in a range of similar inquiries and consultations (such as the Public Health Bill, Getting Wales Moving Action Plan, Wellbeing of Future Generations Act) over the years.

1.26 Despite the obvious and well accepted views regarding the role playing has in increasing physical activity levels, we continue to advocate for a rights based approach to policy making regarding play. Differentiating types of play, to support those deemed to be more supportive to children being active, might have the unintended outcome of neglecting all of the other very important elements of it.

1.27 Interventionist programmes can be useful in encouraging more physical activity; however, they must be complemented by a focus on supporting children to be active participants in building their own resilience and resourcefulness. We know that every aspect of children's lives is influenced by their urge to

⁶ www.playwales.org.uk/eng/focusonplay

play, and that self-directed, self-determined playing offered by quality play provision increases children's opportunities to build their own resilience and support their own health and wellbeing.

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PACYP 06

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Marion Clark

Response from Marion Clark

Response to Inquiry into physical activity of children and young people

<http://www.senedd.assembly.wales/mgConsultationDisplay.aspx?ID=267>

From Marion Clark [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The views given in this submission are my own and do not represent those of my employer or any other organisation.

Most of my submission is evidence about:

“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. While scanning through the review of Sport Wales referred to in the terms of reference I came across mention of “Getting Wales Moving” a joint report by Public Health Wales and Sport Wales in March 2017.

<http://www.wales.nhs.uk/sitesplus/documents/888/Getting%20Wales%20Moving%20V1.pdf>

This document is all about physical activity and sections of the report are directly relevant to the inquiry.

There are 6 recommendations in the Active Education section on page 20 and I wish to comment on two of them:

R1 Ensure all schools provide access to and opportunities for 120 minutes of high quality, comprehensive physical education per week, embedding the physical literacy framework within their delivery.

R5 Incorporate knowledge and understanding of physical activity across all initial teacher training.

2. The 120 minutes per week has been around as a recommended time for curriculum PE for

many years but it is not statutory. This means that headteachers can decide how much time can be allocated for PE. In some primary schools there is excellent provision with well trained enthusiastic teachers of PE. In other schools headteachers do not feel that PE is important for a wide range of reasons. Some feel that learners have lots of opportunities to be active outside school so there is no need to provide a good PE programme. Some do not think that PE is important as they are not active themselves and for whatever reason don't feel that PE provision is a priority for their school. Others would say that they don't have the facilities to provide 120 minutes and the bus is too expensive, too time consuming, etc. Another view would be that they provide plenty of after school opportunities so curriculum time doesn't matter.

3. Curriculum time physical education is very important as it is the only time when all learners will do physical activity. Providing a wonderful extra-curricular programme and promoting out of school opportunities are good things to do but they cannot take the place of a well planned and delivered curriculum programme. If the 120 minutes became statutory all schools would have to do it. Estyn is also a very important driver for schools – if Estyn makes physical education a priority and makes it clear what they expect, schools will do it.

4. Many primary school teachers have no training whatsoever in teaching physical education. The last time I heard about learning time for PE in a primary PGCE it was a few hours. I believe that we should have specialist primary PE teachers who either teach PE throughout the whole school in a large primary school or work as peripatetic PE teachers. This model has existed in the past in Wales and still exists in Scotland.

5. Previous attempts to skill up generalist teachers have not been successful as many primary teachers are not interested. To be an effective PE teacher the person has to be active in their own life and have a wide range of interests across physical education incorporating the four parts of the current PE national curriculum:

- Creative activities: dance and gymnastics
- Adventurous activities: swimming, orienteering, other outdoor activities
- Competitive activities: games, athletics, etc
- Health, fitness & wellbeing – delivered in an integrated way or as a dedicated block.

6. Excellent resources were developed to teach PE as part of the PESS Project in the areas of gymnastics, dance, health, fitness and wellbeing and other foundation phase resources. The physical literacy framework needs to be embedded in any PE delivery so new resources may be needed for this to be done well. Developing bilingual resources has been vital for our Welsh medium schools.

Our outdoor environment in Wales can be utilised to produce topic work which integrates physical activity into it. Walking routes taking in historical sites can incorporate geography with mapreading, history, physical education, language and maths if it is planned well.

7. In secondary schools a wide range of activities should be offered to learners from Year 7. The current PE national curriculum was designed to encourage schools to do this but in my experience many schools are still doing hockey, netball, football and rugby as their competitive activities. With the introduction of the new curriculum and one of the six areas of learning and experience being “Health and Wellbeing” which will include physical education or whatever it is going to be called, there is an opportunity to give clear guidance on what schools should be covering. There is a task and finish group of teachers working on this headed up by someone in Welsh Government.

Many young people are not interested in “sport” and “competitive activities” although they may enjoy fitness classes, walking and other physical activities that are not traditionally considered to be part of PE. There needs to be a complete culture change in how PE is delivered and this needs to be understood by senior management in secondary schools as otherwise they will recruit in the same image thinking that they need someone with a team sport interest.

The message needs to be that good team sport players will be developed in local clubs with the coaching expertise in individual sports. The vision for physical education in school needs to be a wide range of activities which could be suggested by the young people themselves.

8. As far as I am aware the 120 minutes of PE per week is usually delivered in Years 7, 8 and most Year 9s. In Years 10 and 11 the provision drops to one session per week which headteachers will explain away as being necessary due to work for exams. Schools are being squeezed with Year 10 and Year 11 pupils needing to do the Welsh Bacc which usually means they are studying fewer subjects of their own choice at that stage. The loss of 50% of PE provision in years 10 and 11 is a question of priorities – if it was statutory they would have to do it.

In many sixth forms there is no formal provision at all although some schools do have arrangements with local facilities where learners have student rates and have the flexibility to go in their free lessons.

9. In recent years the role of advisor or advisory teacher for PE has almost completely disappeared from local authority education departments. This means there is no support for teachers in this subject. If the peripatetic PE teacher for primary schools programme is established there should be national and/or regional co-ordination to ensure parity of opportunity for learners across Wales and support for the teachers.

10. Active Travel

This is a very important part of increasing physical activity in everyday life.

Encouraging schools to actively promote this is very beneficial. However active travel cannot be promoted in some schools given their location on narrow lanes in rural settings. Some people living in an urban environment may find this difficult to comprehend and could ask about where the cars could park for the children to walk/scoot the rest of the way to school when in fact there is no safe route to walk/scoot/cycle as the roads are narrow with very fast traffic.

11. Sport Wales’ mantra of “Every child hooked on sport for life” is not useful as many children, young people and adults do not like sport. As discussed in the Sport Wales review document

there is confusion about the role of Sport Wales. My impression is that Sport Wales is interested in sport (as their name suggests). When I had more contact with them in my previous job they were very keen on collecting data on membership numbers in sports clubs. There are many people who are super active and are not members of any sports club. There are some members of sports clubs who are not very active. Club membership is not a useful measure of how many active people we have in Wales.

12. The “Getting Wales Moving” report gives plenty of suggestions for what action is needed. I have written mainly about schools although there is much to be done in pre-school provision – making it easy for children to be active. In Ceredigion we have run training on Developmental Movement Play and many of our pre-school settings have an area which encourages children to be active in a way chosen by them. Children need to have the environment to be physically active from birth as it is essential for brain development, amongst other things.

13. Opportunities need to be grasped to set a new culture with planning guidance encouraging a built environment which makes it easy to choose an active lifestyle. This is written about in the “Getting Wales Moving” report as is the necessity of a social marketing programme which is particularly relevant for young people – see page 25 of the report.

Looking forward to reading the results of the inquiry.

Marion Clark

PACYP 07

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Bwrdd Iechyd Prifysgol Hywel Dda

Response from Hywel Dda University Health Board



National Assembly for Wales Health, Social Care and Sport Committee
Consultation: Inquiry into physical activity of children and young people.
Response from Hywel Dda Health Board

This document has been prepared in response to the request from The Health, Social Care and Sport Committee to provide supporting evidence in response to specific questions regarding the physical activity of children and young people within the three counties of Hywel Dda.

Hywel Dda University Health Board provides healthcare services to a total population of around 384,000 throughout Carmarthenshire (183,936), Ceredigion (79,488) and Pembrokeshire (120,576). It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists and other sites.

Our overall vision is to support Hywel Dda residents to be resilient, to lead fulfilling lives and to be emotionally and physically healthy.

<p><u>Question 1</u> What do we know about physical activity levels in children in Wales? How robust is the data on this issue?</p>	<p>Public Health Wales colleagues have provided current information in response to this question. Data available for Wales (Welsh Health Survey 2015) indicates that the combined percentage of children aged 4-15 reported as being active for 60 minutes every day in 2015 was 36%. Girls are consistently reported as being less active than boys.</p> <p>The Health Behaviour of School Children study results from 2013/14 indicate only 15% of young people in this study are active for 60 minutes every day. The HBSC results indicate a similar gender gap to the Welsh Health Survey data, and the same trend over time i.e. no change in the past 10 years.</p> <p>The HBSC indicates no variation between the Hywel Dda population and Wales generally.</p> <p>The Welsh Health Survey ceased in 2015 and was replaced by questions in the National Survey for Wales. Initial data from the 2016 National Survey suggests 51% of children age 3 to 17 in Wales were reported as being active for 60 minutes per day – this figure is</p>
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	not comparable with previous years.
<p><u>Question 2</u> Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.</p>	<p>The School Sport Survey (Sport Wales) 2015 is the most recent survey of school age children’s attitudes towards sport and physical activity. In Pembrokeshire, over 6000 pupils took part in the survey, which considers children to be ‘hooked on sport’ if they take part in school-based extracurricular sport, and/or non school based club sports, three or more times a week.</p> <p>For example the percentage of pupils ‘hooked on sport’ in Pembrokeshire has increased since the 2013 survey, but the difference in percentage remains similar between boys and girls: 51% of boys and 42% of girls. The choice of sports also varies at primary and secondary level, with boys at secondary level choosing traditional team sports such as football and rugby, while girls prefer more individual fitness based activities such as swimming, jogging or fitness classes..</p> <p>In terms of attitudes towards sports, enjoyment of school based PE in primary schools is similar between genders (80% boys vs 77% girls), but the picture changes at secondary level. Here, while 69% of boys enjoy PE, only 42% of girls report doing so. This is worrying as we know that enjoyment and good experiences of sport in school can lead to participation outside of school. The survey reflects this by showing that ‘playing sport’ is the most frequent top leisure time activity for boys through all the key stages, whereas it is far less popular amongst girls, increasing less popular as the girls get older.</p>
<p><u>Question 3</u> 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.</p>	<p>Welsh Government policies including Creating an Active Wales and Climbing Higher although the recent Active Healthy Kids Wales Report Card 2016 (Stratton <i>et al</i>) has stated that ‘policy has not resulted in an increase in physical activity in Wales for the past 10 years’.</p>
<p><u>Question 4</u> 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</p>	<p>Barriers may include:</p> <ul style="list-style-type: none"> - <u>in schools</u>: staff commitment to physical activity, playground space and pressures of the curriculum - <u>out of school</u>: need for volunteers leaders/organisers and parental time <p>Examples of initiatives:</p> <p><u>Daily Mile:</u> Schools across the three counties of Hywel Dda have instigated a</p>

<p>hard to reach groups, within Wales, the UK and internationally.</p>	<p>daily mile routine. This is supported by the Healthy Schools and Pre-schools Schemes in each county.</p> <p><u>Ceredigion Active Families</u> is a project to increase families understanding of the importance of developing children’s physical literacy by providing them with plenty of opportunities to develop these skills. Family centre staff have been trained to deliver after-school sessions to parents.</p> <p>Ceredigion Active has purchased ten balance bikes for use within schools to encourage bike riding.</p> <p>A <u>‘Playful Walks’</u> programme has been developed in Carmarthenshire through a partnership with Carmarthenshire County Council Play Sufficiency Scheme. A booklet and training session created has been developed to promote the combination of walking and play as a form of activity for children and the vital role of parents.</p> <p><u>Pembrokeshire Street Games</u> is an initiative delivered in areas of deprivation in Pembrokeshire, engaging young people who did not previously participate in sport.</p> <p><u>Pembrokeshire Get Out Get Active</u> is a community based 'physical activity' programme for some of the most disadvantaged communities of young people in Pembrokeshire. The project will focus on encouraging more (disabled) young people to take part in activities which will lead to improved health and well-being. This will challenge issues of social isolation and transport and support the development of transferable skills that could lead to enhanced levels of employability or community engagement.</p>
<p><u>Question 5</u> Physical activity guidelines and how we benchmark physical fitness in children.</p>	<p>Wales works to the UK Chief Medical Officers’ guidelines for Physical Activity which is 180 minutes per day of movement for the 0-5 year olds and 60 minutes per day of moderate activity for 5-18 year olds (Start Active, Stay Active, Dept. for Health, 2011)</p>
<p><u>Question 6</u> Measurement, evaluation and effectiveness of the Welsh Government’s programmes and schemes aimed at promoting physical activity of children.</p>	<p>Public Health Wales indicate that currently very limited evidence is available regarding the effectiveness of Welsh Government or other publicly or Lottery funded programmes on physical activity.</p>

<p><u>Question 7</u> Value for money of Welsh Government spending to promote exercise in children.</p>	<p>Whole schools programmes have been identified as one of the 7 best investments for increasing physical activity by the International Society for Physical Activity and Health (ISPAH 2011)</p>
<p><u>Question 8</u> 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.</p>	<p>Hywel Dda UHB has an overall vision to support residents to be resilient, to lead fulfilling lives and to be emotionally and physically healthy.</p> <p>We work to the Welsh Government’s commitment in Our Healthy Future (2009) to improve the quality and length of life and to ensure that everyone in Wales has a fair chance to lead a healthy life which includes that:</p> <ul style="list-style-type: none"> • children and young people are given a good start in life that supports their long-term health and wellbeing. • healthy sustainable communities – places where people want to live, work, play and flourish – are sought for all. • health and social services place greater emphasis on prevention and early intervention. • our public health policies and interventions are based on good evidence and monitored. <p>Hywel Dda University Health Board applies a public health lens to its planning and prioritisation within its draft Integrated Medium Term Plan. 10 Strategic Objectives have been identified, covering risk-taking behaviours and obesity, long-term chronic conditions, dementia and frailty and (through improved efficiency and productivity) how we could significantly improve waiting times and access to diagnostics and planned elective care.</p> <p>Securing and improving the health of our children and young people is central to this public health focused ambition. The Healthy Child Wales Programme enables us to support a healthy start in life and our Healthy Schools and Healthy and Sustainable Pre-school Schemes support all schools and many pre-schools settings in promoting a healthy start in life.</p> <p>Physical activity promotion plays an important part in this development as a protective factor for mental and emotional health and supporting healthy weight.</p>

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg

Response from Abertawe Bro Morgannwg University Health Board



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

Date: 07.9.17

Version: Final

Abertawe Bro Morgannwg University Health Board (ABMU) is fully committed to increasing physical activity levels amongst our population through our corporate objective of 'Healthier Communities'. We understand our role as an employer, provider of health services, and the importance of links with wider partnerships across ABM including Swansea, Bridgend and Neath Port Talbot Public Service Boards.

The response below sets out the comments of ABMU to inform the work of The Health, Social Care and Sport Committee in its inquiry into physical activity of children and young people.

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

Our knowledge about the physical activity levels of children in the ABM area is informed by data that is captured in self reported surveys e.g. Welsh Health Survey¹ and the Health Behaviour in School Aged Children²

We know more about children and young people's participation and views of sport in the ABM area through the Sport Wales School Sport Survey³. The strength of these surveys is the large sample size. As they are self reported there are weaknesses including recall and social desirability bias. Additionally the School Health Research Network (SHRN)⁴ provides robust health and wellbeing data for schools, regional and national stakeholders⁵. However no valid population level indicator of physical activity for children aged 0 to 4 in Wales exists, and we would advocate this being developed, including lower level data in order to inform service delivery.

Our local knowledge has also been informed by the SwanLinx project of Swansea University⁶ where over 800 children aged 9 to 11 years have participated in a fitness assessment day and completed a survey to provide both objective and self report information about their health, fitness, physical activity levels, sleep and nutrition. The results are given to schools as personalised reports. As the project includes objective measurements it would be beneficial to replicate in other Local Authorities so that this useful data can be used and compared. SwanLinx is incorporated into the HAPPEN Project⁷. Data collected through SwanLinx is linked to other data sources such as educational achievement, attendance, GP and hospital records in the SAIL database.

Our understanding could be improved if a system was established for data collection that is available at Local Authority or lower level area, providing intelligence that would be useful for stakeholders in order to inform service delivery and interventions around:

- Pre-school children meeting Primary Authority guidelines.

- Children meeting physical activity guidelines.
- Active travel to school.
- Use of green natural spaces and environments for informal play and activity.
- Qualitative views and perspectives around these issues.

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

Attitudes are important as they are predictors of behaviours including physical activity. Currently we are not aware of any gender based attitudinal data/information available at a local and/or national level, only participation levels. Our knowledge on gender-based difference in participation is based on national surveys which indicate:

- 20% of males self-report being physically active every day in the last week, compared to just 11% of females²
- 52% of males are hooked on sport compared to 44% of females³
- There are differences in the types of settings that males and females access³

Further consideration should be given to:

- gathering insight of gender based attitudes towards physical activity not just participation levels, and interpretation of findings to inform service delivery. This understanding would enable us to identify the barriers and enablers and in turn what action needs to be taken, for example:
 - Communication: How do we communicate the concept of physical activity? Type of activities: Is it heavily sport focused which might be less attractive to females, therefore less opportunity for them?
 - Role of settings, peer pressure, role modelling have an impact on the different levels of participation seen in males and females
 - Are current surveys placing too great an emphasis on organised sport as a measure of physical activity? Therefore are we capturing the true picture?

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.

Welsh Government Physical Activity Policies such as Creating an Active Wales⁸ had a focus on whole populations. This policy aimed ‘to shift activity levels across the whole population to increase the average number of days that people in Wales are active’. There were actions for specific population groups such as children and young people. In response, local physical activity partnership policies and action plans developed approaches encompassing whole populations and particular groups. Whole population policies are important, however there is potential to inadvertently impact negatively on segments of the population or vulnerable groups, and widen inequalities.

The physical activity agenda is cross cutting. Evidence demonstrates that action to increase physical activity will fall across Welsh Government departmental policies such as Planning, Transport, Communities, Economic, Education and Early years. There however needs to be significantly more engagement between WG policies, departments and organisations. We advocate that all policies undertake a health impact assessment as advocated in the Public Health Act (Wales) 2017⁹ to understand and mitigate unintended outcomes on health inequalities. We also advocate that policies and actions are considered in the context of real life situations.

This is supported by trend survey data from the HBSC² Survey and the Welsh Health Survey¹ that has shown:

- no change in the participation in physical activity in Wales of girls

- intermediate and routine and manual workers have consistently been the most active
- the never worked or unemployed are 20 percentage points more likely to be sedentary
- area based policies have also not had an impact as the most deprived areas have consistently been more inactive than the least deprived.

Natural Resources Wales identify in their Welsh Outdoor Recreation Survey¹⁰ that there is a socio-economic factor in who accesses parks and beaches – the likelihood of visiting these settings is increased by those earning above £31,200 pa.

This emphasises the need to continue to address inequalities and increase activity across the life course, with action being taken at population level to benefit public health.

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.

Barriers to increasing levels of physical activity among children and families are a part of everyday life and are inter-related. Our experience tells us that these include:

- The skills, confidence, motivation to be physically active.
- The knowledge and understanding of how to be physically active as part of daily life and of the available opportunities.
- Perceptions such as fear of traffic and strangers, violence in the community or personal safety.
- Social norms and role modelling of behaviour play a key role
- Access to opportunities - in and out of schools as well as well maintained parks
- Raising awareness e.g. through health services that take every opportunity to talk about activity.
- A built environment that provides green space and prioritises active travel.

There is a need to better communicate the concept of physical activity to make it more accessible; achievable and enjoyable.

We suggest that a full literature review including the grey literature, is undertaken to inform the committee and that a framework or theoretical model (such as COM-B)¹¹ which is advocated in NICE guidance^{12,13}, is used to explore the relationships between barriers, and we understand more fully the inter related components that contribute to positive behaviour change.

In order to identify examples of good practice within Wales we recommend that programmes are routinely evaluated and the findings are widely shared using a vehicle such as Public Health Network Cymru¹⁴. There is much learning that can be taken from programmes such as Communities First, Mentro Allan and Us Girls.

Nationally the Daily Mile¹⁵ is a positive example of increasing physical activity levels in a fun and achievable way within the school setting. Locally Best Start Swansea¹⁶ and Swansea Healthy City¹⁷ programme are holistic examples that include physical activity. Further programmes of this type could potentially be beneficial.

Sustrans research¹⁸ is supportive of the Active Living Research¹⁹ findings on the benefits of activity-friendly environments.

5. Physical activity guidelines and how we benchmark physical fitness in children.

The UK Chief Medical Officers' Guidelines²⁰ clearly show that the role of physical activity is important throughout the life course. During the early years and for children there is a focus on physical and emotional development. There however needs to be much better links to mental and emotional health and wellbeing - happy children are much more likely to engage in physical activity and be less withdrawn and isolated - "Clinicians, school-based professionals, policy makers and parents should encourage physical activity in children, not only for the physical health benefits, but for the positive mental health outcomes as well"²¹.

The guidelines for the age group 'children and young people' need to be more holistic – more in line with the physical activity guidelines for the 'early years'²². Helping parents, children and young people to see how they can make their day physically active – the 'every movement counts' concept.

Whilst these guidelines are available, their awareness could be improved. Our local insight with health professionals and organisations that work with children, young people and families have highlighted that more can be done to raise awareness of physical activity guidelines for the early years. In line with national policy development, we would advocate a national communication strategy that targets the general population, segmented groups, health professionals and organisations.

Guidelines however do not themselves change behaviour. Communication and awareness raising needs to be matched with concerted and committed action to create supportive environments, and enabling policies that make it easier for people to be more active and less sedentary.

SwanLinx project of Swansea University⁶ provides an example of benchmarking physical fitness. This provides robust data locally, and learning could be gained to scale this approach across Wales for benchmarking at population level. However it is important not to lose sight of physical activity as a holistic measure of healthy behaviours.

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

We do not feel able to comment on the effectiveness of the Welsh Government Programmes aimed at promoting physical activity of children as we have not seen evaluation data. It is suggested that the Welsh Government Programmes should ensure that work aimed at promoting physical activity is outcome focused, reduce inequalities, be informed by the latest evidence and contributes to the evidence base; and adopts all of the principles of prudent health care.

In order to monitor the progress, a system of qualitative and quantitative data collection, analysis and feedback against a set of national indicators for physical activity should be put in place. Indicators in line with those being used internationally would allow Wales to benchmark against other UK and EU nations, and would need to reflect measurement of outcomes and progress towards outcomes. Equally qualitative approaches to evaluation and effectiveness are needed to demonstrate the differences interventions are making to people's lives.

Also, adapting and flexing schemes over time to suit need and demand. Programmes and schemes are often introduced with extensive funding and support which diminish over time or the programmes become out-of-date and often don't appear to be re-visited to make them more current.

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

We do not feel able to comment on the value for money of Welsh Government spending, however PHW Making a Difference report²³ advocated the best buys to increase physical activity include: mass media campaigns, setting based approaches, supporting active transport strategies and providing primary care advice and support (Brief Intervention). Also nationally or locally funded programmes/initiatives should be robustly evaluated and measured in order to judge value for money.

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.

We agree with the statement in Getting Wales Moving²⁴ that ‘no single agency in Wales can deliver the large scale increases in physical activity that are urgently needed in Wales’. Therefore, all the agencies outlined in the question, and Local Authorities and the voluntary sector have an important role to play. As example of this partnership agenda in addressing the breadth of physical activity at local level is the ABM Physical Activity Alliance and its strategy for a more physically active population of ABM. Furthermore, the evidence from the Public Health Wales Transforming Health Improvement Report²⁵ indicates the interventions that work are multi-component in nature and as a result will require partnership working and collaboration. Such a vehicle to drive change at the strategic level locally will be through the Public Service Boards, where partners have an important role to shape and create enabling and supporting environments for physical activity.

Physical activity levels of young children and families cannot be seen in isolation from wider parenting approaches so there is the need to consider the whole family when designing policies and interventions to enable daily physical activity. Targeting the factors that parents and children believe to be important may enhance intervention tailoring²⁶. Using a COM-B¹¹ style approach to understand the context and issues related to the behaviour would help with identifying and targeting of action needed. The role of schools, parents, children and peers is also crucial during evaluative thinking processes – to provide consistent, robust and honest feedback on programmes; schemes and incentives to increase physical activity.

With pressures on the system it is important to ensure that decisions do not result in the unintended consequence of undermining the efforts to improve physical activity levels. We advocate that all policies and programmes undertake a health impact assessment as advocated by the Public Health Act (Wales) 2017⁹ for this reason.

Concluding remarks

The cross-cutting nature of the physical activity agenda means that successful delivery of any large scale change in physical activity levels to improve population health and wellbeing, as shown in the findings of Getting Wales Moving²⁴ heavily dependent on government, public, private and voluntary sector organisations working with each other and with the public in co-productive and more outcome focused ways, at local, regional and national levels.

Importantly it is about the process which underpins the delivery of this agenda and the accountability for the changes needed which will require leadership, co-ordination, joint planning and performance management; and concerted effort for public bodies to act and think differently in line with the vision and principles of the Well Being and Future Generations Act.

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- ² Ipsos Mori on behalf of the Welsh Government (2015) Health Behaviour in School Aged Children Key Findings, available from: <http://gov.wales/docs/caecd/research/2015/151022-health-behaviour-school-children-2013-14-key-findings-en.pdf>
- ³ Sport Wales (2015) School Sport Survey, available from: <http://www.sport.wales/research--policy/surveys-and-statistics/statistics.aspx>
- ⁴ School Health and Wellbeing Research Brief (2016), available from: http://www.shrn.org.uk/wp-content/uploads/2016/09/Morgan_Predictors-of-PA_final.pdf
- ⁵ School Health Research Network, available from: <http://www.shrn.org.uk/>
- ⁶ Swansea University (2015) Swan-Linx Fitness Funday Report 2015, available from [https://www.swansea.ac.uk/media/Swan-Linx%20Swansea%20Schools%27%20Fitness%20Fun%20Day%20feedback%20report%20\(2015\).pdf](https://www.swansea.ac.uk/media/Swan-Linx%20Swansea%20Schools%27%20Fitness%20Fun%20Day%20feedback%20report%20(2015).pdf)
- ⁷ <https://www.happenswansea.co.uk/>
- ⁸ Welsh Assembly Government (2009) Creating an Active Wales.
- ⁹ Welsh Assembly Government (2017) Public Health (Wales) Act
- ¹⁰ Natural Resource Wales, Welsh Outdoor Recreation Survey, 2014, available from: <https://naturalresources.wales/evidence-and-data/research-and-reports/welsh-outdoor-recreation-survey/?lang=en>
- ¹¹ Michie S. Et al (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions *Implementation Science* 6:42
- ¹² NICE (20107) Behaviour change: general approaches. Public health guideline [PH6]
- ¹³ NICE (2014) Behaviour change: individual approaches. Public health guideline [PH49]
- ¹⁴ Public Health Network Cymru, available from: <http://www.publichealthnetwork.cymru/en/>
- ¹⁵ The Daily Mile Wales, available from: <http://thedailymile.cymru/>
- ¹⁶ Best Start Swansea, available from: <http://www.swansea.gov.uk/beststart>
- ¹⁷ Swansea Healthy City Programme, available from: <http://www.swansea.gov.uk/healthycity>
- ¹⁸ Sustans Policy and Evidence, available from: <https://www.sustrans.org.uk/node/16054/tackling-physical-inactivity>
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- ²¹ Soyeon A S Fedewa A L (2011) A meta-analysis of the relationship between children's physical activity and mental health, *Journal of Pediatric Psychology* 36(4) pp. 385–397, 2011
- ²² Physical Activity for Early Years Guidelines, available from: <http://www.gpone.wales.nhs.uk/sitesplus/documents/1000/Children%20under%205%20infographic%20FINAL%20-%20English.pdf>
- ²³ Public Health Wales (2016) Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales
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- ²⁵ Public Health Wales (2013) Transforming Health Improvement in Wales
- ²⁶ Hesketh, K.R., Lakshman, R. And van Sluijjs, E.M.F (2017) Barriers and facilitators to young children's physical activity and sedentary behaviour: a systematic review and synthesis of qualitative literature. *Obesity Reviews* 18, 987-1017.

WOMEN IN SPORT CONSULTATION RESPONSE

Inquiry into physical activity of children and young people, Health, Social care and Sport Committee, National Assembly for Wales

8 September 2017

About us

1. We are Women in Sport. Our vision is a society where gender equality exists in every sphere. We're advancing gender equality through and within sport: empowering women and girls through sport and transforming the sport sector.
2. Our response will focus on key issues that relate to women and girls. We are happy for the details of this response to be made public.

Comments

3. Women in Sport welcomes the opportunity to submit evidence to the Health, Social Care and Sport Committee. A gender gap in participation in physical activity and sport exists throughout the UK. In Wales 52% of boys are active compared with only 44% of girls of primary and secondary school age¹.

¹ Sport Wales (2015) School Sport Survey

4. A gender gap in participation in physical activity emerges between boys and girls at primary school, and extends during secondary school². Many girls and women are missing out on the benefits that being active provides such as improved health, reduced risk of disease, an increase in confidence, improved mental health and higher educational attainment³. We therefore believe it is vital for the National Assembly for Wales to address this inequality.

Barriers

5. Our research, Changing the Game for Girls⁴, found:
 - Boys receive encouragement from their friends to be sporty whereas girls do not.
 - There is a lack of female sporting role models in the media. Women's sport makes up 7% of all sports media coverage in the UK⁵. Women in Sport are currently undertaking research to get a more up to date understanding of this in the UK and Europe.
 - There is also a lack of female role models working and volunteering within the higher levels of sport in Wales. For example, only a third of Chairs in high funded national governing bodies (NGBs) of sport are female and only a quarter of Chief Executives are women in Wales⁶.
 - The least active children are very negative about PE and school sport and feel their experiences of school are putting them off being active.
6. We conducted research with boys and girls aged 7-8 for the Government Equalities Office⁷. We found that gender stereotypes are already emerging about girls about boys abilities to do sport and physical activity. Boys valued sport and achievement, whereas girls were more ambivalent.
7. We work with the Youth Sport Trust on a project to get girls involved in sport and physical activity in England and Northern Ireland called Girls Active. As part of this project we carried out research to understand the attitudes and motivations of both boys and girls. In 2016-17 our research of 26,000 pupils found⁸:
 - Girls perceive there to be more barriers to taking part in PE and school sport than boys – 82% of girls identified at least one barrier compared to only 58% of boys.
 - 24% of girls selected pressure of school work as a barrier and 22% selected not feeling confident.

² Women in Sport and Youth Sport Trust (2015) The Tipping Point: Confidence and attitudes in seven and eight year old girls

³ Women in Sport and Investec (2016) Sport for success

⁴ Women in Sport (2012) Changing the game for girls – policy report

⁵ Women in Sport (2014) Say Yes to Success

⁶ Women in Sport (2017) Beyond 30%

⁷ Women in Sport and Youth Sport Trust (2015) The Tipping Point: Confidence and attitudes in seven and eight year old girls

⁸ Women in Sport and Youth Sport Trust (unpublished) Girls Active survey results, 2016-17

- Girls are less likely to report feeling encouraged to take part in sport, 64% of girls compared with 72% of boys. This drops to only 49% of less active girls who feel encouraged to be active by their parents.
- Girls are motivated to take part in sport and physical activity by having fun and being healthy.
- Girls are much less likely to be motivated by competition than boys (50% of girls compared to 70% of boys).
- Girls are much more likely to be self-conscious. By the time they are 14-16 years old, around one in three (36%) are unhappy with their body image.

Solutions

8. Women in Sport urge the following principles to get girls involved in sport and physical activity.
 - Our research shows that girls should be at the centre of all activity, with co-creation essential⁹.
 - There are pockets of excellent provision of sport in education, this needs to be the norm for girls not the exception. All teachers and coaches need to be trained in how to engage and empower less active girls in sport and physical activity¹⁰.
 - Provision can't stop at the school gates. We need girls to be active both within and outside of school. While getting school provision right is important, we also need to consider what is available for girls outside of school.
 - Influencers are key – families, and in particular parents, play an important role in getting girls active. It is therefore vital that parents understand the value of sport and physical activity for their daughter and encourage her to be active¹¹.

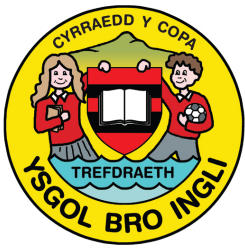
Conclusion

9. Women in Sport are committed to reducing the inequalities for girls and women in sport and we welcome the Committee's interest in this area. We believe there is much work to be done to improve girls participation levels in sport and physical activity and we would welcome further discussion with the Committee and National Assembly about potential solutions to this.

⁹ See Youth Sport Trust booklet 'Engaging less active girls aged 8-10 in physical activity'
www.youthsporttrust.org/girls-active

¹⁰ Ibid

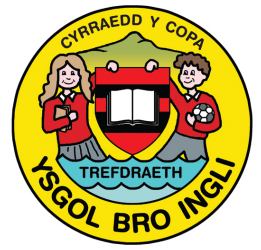
¹¹ Women in Sport (2015) What sways women to play sport?



PACYP 10
Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc
Inquiry into physical activity of children and young people
Ymateb gan Ysgol Bro Inqli

Ysgol Bro Inqli

Response from Ysgol Bro Inqli
Heol Hir,
Trefdraeth,
Sir Benfro,
SA42 0TL.



7-9-17

To whom it may concern,

Re: Cuts to funding with regards to increasing pupils' physical activity through Successful Kinaesthetic training for pre-schoolers (SKIP)

As a school we have seen a deterioration in the level of motor skills of our pupils as they enter school. This is affecting how much physical activity they can and will do. Core stability is weak on a large proportion of the children and as a result this impacts on their fine motor control. Since introducing the SKIP programme, the Foundation Phase staff have seen a great improvement in the pupils' physical skills and the programme is the core of the Early Foundation Phase planning on a daily basis.

We believe that all staff in the Foundation Phase need to understand how to teach children to move so that we can lay the foundations for all young people to be physically active for life and the SKIP programme was a great way forward for the school.

Every child can take part in SKIP activities whatever their abilities as the programme caters for everybody. As the activities are organised in a way that the pupils can take ownership of the activities, the teacher has more time to observe and assess the children and give appropriate help and guidance to ALL pupils – MAT as well as under-achievers.

The programme lends itself to be used in all areas of the Foundation Phase Curriculum not only within PE lessons for an hour a week. We have seen children becoming more competent, confident and more physically active. Since attending SKIP training we are able to improve the children's skills and ensure that they have opportunities for high quality movement across all areas of learning.

It's a programme that celebrates every success of every child – little steps can be easily celebrated and can be built upon daily.

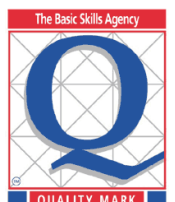
Please do not take away the funding from a programme that is obviously making an impact on pupils' physical literacy.

Yours sincerely,

E Howells and Foundation phase staff



Ffôn/Ffacs [REDACTED]
E bost [REDACTED]
Pennaeth Mrs E M Howells
www.ysgolbroingli.com
Pack Page 33



PACYP 11

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Ysgol Eglwysig Sant Aidan yng Nghymru

Response from St Aidan's Church in Wales VA School

Increasing pupils' physical activity through Successful Kinaesthetic training for pre-schoolers (SKIP)

Many of the children entering our school have poor physical skills. This is affecting how much physical activity they can and will do.

SKIP in the Foundation Phase is a programme that teaches about how young children develop their motor competence. This foundation of good movement is vital if they are to be active throughout life. The training helps practitioners understand how to alter constraints relating to tasks and the environment so that pupils progress through the stages of development.

Since attending SKIP training we are able to improve the children's skills and ensure that they have opportunities for high quality movement across all areas of learning.

We have seen children becoming more competent, confident and more physically active.

Also, the programme has enabled us to create links with parent, making them aware of the positive impact of physical activities on not only their child's health and well-being, but also their ability to concentrate and be better prepared to begin the necessary tasks for academic learning.

For us this is a relatively new initiative but already we are beginning to see a positive impact.

I believe that all teachers in the Foundation Phase need to understand how to teach children to move so that we can lay the foundations for all young people to be physically active for life. If we can instill this at an early age then I believe that this will have a positive impact on the individuals concerned and also the raising levels of obesity and the challenges that this places on the national Health Service.

PACYP 12

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Jasmine Langdon

Response from Jasmine Langdon

Increasing pupils' physical activity through Successful Kinaesthetic training for pre-schoolers (SKIP)

Many of the children entering our school have poor physical skills. This is affecting how much physical activity they can and will do.

SKIP in the Foundation Phase is a programme that teaches about how young children develop their motor competence. This foundation of good movement is vital if they are to be active throughout life. The training helps practitioners understand how to alter constraints relating to tasks and the environment so that pupils progress through the stages of development.

Since attending SKIP training we are able to improve the children's skills and ensure that they have opportunities for high quality movement across all areas of learning.

We have seen children becoming more competent, confident and more physically active.

I believe that all teachers in the Foundation Phase need to understand how to teach children to move so that we can lay the foundations for all young people to be physically active for life.

In my school, we have children coming into our Nursery who cannot sit up and remain in that position without having to support themselves with their arms. We have an issue with children being overweight due to a lack of activity at home and many children choose a sedentary lifestyle playing on iPads and computer games rather than being physical.

Unfortunately this stems from parental attitudes to physical activity too and so getting the children active is only half of the battle. We run parental engagement sessions and invite our parents to come and join in with physical activities with their children. We send home bags with PE equipment in to encourage the children to be active over the weekend. We are putting a lot of effort into this but equipment does not come cheap, sessions do not pay for themselves and our children need the all of the support that they can get. Working in the Foundation Phase, we have the opportunity to change their mind set before it is too deeply entrenched. My school is already under-resourced in many areas and physical activity resources are no different. We can plan the most fantastic lessons that Estyn would be proud of, but without the equipment to accompany it, it simply will not happen. SKIP requires little funding in comparison to many other schemes and the difference that it has made to not only the physical wellbeing, but the emotional and general wellbeing of the children I teach has been phenomenal. It would be detrimental to the wellbeing of our children if they weren't going to receive this provision.

PACYP 13

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Chwaraeon Cymru

Response from Sport Wales

Inquiry into physical activity of children and young people

Response from: **Sport Wales**

Background

1. Sport Wales is the national organisation responsible for the development of sport in Wales – from community participation to elite success. We are committed to developing an active, healthy and prosperous Wales, where every citizen has the opportunity to participate in sport and physical recreation, and reach their potential, irrespective of background and circumstance.
2. Working with partner agencies, on a national and local level, we aim to increase the frequency of participation in sporting activity, as well as improving elite performance. We take a broad view of sport, from traditional sports, such as swimming and netball to activities such as Zumba and dance. We are also the main adviser on sporting matters to the Welsh Government and are responsible for distributing funds from the National Lottery to sport in Wales.

Overview

3. Sport Wales welcomes the opportunity to respond to this important consultation by the Health, Social Care and Sport Committee on physical activity of children and young people.
4. The benefits of regular sport and physical activity for physical health is well established. For example, there is [clear evidence that physical activity and sport can improve physical and mental well-being](#) (external link). There is also some [a fairly well-explored evidence base linking physical activity and sport to individual development outcomes like educational attainment and employability](#) (external link).
5. Sport Wales has systematically planned and invested in young people's sports participation for the last 10 years. This includes programmes such as [Dragon Multi-skills and Sport](#), and [5x60](#) (external links), and through broader investment in local authorities and National Governing Bodies of Sport to develop extra-curricular and community opportunities. Over this time, we have seen a significant increase in young people's participation in sport in Wales. The numbers of children and young people who participate in sport on three or more occasions a week is up from just 27% in 2011, to 40% in 2013, and 48% in 2015.
6. In 2012 Sport Wales launched the Calls for Action programme to increase the participation of people from groups that were less likely to participate in sport. Many of the projects we have invested in have specifically targeted children and young people from groups that had low levels of participation in sport. The programme is being [independently evaluated over three years in real time, with ongoing feedback and learning](#) (external link).

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

7. Physical activity includes a broad spectrum of activities. This includes sport, but also includes activities such as active travel (cycling to school), play, and gardening. We adopt the [Council of Europe's definition of sport](#), which is *all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels*.
8. As a leading authority on sport, producer of Official Statistics and creator of insight, Sport Wales collects and interprets data related to sports participation in Wales. Our main source of data and insight is derived from our world-leading [School Sport Survey](#) (external link). **The statistics from the School Sport Survey are classed by the UK Statistics Authority as Official Statistics This means that they are produced in accordance with the [Code of Practice for Official Statistics](#) (external link). This sets out necessary principles and practices to produce statistics that are trustworthy, high quality, and of public value.**

9. Through our latest survey in 2015, 116,000 children and young people from 1,000 different schools across Wales had their say on participation in sport. What we know from this is:
 - a. 48% of pupils across Years 3 to 11 in Wales take part in organised sporting activity outside of curriculum time on three or more occasions per week
 - b. There is little difference in sports participation on 3 or more occasions a week: 49% of primary pupils and 48% of secondary pupils
 - c. There are still significant gaps in sports participation according to pupils' age, ethnicity, disability, and relative deprivation. Higher levels of sports participation were recorded for: pupils in Years 5 and 6; mixed race and black/black British pupils; pupils from the least deprived schools; and pupils in secondary schools who were Welsh speakers
 - d. Pupils who are very confident in trying new activities without worrying are twice as likely to participate in sport on three or more occasions a week.
10. Further information, statistics, infographics, and an animation on the results can be found [here](#) (external link). It is difficult to benchmark this data with the rest of the UK or internationally as this kind of detailed data is not routinely collected from children and young people outside Wales.
11. Through our [experimental research with the National Centre for Social Research and production of a good practice guide to asking children and young people about sport and physical activity](#) (external link), we know that when asked about physical activity, children struggle with the term, there are issues with the recall of information, and older children more likely to give socially acceptable responses. Children, were clearer on what was meant by sport and due to the relative regular nature of sporting activities, are less likely to have recall issues.
12. We routinely evaluate and look to improve the trustworthiness, quality, and public value of our statistics. This includes cognitively testing questions for understanding, and reviewing our methodologies. This year we reviewed the School Sport Survey seeking feedback from a range of partners, including schools, local authorities, National Governing Bodies of Sport, Estyn. While it was acknowledged that the Survey produces valuable data for a range of stakeholders, the review also revealed several areas for development. These include: improving the child-friendliness of the survey; increasing school buy-in; rethinking the timing of the survey fieldwork and dissemination of survey findings; maximising usage of the data; and exploring the potential for data linkage. We now have a programme of planned improvements.
13. What we have across the public sector and Higher Education sector is, however, different ways of collecting data and measuring levels of participation. This inconsistency isn't in the public interest. Some work has commenced looking at this, but a better co-ordinated and more systematic approach would be welcomed.

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

14. The data from our [2015 School Sport Survey](#) (external link) suggests that at all stages (primary and secondary) and in all environments (sport during PE, school clubs and sport outside of school) males enjoy sport more than females. The difference in gender-based enjoyment of sport is greater in secondary school than in primary school.
15. Similarly, male pupils are more likely to express confidence when they are trying new activities – with 85% being 'very confident' or 'confident' compared with 73% of females.
16. We know from our [qualitative research exploring sports participation amongst 14-21-year olds](#) (external link) that both girls and boys drop out of sport during secondary school and for very similar reasons. The available quantitative research data indicates that the drop-off is more pronounced for girls than boys, but that the issue exists for both genders.
17. Although there is an upward trend in sports participation, there is still an 8-percentage point gap in participation rates between males and females. We have a programme of investment addressing the inequalities that exist. This includes [Our Squad](#) (external link), an initiative aimed at inspiring, empowering and encouraging more women and girls in Wales to get active and give sport a go.

18. Following the publication of [Facilities for Future Generations](#) (external link), we have recently commissioned an audit of facilities across Wales. Facilities play an important role in the health of the nation. It is crucial that we and local authorities have an accurate and consistent view of opened, closed, and planned facility developments across Wales to identify where the gaps in provision are and ensure all those living in Wales have equal opportunities to get active.

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.

19. Historically Sport Wales has taken a differentiated and targeted investment approach to increasing participation in sport amongst different groups. These approaches have reflected the duties placed on Sport Wales by various equalities legislation and ultimately The Equality Act 2010.
20. The National Assembly for Wales has relatively recently passed two ground-breaking pieces of legislation that have created a new framework for how we focus our work. These Acts are the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014. Both of these laws, and the general public policy direction of Welsh Government, now require public bodies, including Sport Wales, to address issues relating to differential participation in sport amongst particular groups, and what impact this may have on health (and other) inequalities. Sport Wales has welcomed this policy approach because it will enable a co-ordinated response from public services to address issues of differential levels of physical activity amongst children and young people.

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.

21. Over the past four years we have undertaken and commissioned [a wide range of research](#) (external link) in order to advance our understanding of the sport and physical recreation landscape in Wales. The breadth and depth of data gleaned from this research is vast, and collectively it has provided us with a wealth of insight and intelligence. There are some clear themes which emerge. These themes fall into five inter-related areas which taken together explain why engagement in sport continues to vary so significantly across our population – [Elements of Engagement](#) (external link). These are:
- a. **Motivation:** an inner desire or drive. ‘The energy for action’
 - b. **Confidence:** a belief in one’s ability to attain a high level of performance or to achieve desired goals, and a sense of certainty that doing so will be worthwhile
 - c. **Awareness:** knowing when, where and how to take advantage of relevant opportunities
 - d. **Opportunity and Resources:** opportunities are available and easily accessed
 - e. **The Experience:** the experience is worthwhile. It reinforces one’s motivation & confidence and increases the likelihood of continued engagement
22. The Elements of Engagement focuses on understanding people. It is a framework through which we are understanding and developing our insight, and in an applied way, developing a suite of resources to help increase or sustain engagement in sport and physical recreation.
23. We have many examples of good practice. Two significant programmes of investment that have seen noteworthy change are the Physical Literacy Programme for Schools and the Calls for Action programme (as outlined in paragraph 6). Our evaluation of the Physical Literacy Programme for Schools reported improvements in young people’s physical, social and emotional development, as well as their engagement, attendance and behaviour.
24. As part of our continuous improvement, we have been developing a revised model of investing in and delivering community sport in Wales.

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

25. The Chief Medical Officers' guidelines for physical activity are grounded in robust scientific evidence. They outline [differentiated advice for different population groups](#) (external link) (Under 5s, Under 5s who are capable of walking, Children and Young People - 5-18yrs, Adults – 19-64yrs, Older Adults – 65+yrs). At a practical level, the nuance of the guidelines is often missed.
26. Physical fitness in children is important. We would advocate focusing on physical literacy. [Physical literacy](#) (external link) is the motivation, confidence, physical competency, knowledge and understanding to value and take responsibility for engagement in physical activities for life. This is an area of work we have focused on in recent years; developing the [Physical Literacy Journey](#) and supporting materials ([animations](#) and [resources](#)). The Physical Literacy Journey was developed to support future curriculum planning and delivery, and has been aligned to Successful Futures in terms of a progressive continuum (journey) with steps along the way to track progress. It has been populated with examples of the 'how' and the 'what' in terms of physical literacy in action, and supports the Health and Well-being Area of Learning and Experience, but also holistically across the curriculum. This, together, with a range of academics working in this field, Wales is leading the way in the UK in this field.

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

27. Measurement, evaluation and effectiveness of our programmes and schemes is central to our work.
28. Over time and using insight, we have made adjustments to the Free Swimming Programme, shifting its emphasis to 'learn to swim' provision and ensuring that every child in Wales can swim by the age of 11. A formal review of the Welsh Government's Free Swimming programmes will begin soon. The review will determine whether the programmes have achieved their stated outcomes for children, young people and older adults, and whether they can achieve a greater impact on sport participation levels. The findings and recommendations from this review will help shape and steer the sector's strategy and proposals for community sport in Wales.
29. The [PE and School Sport programme](#) (external link) and subsequently the [Physical Literacy Programme for Schools](#) (external link) were funded by Welsh Government and managed by Sport Wales for 15 years to help raise standards in Physical Education. During the time, Key Stage 3 PE attainment levels increased from 61% in 2001 to 91% in 2015. An evaluation of the Physical Literacy Programme for Schools can be found [here](#) (external link). This recent [video reel](#) (external link) demonstrates the benefits and achievements of both programmes, as well as the broader Sport Wales school-based work.
30. As we said in paragraph 6, our Calls for Action programme is being [independently evaluated over three years in real time, with ongoing feedback and learning](#) (external link). Beyond the headline numbers, the aim is to assess what impacts are being achieved and how, the character and degree of innovation, and the lessons for Sport Wales as well as for front line practice. Key learning and topics from the evaluation include: participation; value for money; governance and partnership; timing and pace; ways of working; and structural change.

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

31. Value for money, or our preferred term, return on investment, is an area that needs considerable development. This is something that has been identified within the Ministerial Review of Sport Wales and is a broader issue across the public sector. Value for money is one of the themes that we're exploring within our evaluation of Calls for Action and are testing more broadly. Whilst there is merit in looking at this at a micro-scale or at an organisational level, there is much more value in having a consistent approach across the public sector with the Well-being of Future Generations Act as a framework.

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.

32. We want children from all backgrounds to have the best start in life, that everyone will have the opportunity to reach their full potential and lead a healthy, prosperous and fulfilling life. This is everyone's role. It is a cross-governmental agenda and not limited to Sport Wales, NHS Wales and Public Health Wales. It would benefit from a better coordinated and integrated approach.

33. Confident, positive and resilient parenting is fundamental to preparing children for life. Parents have by far the greatest influence on their children. We know from our insight that parents' involvement in sport is positively associated with their children's physical activity levels. Sport Wales is looking forward to working with a wide range of partners, including the education and health sectors, to review the way we maximise our collective efforts and resources to enable more children – regardless of their background – to be active through sport. Through our work on the Physical Literacy Journey, we have provided [resources to help support parents](#) (external link) enable their children to be physically literate.
34. [The Young Ambassador programme](#) (external link) was introduced to Wales in 2009. Young Ambassadors are tasked with increasing awareness and opportunities to improve the health, wellbeing and physical activity levels of other young people, whilst also developing themselves to be the best that they can be through learning valuable leadership skills such as communication, influencing and team work, that are fundamental in supporting them on becoming confident, resilient and employable young people. [The programme has an incredible reach](#) (external link); there are 3,283 Young Ambassadors across Wales and the programme runs in 57% of all primary schools and 91% of secondary schools. The power of the young person's voice has inspired more sports organisations to offer opportunities for young people to become decision-makers through forming school councils, youth panels and becoming board members. Further information on their impact can be found [here](#) (external link). There is a need to harness the Young Ambassador movement with a greater importance placed on self-determination and peer support when developing and delivering opportunities to be physically active.
35. Schools are a critical partner; they provide the spaces and opportunities to thrive. We know from our action research on physical literacy in schools that:
- Professional development of teachers is needed to ensure that pupils can develop their physical literacy and thrive;
 - Early childhood motor development and early movement, needs developmentally appropriate activities, and a programme of professional development to enable this significantly impacts pupils' physical development;
 - Quality Physical Education needs to build on Foundation Phase to support and develop physical literacy, this requires an understanding of pedagogy in physical holistic learning;
 - Professional development and change needs to be strategic so that it has buy in from Local Education Authorities and Head teachers in order to develop whole school and community approaches.
36. For NHS Wales and Public Health Wales, we acknowledge the work being done on reducing Adverse Childhood Experiences, the Welsh Network of Healthy Schools Schemes, social prescribing, and 'making every contact count'. As we have said, there is scope for all parties to take a better coordinated and integrated approach.
37. Similarly, children and young people's physical activity needs to be an integral part of public policy, for example:
- A key feature of the new curriculum and monitored by Estyn;
 - A part of Initial Teacher Training to ensure all teachers in Wales have the skills and confidence to facilitate physical literacy;
 - Part of the planning system to create the right local physical environment that provides easy access to local physical activity spaces;
 - A key consideration for public funded programmes (e.g. the importance of providing modern, inspirational school sports facilities and the need to ensure 21st Century School Programme is set up to achieve this);
 - A requirement of all child care provision;
 - Further development of safe routes to schools.
38. Developments in digital technologies have brought about a huge step change in how people live their lives. A lot of young people have only ever known life in the 'digital age'. Unlocking the full potential of the digital and data revolution will be fundamental in transforming how people engage with sport and physical activity.

For further information, please contact:

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Sport Wales



PACYP 14

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Response from Betsi Cadwaladr University Health Board



Betsi Cadwaladr University Health Board Consultation Response to:

The Health, Social Care and Sport Committee Inquiry into physical activity of children and young people

What do we know about physical activity levels in children in Wales?

Physical activity levels in Children are well below the recommended daily guidelines.

A recent review of the Health Behaviour in School-aged Children (HBSC) survey data from 2002 to 2010 concluded that (Kalman et al., 2015):

- Over all survey years taken together, 23.1% of boys and 14.0% of girls reported at least 60 min of moderate to vigorous physical activity daily;
- A significantly higher frequency of daily activity was found among adolescents aged 11 years (23.2%) than those aged 15 years (14.0%);
- Adolescents from affluent families meet activity guidelines more often than adolescents from less well off families (19.8% vs. 16.3%).

In the BCUHB region, the latest data from the Health Behaviour in School-aged Children (HBSC) survey, 2013/14, showed that 17% of young people (boys & girls) aged 11 to 16 years, reported that they were active for 60 minutes every day. This is higher than the Welsh average of 15%. The data also shows that a higher percentage of boys are active for 60 minutes every day (22%) than compared to girls (11%) (Public Health Wales Observatory, 2016).

In the BCUHB region, an estimated 35% of young people (boys and girls), aged 11 to 16 years, either walk or cycle to school, this is higher than the Welsh average of 32%. There is little variation between the percentage of boys (36%) and girls (34%) who walk or cycle to school in North Wales (Public Health Wales Observatory, 2016).

In 2015, the Welsh Health Survey estimated that across Wales, 36% of children reported undertaking physical activity for at least an hour on every day of the previous week (Boys 42% / Girls 31%). However, 13% of children surveyed reported that they were not physically active for at least an hour on any day in the last week (boys 14%, girls 13%).

The National Survey for Wales estimated that 59% of children use electronic devices for 2 hours or more on a weekday (Welsh Government, 2017), this would suggest that these children are predominately sedentary during such recreational time.

Data from the School Sports Survey, 2015, reported an increase in the percentage of pupils in Years 3-11 that are *hooked on sport* and take part in extracurricular or community club sport on three or more occasions per week, from 40% in 2013 to 48% in 2015.

How robust is the data on this issue?

The Health Behaviour in School-aged Children (HBSC) survey is a self-completed questionnaire, administered in the classroom. The questionnaire does allow the collection of common data across participating countries and therefore allows comparison between countries and identification of trends over time (HBSC, 2017).

The Welsh Health Survey (WHS) was a self-reported survey of households across Wales. The WHS has been replaced by the National Survey for Wales, which is a face-to-face survey of over 10,000 randomly-selected adults aged 16 and over, carried out across Wales. Data on children and young people's lifestyles including physical activity levels are awaited (Welsh Government, 2017).

There is a risk of bias with survey data which is self completed and therefore the estimated results may not be an accurate reflection of levels of physical activity within the wider population.

There is a risk that different organisations use data from a range of different sources. This can lead to confusion about which data source should be used for planning processes. Therefore a universal source of data for planners and practitioners would be desirable.

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

Data from the School Sports Survey reports that a gender gap in the percentage of children who are 'hooked' on sport remains, despite an increase in participation by both boys and girls since 2011. In addition the survey also highlighted inequalities in participation levels depending on ethnicity, see table below:

Figure 1: Percentage of pupils who are *hooked on sport* by ethnic group and gender

	Boys		Girls		All pupils	
	2013	2015	2013	2015	2013	2015
White	44	52	37	45	41	49
Mixed Race	46	56	36	48	41	52
Black/Black British	42	57	30	45	37	52
Asian/Asian British	37	44	20	28	29	36
Arab/Other	31	49	26	38	29	39
OVERALL	44	52	36	44	40	48

Source: School Sports Survey, Sports Wales, 2015

The survey also reported that a higher percentage of children within the *free School Meal* (FSM) quartile one (least deprived) were 'hooked' on sport than compared to children within FSM 4 (most deprived) (54% vs. 43%).

There is no shortage of opportunities in Wales for children and young people to be more physically active. Most communities are within relatively easy reach of safe and accessible environments, and a natural landscape that lends itself to more active lifestyles. There is a comprehensive network of leisure centres across the country providing both indoor and

outdoor activity areas and there is a rich and diverse range of sports clubs and organisations in the majority of communities. In addition, there are a number of government funded programmes working with children and young people in schools and communities to develop their interest in physical activity and facilitate their access to the opportunities.

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.

Welsh Government has stated their aspiration to integrate actions that increase physical activity across all relevant policy areas, to reduce 'silo thinking', and to encourage more effective collaboration at government level to get the nation moving.

Creating an Active Wales emphasised how reducing inequalities should underpin 'cross-cutting' policy areas. Departmental strategic plans should subsequently be cascaded further to influence at regional and local authority levels and thus drive forward tangible changes. However, the absence of strategic leadership, and additional resources has meant the document was perceived by most as an informative guide, instead of a call to action.

Getting Wales Moving was recently published as a joint document between Sport Wales and the Welsh Government, and again highlights the need for a more 'joined up' approach across policy areas to achieve the common goal of increasing levels of participation across the population.

The Play Sufficiency Assessment (Wales) Regulations, 2012, requires all Local Authorities to assess the sufficiency of play opportunities for children within its area. The assessment contains play opportunities for children with differing needs, supervised and non supervised play, and the play workforce itself.

In addition, it is important that we work collaboratively to increase activity levels across the spectrum of physical activity, which includes everything from elite sport, to play and active travel.

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.

People are less likely to be active if they have a number of real or perceived barriers. Some of the key barriers include (WHO, 2006):

- Perception of lack of time;
- Perception that one is not "the sporty type" (particularly for women);
- Concerns about personal safety;
- Feeling too tired or preferring to rest and relax in spare time;
- Self-perceptions (for example, assuming that one is already active enough).

The perceived lack of time is a frequently identified as a barrier, however in general there are few real differences in the time available to active and inactive people. Therefore this is likely to be related to the priority assigned by active people to physical activity.

Parents often cite concerns regarding their children's safety when playing out within their community. Concerns around 'strangers' and traffic can be barriers that stop parents allowing their children out to play.

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

The Chief Medical Officer's guidelines for physical activity for early years, children and young people are concise and easily understood (DH, 2011). The accompanying infographics and key messages are an extremely useful resource, when working with the public and partner organisations.

Benchmarking participation levels for children and young people is difficult because of the range of activities available to them in different settings, and at different age groups. Surveys like the HBSC can draw comparisons across specific types of activity throughout Europe. However, the survey does not have the scope to present a comprehensive picture for benchmarking. Similarly the School Sport Survey provides data that can be compared year on year, but doesn't have the potential for benchmarking (Sports Wales, 2015).

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

Measurement has often meant attendance, recording numbers completing programmes over time. Often the same children take part in all activities and may not necessarily be the 'hard to reach' individuals as intended.

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

Evaluation often entails the assessment of numbers participating in the activity, some qualitative feedback from participants and/or a report of the activities provided over time. This approach doesn't necessarily provide a robust analysis of the outcomes achieved or whether value for money has been provided.

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.

Schools, parents and peers have an important role to play in encouraging and enabling children to participate in physical activity. The Welsh Network of Healthy Schools Schemes supported by Welsh Government includes physical activity within their accreditation criteria. A good percentage of schools across North Wales are currently participating in the 'Daily Mile' campaign.

Local Authority 'Sport for Life' teams (formerly Active Young People teams) work closely with schools to offer children opportunities to try different sporting activities, and join local club structures to sustain their participation in the longer term.

Evidence indicates that households where the parents participate in physical activity encourage their children to do the same, whereas households where families are more sedentary generally have less active children.

The Outdoor Partnership in North Wales working closely with Sport Wales and Local Authority Sports Development team runs the Young Ambassadors scheme. This is a good example of how peer education and peer support from other young people that have been involved in specific sports can be successful in stimulating interest and engagement among their less active peers. Volunteering is an essential part of the club structures across the region, and young people get the opportunity to learn new skills, develop their own confidence and mentor their peers through volunteering with their local clubs and societies.

The Play Sufficiency Assessment prompts Local Authorities, and partners to ensure there are safe and accessible environments for children to play and be active. All partners have a role to

promote 'play for play's sake' and the importance of learning and participating in play and physical activity.

Sport Wales, NHS Wales and Public Health Wales have a key role to play in improving levels of physical activity, and across North Wales there is a well established tradition of collaboration to achieve that goal. Building on this tradition, the work of *Getting North Wales Moving* is bringing together a diverse range of organisations including (not exclusively): Sport Wales, Betsi Cadwaladr University Health Board, Natural Resources Wales, Snowdonia National Park, the third sector and Public Health Wales, to strengthen collaborative action to develop the culture and environments that enable people of all ages to move more and be less sedentary in all their daily activities.

Authors:

The response has been led by colleagues from the Betsi Cadwaladr Public Health Team, in conjunction with Betsi Cadwaladr UHB Area colleagues.

Dr E Rachel Andrew, Specialty Registrar, BCU HB Public Health Team

Aled Hughes, Senior Practitioner, BCU HB Public Health Tea

Rachel Lewis, Principal Practitioner, BCU HB Public Health Team

Appendix A: Health Behaviour in School-aged Children 2013/14

Percentage active 60 mins every day, boys, girls and persons aged 11 to 16, Wales health boards, 2013/14

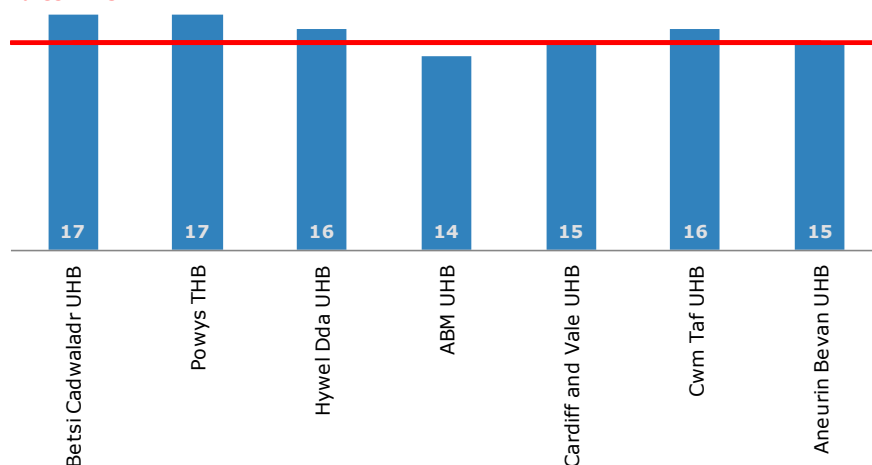
Health Board	Boys	Girls	Persons
Betsi Cadwaladr UHB	22	11	17
Powys THB	22	10	17
Hywel Dda UHB	21	11	16
ABM UHB	18	9	14
Cardiff and Vale UHB	19	12	15
Cwm Taf UHB	18	13	16
Aneurin Bevan UHB	21	10	15
Wales	-	-	15

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

Wales comparison not available for boys and girls

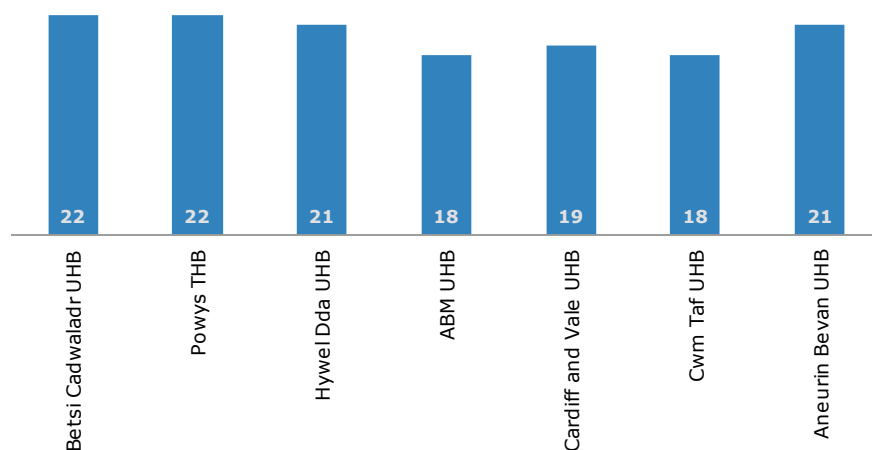
Percentage active 60 mins every day, persons aged 11 to 16, Wales health boards, 2013/14

Wales = 15



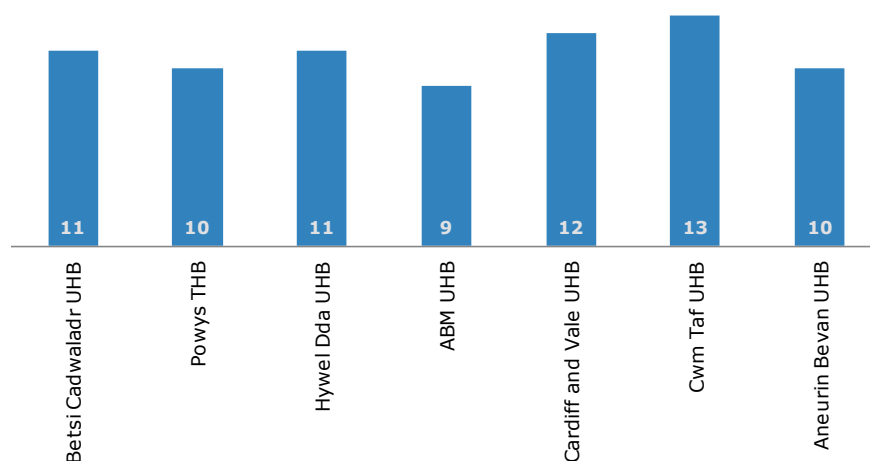
Produced by Public Health Wales Observatory, using HBSC (WG)

Percentage active 60 mins every day, boys aged 11 to 16, Wales health boards, 2013/14



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

Percentage active 60 mins every day, girls aged 11 to 16, Wales health boards, 2013/14



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

Percentage walking or cycling to school, boys, girls and persons aged 11 to 16, Wales health boards, 2013/14

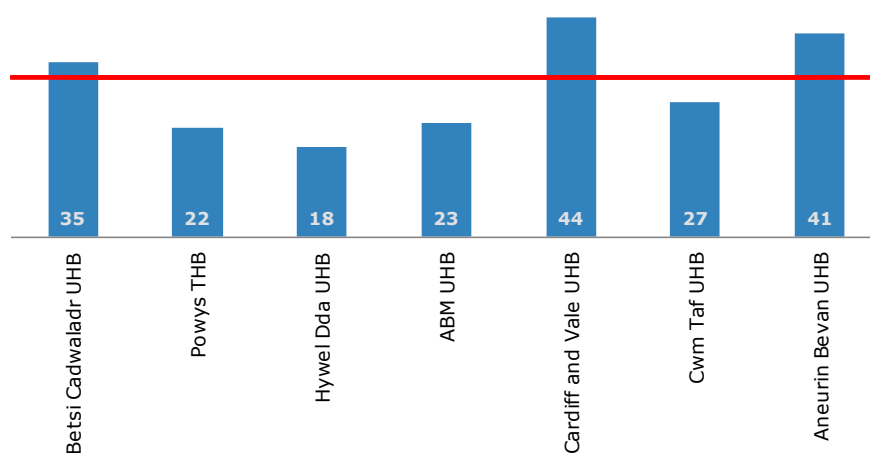
Health Board	Boys	Girls	Persons
Betsi Cadwaladr UHB	36	34	35
Powys THB	22	23	22
Hywel Dda UHB	19	17	18
ABM UHB	25	22	23
Cardiff and Vale UHB	48	40	44
Cwm Taf UHB	28	25	27
Aneurin Bevan UHB	44	38	41
Wales	-	-	32

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

Wales comparison not available for boys and girls

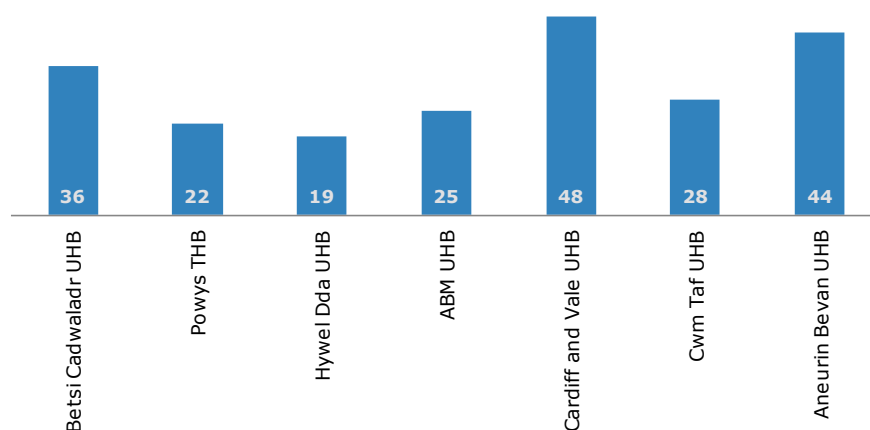
Percentage walking or cycling to school, persons aged 11 to 16, Wales health boards, 2013/14

Wales = 32



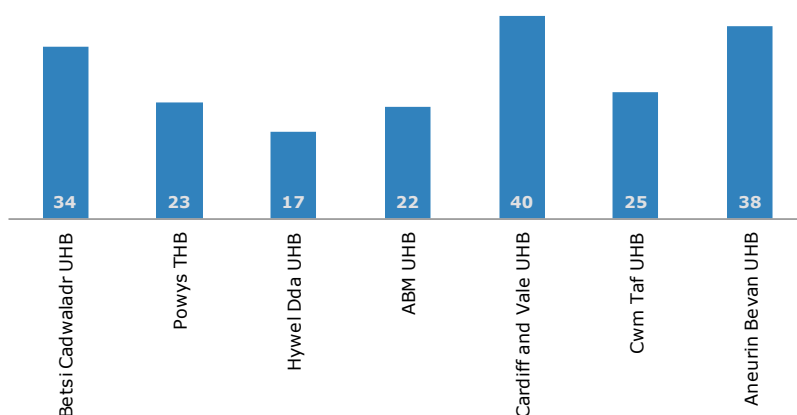
Produced by Public Health Wales Observatory, using HBSC (WG)

Percentage walking or cycling to school, boys aged 11 to 16, Wales health boards, 2013/14



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

Percentage walking or cycling to school, girls aged 11 to 16, Wales health boards, 2013/14



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

Appendix B: Welsh Health Survey data, 2015

Figure 1: Reported physical activity of children, by sex (a) (b)

Per cent

	Boys	Girls	Children
Number of days with at least one hour of exercise in past week			
None	14	13	13
One	4	8	6
Two	8	10	9
Three	9	11	10
Four	9	13	11
Five	8	9	8
Six	7	6	6
Seven	42	31	36
Five or more	57	45	51
<i>Unweighted base (c)</i>	1,027	933	1,960

Welsh Health Survey 2015

(a) See definitions at section 6 of the Health of children statistical bulletin or the definitions sheet at the front of the workbook.

(b) Children aged 4-15.

(c) Bases vary: those shown are for the whole sample of children aged 4-15.

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PHYSICAL ACTIVITY OF CHILDREN AND YOUNG PEOPLE

National Assembly for Wales

Evidence from: Professors [Russell Jago](#) and [Angie Page](#) on behalf of the Centre for Exercise, Nutrition and Health Sciences at the University of Bristol and members of the DECIPHer (Development and Evaluation of Complex Interventions for Public Health Improvement) UKCRC Centre.

In this response, we provide recommendations and evidence for two of the eight terms of reference set out in the consultation. Specifically:

Term of reference 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.

Paragraph 1: Active Travel

- Only 49% of Welsh primary-school children walk to school at least once a week, while cycling accounts for 2% of trips. These levels are lower among secondary-school children (35% and <1% respectively).¹
- Active travel is one of the most promising ways to sustainably increase girls' activity. Our research shows that girls are less likely to travel to school in active ways (walking, cycling or scooting) than boys, however, active travel to school makes a bigger contribution to girls' activity (35.6%) compared to boys (31.3%). In addition, for both girls and boys, changing from car travel to walking provided an extra 16% of daily physical activity.²

Recommendation 1: Active travel should be endorsed as an important strategy to help reduce the age-related decline in physical activity in young people, especially for girls. School travel plans should equally promote active travel in girls and boys and consider monitoring travel mode by gender.

Paragraph 2: Playing Out

- A recent report from Public Health Wales revealed that while 97% of parents in Wales think it is important for their child to play outdoors every day, 29% of children under five aren't getting the time outdoors that they need.³ Despite there being over 250 streets regularly 'Playing Out' (playingout.net) across the UK, there is currently only one regular street in Abergavenny and three streets trialling Playing Out in Cardiff.⁴
- Children are 3 to 5 times more active outside compared to inside. 22.6% of children's time spent outside after school is moderate-to-

vigorous physical activity compared to 4.4% of time spent inside. Conversely, 52.5% of children's time spent inside is sedentary compared to only 23.6% of time spent outside.⁵

Recommendation 2: Safe spaces to play close to home in addition to traditional greenspaces are needed to increase children's time spent outdoors and physical activity. Temporary street play closures are a scalable intervention that can, with support for residents and local authorities, be rolled out locally and nationally.

Term of reference 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.

Paragraph 3: After-school clubs

- Research from Sport Wales suggests that 48% of Year 3 to 11 pupils in Wales take part in extracurricular or community club sports at least three or more times per week.⁶
- Our research has shown that children who attended clubs at school 3-4 days per week obtained an average of 7.58 (95% CI: 2.7 to 12.4) more minutes of MVPA per day than children who never attended. The research also showed that children who attended clubs at school 3-4 days per week were 83% more likely to meet the public health guidance of an hour of moderate-to-vigorous physical activity per day than children who did not attend.⁷
- Our research has shown that the current provision of after-school clubs is dominated by team sports.⁸
- We have shown via the Action 3:30 project that training Teaching Assistants to deliver physical activity programmes is a cost-effective means of helping more children to be physically active.⁹

Recommendation 3: Schools need to diversify their offer and provide a broader range of active opportunities that aid children's physical and emotional development.

Recommendation 4: Increasing the provision of after-school clubs is an effective means of increasing children's physical activity. This approach can have reach across all socio-economic groups and is a scalable public health strategy. Impact and efficiency can be further enhanced by training the existing school staff.

Paragraph 4: The role of parents

- The 'Health of Children and Young People in Wales' report in 2013 stated that parents are the single biggest influence on a child's early development.¹⁰

- Our research suggests that mothers and fathers can provide important sources of support for their child. We have found that logistic support (e.g., providing transport to and from physical activity provisions, helping with enrolment in new activities, watching and showing interest), parents' own activity behaviours and being active with their child inspires children's confidence to be active.¹¹
- Interviews we have conducted with parents have also revealed that parents identify with different ways of motivating their children to be active depending on their gender, for example, fathers reported more involvement in their children's active pursuits at weekends.¹²

Recommendation 5: Where possible, interventions should involve parents, for example by sending parent-focused materials home with advice on how to support their child's activity and motivation to be active, and acknowledge that fathers and mothers can provide important (and perhaps different) support for their child's physical activity.

Paragraph 5: The role of peers

- The stop smoking trial (ASSIST) provides strong evidence that influential adolescents can have a strong positive effect on health behaviours among peers. Results showed that the peer-led intervention had a more pronounced effect among schools located in the South Wales valleys compared to schools in England.¹³
- We are currently completing a project called PLAN-A which uses the same peer-led approach as ASSIST but aims to increase physical activity amongst adolescent girls. PLAN-A has shown that it is possible to successfully identify and train *girls* to informally promote physical activity among their peers and that doing so could increase girls' physical activity (publications are forthcoming).¹⁴
- Our research has also shown that children report being part of friendship groups that have similar activity levels, meaning that a child's friends can have a pivotal role in promoting or discouraging physical activity.¹⁵

Recommendation 6: When planning physical activity provisions for children, schools and health promoters should recognise the importance of peer-influence and identify those who are "opinion leaders" (not necessarily sports leaders /athletes) who have the potential to support their peers and create new norms for physical activity amongst others their age.

Recommendation 7: Physical activity provisions/clubs could be accepting of children enrolling in pairs or small peer-groups and/or use current members to encourage and support their friends to join.

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Inquiry into physical activity of children and young people

Health, Social Care and Sport Committee

National Assembly for Wales

Abstract:

The Welsh Netball Association (WNA) is an organisation that governs and administers Netball on a National basis. Key areas of accountability are: *

- Control and regulate the environment
- Administer the practice and participation of Netball
- Develop the sport
- Influence both members and organisations of which it is a member
- Prepare and implement a vision and strategic plan for its sport and determine how it will be implemented nationally, regionally and locally
- Promote Netball
- Manage the rules and regulations, including anti-doping, child protection and equality
- Implement a governance framework
- Administer officials; establish and maintain links with Sport Wales, UK/ international governing bodies
- Encourage and grow participation
- Develop coaches, athletes, officials and participants
- Organise and host domestic and International competition

*Not exhaustive

Sarah Jones, CEO Welsh Netball, on behalf of the Association

Introduction

Welsh Netball has a vision that is simply to 'Grow the Game and Inspire Success'. With a current total membership of 8,900* The U18 age group represents 5,671 of the total membership, which is a 32% increase on the 2015/16 season. Netball in Wales is growing rapidly and is a (if not the) key female participation sport in the Country.

The NGB itself has undergone significant structural, strategic and personnel changes in the last 2 years. These positive changes have brought about stability and subsequently ambition to provide more, and higher quality opportunity for the women and girls of Wales who currently play the sport. This in turn will enable greater outreach to those that currently aren't part of the Netball community. Physically active children and young people are key to ensuring a generational shift in attitudes towards health and wellbeing. Netball is a strong vehicle to help with increasing physical activity levels, particularly for women and girls, and delivering long term health benefits for the nation.

The 2 case studies below are examples of the positive affects Netball can have on health and wellbeing, in particular for young women (1 minute 30 seconds each)

- <http://www.welshnetball.com/happy-mothers-day-from-top-tots/>
- <http://www.welshnetball.com/netball-changes-lives-the-misfits/>

*data via internal membership system August 1st 2017

We welcome the opportunity to respond to this consultation.

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

- a. School Sport Survey data has improved since 2013. Sport Wales' 'School Sport Survey' looks at levels of sport and physical activity among school children. The last data in 2015 showed good gains in physical activity. The survey provides valuable insight, of existing participation and latent demand; via significant data across Local Authority, Regions and Nationally. School Sport Survey data is however fairly subjective as it is self-reported by children from ages 7 upwards. Data is as reliable as the collection mechanisms put in place.
- b. Secondary School physical activity levels are measured through the 'Welsh Health Behaviour in School Aged Children Survey' The results from this survey highlight that physical activity levels in children are below the 60 mins of activity daily as recommended by the Chief Medical Officer. We also know that 1 in 5 young people are overweight or obese. Insight from all surveys relating to physical activity, health etc, should be shared collaboratively, cross sectors. Consistency of objectives across all bodies

in the chain is critical so that ‘interventions’ can be put in place successfully; and also so that it minimises conflicting demands within the sport sector.

- c. As an organisation, we have insight into ‘pieces’ of information around physical activity levels of children. These will contribute towards the body of evidence collated when developing strategy and delivery plans as an organisation.

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

- a. We know that girls are less active than boys, with 52% of boys and 44% of girls taking part in sport three times or more a week
- b. Confidence issues are often cited as reasons for lack of girls engaging in sport and physical activity, these can be overcome with the right resourcing, planning and collaboration. E.g. greater engagement and partnership working with schools. We would welcome more opportunities to engage more proactively with schools to tackle this at an early age.
- c. Netball as a sport is almost entirely geared towards opportunities for female participants. Boys can participate within primary school settings, although (organised) competition at this level heavily promotes female participation by limiting the number of boys on court at any one time. The vast majority of community netball provision engages female participants.

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

- a. Clarity is required on the remit of sport to help deliver the wider physical activity agenda. It must be recognised that approaches to reduce inactivity differ from increasing participation among those who are already active. Sport cannot be accountable for the entire physical activity agenda. Honest, cross organisational collaboration is required at strategic levels, if we are to really make systemic change in alignment with the Well-being of Future Generations Act.

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

- a. Facilities. This is a MAJOR barrier to increasing levels of physical activity among children (and adults) Netball provision has suffered significantly over the recent years, with depleting Local Authority leisure facility stocks. The sport needs facilities that are fit for purpose to function, (minimum 2 courts) without these facilities the participation of this sport for children in Wales is under significant threat. This threat is 3-fold:
 - i. The future of the sport and its growth and the lack of places to play (significant growth happening) Demand far out ways the facilities infrastructure
 - ii. Existing provision is being cut as clubs and leagues have less available facility space as buildings are closed and replacements can't be found. Demand now is higher than the facilities stock, meaning the sport is struggling to maintain existing offers.
 - iii. Increase in 'other sports' competing for facility space and time. (outdoor sports coming indoor due to 'green fee' increases) Increase pressure on scheduling and women's sport loses out

There are very real examples* where lack of fit for purpose facilities cause significant issues for children and young people participating in netball, at the current time. *These are a small number of examples the issues are far wider reaching

- i. Bridgend Leisure Centre was refurbished but reduced to one court completely obliterated Netball participation in the region
 - ii. Llanelli Leisure Centre is due to close - we have over 50 teams (minimum of 350 women and girls) competing. If that becomes a 1 court facility we are facing future losses in children's (and adults) participation
 - iii. Increasing cost of facility hire generally is a real barrier. (South East area league estimates a c.£60,000 facilities spend each year)
 - iv. Lack of adequate facilities and netball courts is unmanageable now, let alone as we look to grow and engage with more women and girls.
- b. Schools facilities - whilst there exists a commitment to open school facilities to the community, Actual reality shows that there remains a lack of appetite to do so. Again, Welsh Netball is keen to work with education to look at solutions and would welcome any opportunities to engage further.
- c. Funding - one-year funding cycles makes long term strategic planning for accurate intervention very difficult. In addition, Sport Wales' funding criteria means that we are not able to deliver sport within the curriculum, or help to train teachers to do so themselves. There are so many exciting and creative ideas for Netball to engage with schools and really make a

positive impact to children's physical activity, but we just can't achieve that under the current funding channels. This is a missed opportunity to ensure that all children consistently receive high quality physical education which has impact on sustained participation in physical activity, health and wellbeing. The reduction in investment and restricted funding streams inevitably means that delivery at community level will be impacted negatively.

5. Physical activity guidelines and how we benchmark physical fitness in children

- a. As we understand it, there are no obligations for schools to undertake formal assessments of PE. Fitness and competency should be recorded, and dedicated curriculum time should be given to physical activity.
- b. For the first time in 2017 the Chief Medical Officer's guidelines on physical activity were included within our funding offer letters from Sport Wales. There was no consultation/communication given to NGBs regarding these measures. This means there is no agreed measurement framework to demonstrate delivery. Resourcing needs to be considered in order for these to be addressed appropriately.

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

- a. Develop stronger links with academia so that we can better align valuable research.
- b. There is a lack of shared outcomes within the sport sector. Roles & responsibilities of various Sport Wales investment partners is ambiguous.
- c. Better evaluation and sharing of experiences/good practice amongst partners is required
- d. Wider public education needed around benefits of exercise and a healthy lifestyle.

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

This crosses over with question 6.

- a. Measurement of the value of sport on health and wellbeing is relatively easy through numbers, however to evidence impact on children and young people's social cohesion, confidence, journeys etc, is more challenging; but will evidence value for money. E.g. the personal value

and impact of joining a team, feeling of purpose, fitness, health, friends (please refer to the case studies of netball on page 2)

- b. Value for money and measurement are inextricably linked. As an NGB we provide invaluable services which are vital to the delivery of community sport to children and young people. However these services are being squeezed more and more with diminishing reach with the reductions in funding that will ultimately mean less physical activity opportunities in our communities.

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

- a. A distinction between Sport Wales and National Governing Bodies is required and the voice of NGBs is needed as well as that of Sport Wales. Particularly the voice of women's sport and its influence to make positive change to young girls.
- b. Sport Wales, NHS and PHW are all tasked to improve physical activity levels, however generally collaboration between the organisations is poor. Understanding of each other roles & responsibilities means that work goes on in silos.
- c. Sport sits with in the Health ministerial portfolio, and possibly there is a lack of understanding of the sports sectors contribution to the health and wellbeing of Wales' children(psychological and physiological) from the key health decision makers. This is where sport as a whole needs to evidence the social return on investment more effectively.
- d. The role of all the above is critical to improving levels of physical activity. Parental influence is vital, and parents need to be educated on the benefits of physical activity for the health of their children. The messaging needs to be consistent from all of the leading bodies, so that the education is systemic and sustainable, therefore allowing a generational shift in attitudes to physical activity.

Thank you for taking the time to read the thoughts from the Welsh Netball Association and we look forward to engaging with you further as and when appropriate. We are keen to support positive change and are aware that we are a piece of a larger puzzle, but that we are an important piece. The health of our nation has to be a priority and we are keen to help support and shape Government direction in this area.

Should you require anything further please contact:





C3SC response to The Health, Social Care and Sport Committee inquiry into physical activity of children and young people

Introduction

0.1 Cardiff Third Sector Council (C3SC) is a registered charity and umbrella body working to support, develop and represent Cardiff's third sector at local, regional and national level. We have over 1,000 members, and are in touch with many more organisations through a wide range of national and local networks. We are a part of Third Sector Support Wales (TSSW) – a body of membership organisations constituting WCVA and Wales' CVC's; our mission is to provide excellent support, leadership and an influential voice for the third sector and volunteering in Cardiff.

0.2 C3SC is committed to a strong and active third sector building resilient, cohesive, active and inclusive communities, giving people a voice, creating a strong, healthy and fair society and demonstrating the value of volunteering and community action.

0.3 We welcome the opportunity to respond to The Health, Social Care and Sport Committee inquiry into physical activity of children and young people. This response is structured in accordance with the questions in the consultation document. This response is provided in the English Language only.

0.4 This response is drawn together following request for information from the Cardiff Children, Young People and Families Network, and information from C3SC's Health and Social Care Facilitator from experience and knowledge of related issues through their working role, and contributions from C3SC's Senior Management Team. The consultation was also promoted to our members who may have decided to respond separately.

Consultation questions

1. What do we know about physical activity levels in Children in Wales? How robust is the data on this issue?

1.1 We do not have any additional information in regards to this question which is not already in the public domain and have no comment on how robust the data is. We are cognisant of the evidence indicating a negative and declining trend in the levels of activity across the population, including for children and young people in Wales.

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

2.1 Our involvement and contact with various networks – including the Sport Wales/WCA BME Sports Cymru project - suggest that the traditional gender imbalance still exists. This can be for a range of reasons. For example, social media is used to promote a lot of the physical activity opportunities in the different parts of Wales. There appears to be an imbalance with Rugby, Football and Cricket opportunities being advertised for boys, but requests for coaches to set up opportunities at grassroot, local levels being advertised for girls. Therefore, giving the impression that more opportunities are available for boys and there are more needs to create opportunities for girls. This imbalance may not really exist, and it may be skewed by people who are using social media in comparison to more traditional routes of word of mouth, flyers and posters. Similarly, cultural barriers often have bigger impacts on girls –for example, the mainstream culture of outdoor sports being predominantly focused on boys – although this is changing – and religious restrictions impacting more on girls. The result can be that parents and peers who can frequently informally influence and model preferences are less likely to be visible for girls.

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.

3.1 There are lots of evidence around health inequalities, for example the Public Health Wales report 'Making a Difference: Investing in Sustainable Health and Wellbeing for the people of Wales' 2016 (<http://www.wales.nhs.uk/sitesplus/888/page/87106>) offers research evidence and expert opinion in support of preventing ill health and reducing inequalities to achieve a sustainable economy, thriving society and optimum health and well-being for the present and future generations in Wales. Areas with the most health inequalities are those from deprived areas.

3.2 The work being carried out by the Communities First teams in promoting physical and mental health and encouraging healthy lifestyles will be missed when the Programme is phased out by Welsh Government and leave a gap in enabling people to make informed healthy choices which without funding may struggle to be filled across wide areas of deprivation.

3.3 There is a disproportionate percentage of minority communities who live in areas of deprivation and as a result are impacted negatively by the health inequalities. Whole population policies and programmes which are across Wales are required to be publicised and where possible to use English, Welsh and other languages. We agree with English and Welsh being treated equally, however, what then happens is that only English and Welsh are used which limits the accessibility of information to those from within our communities whose first language is not English and Welsh, possibly giving an opinion that this is not for them.

3.4 We welcome the programmes introduced by Welsh Government to promote physical activity, but suggest initiatives should also focus on educators and

providers – schools, Sports Wales etc. Physical education in schools is still dominated by building the skills and providing opportunities for those who are interested in competitive, traditional sports rather than focussing on developing an interest in physical activity, and this approach extends to out of school activities. An additional consequence of this is that these routes tend to be more expensive – requiring access to kits, equipment and transport – which can impact negatively on lower income households and those parts of society that are over-represented in this group. This then risks those involved in teaching and developing sport strategy coming from an overly narrow pool of people, and its lack of peers and other role models.

3.5 We also believe it would be helpful if websites and other sources of information that focus on health and health issues also include links to increasing physical activity. This would also allow for a focus not only on prevention, but also particular population groups – for example, cervical cancer with messaging for women, and could also focus on activity for people with disabilities or limiting long term conditions. It will be fundamental for the imagery used to represent the diversity across the population so that messages are not lost to particular, frequently less visible groups.

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.

4.1 There are barriers, some of which have been highlighted in reports and information that is available from across different parts of the UK, for example the Women's Sport and Fitness Foundations https://funding4sport.co.uk/downloads/women_barriers_participation.pdf Sport Scotland factsheet lists a number of these and recommendations to overcome them.

4.2 There are examples of barriers being overcome. Bawso have their head office in Cardiff and when it moved premises they were able to open a women only gym facility which has been designed with women in mind and most specifically for those from ethnic communities.

4.3 Street football in Wales includes young people, who are 16 or over and promotes social inclusion, personal achievements as part of a team and self-development. They are inclusive of gender and work with people who are most likely to be unsupported by mainstream provision due to homelessness. They use sport as way to access additional support, as well as being fun (<http://www.streetfootballwales.com/about.html>)

4.4 Cardiff University produced a report in January 2017 about Active Travel to School <https://www.cardiff.ac.uk/news/view/558034-active-travel-to-school>. A barrier that they identified was the need for parents to be involved and that there needed to be more opportunities for adults to use active travel which would enable and encourage their children. If a parent has to use their car to get to work and they drop the children to school on the way, then because of the

parents circumstances there are no options for the children. The Walking Bus which operates in some areas of Cardiff is one way of addressing this (<http://www.roadsafety.cardiff.gov.uk/to-school-safely/walking-bus/>) The success of this does depend on if parents can leave the children at the Walking Bus earlier enough to also make their way to work.

- 4.5 The Sports Wales funded BME Sport Cymru project aims to challenge under-representation at a number of levels, so not only includes direct development work with particular communities, but also seeks to train sport leaders in equality competence, and to influence young people from diverse backgrounds to consider leadership roles and employment in Sports.
- 4.6 There is a lot of scope for the third and community sector to facilitate reach to traditionally seldom heard groups, the groups who currently make up our staff teams, volunteers, trustees, service users, members and stakeholders – building on activity such as the examples given above.
- 4.7 The level of reporting between men’s and women’s sports in local and national press, continues to promote the outdated view that sport is mainly a male domain. There have been some recent improvements around certain international events, but these are the exceptions, and until this is addressed general attitudes will remain unchallenged.

5. Physical activity guidelines and how we benchmark physical fitness in children.

- 5.1 There are excellent one page infographics which are used in Cardiff and the Vale of Glamorgan as part of the Making Every Contact Count Training. These are provided by the Cardiff and Vale Public Health Team as part of the resource packs, there is one for adults and one for children. These infographics should be used more widely as they use pictures to explain the difference between vigorous and moderate exercise. These should be made more publically available to allow people to make informed choices.

6. Measurement, evaluation and effectiveness of the Welsh Government’s programmes and schemes aimed at promoting physical activity of children.

- 6.1 No comment

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

- 7.1 No comment

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.

- 8.1 We agree that all of the above have important roles to play, with there being the need for join up for maximum benefit to be achieved, facilitated through genuinely co-productive approaches.
- 8.2 Working in partnership – the Summer Holiday Enrichment Programme in Cardiff is a good example of a partnership working to improve child health and social engagement during the summer holidays. The evidence from the Programme has led to funding from Welsh Government to develop similar programmes in other areas of deprivation where the provision of free school meals can be the only hot meal of the day.
- 8.3 There is an expectation that parents have the time to encourage their children to take part in formal physical activity, whilst this may be an aspiration for many parents the reality may be different. A single parent may not be able to get a child regularly to an activity which means that they are excluded from being part of a team. Two parent families may have both parents working and the child either stays at an after school club or is collected by a family member or friend, in these circumstances the parents may not pick the children up in time to get them to another activity and the family member or friend are unable to take them to different places to access activities. Support to enable children and young people in to formal physical activity away from schools and peers needs to look at a wider support network and not just individually at parents.
- 8.4 Research is being undertaken in England on ‘Peer power’ to address low physical activity in teenage girls. The study does not appear to have produced its report, but could be one that provides some useful information that can be applied in Wales <http://decipher.uk.net/study-to-use-peer-power-to-address-low-physical-activity-rates-in-teenage-girls/> with the potential to extend the key principles and learning to other parts of the population.

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc
Inquiry into physical activity of children and young people
Ymateb gan Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Response from Cardiff and Vale University Health Board



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

Response from the Cardiff & Vale University Health Board (UHB)

- 1. What do we know about physical activity levels in children in Wales? How robust is the data on this issue?**
 - 1.1 It is recommended that children and young people should be active for at least 60 minutes each day¹. Information on levels of physical activity is available from the Welsh Health Survey², the Sport Wales School Sport Survey³ and the Health Behaviour of School Aged Children Survey⁴. Local reports are also available.
 - 1.2 The Welsh Health Survey presents robust national, health board and local authority level data. In 2016, combined data from 2012-2015, reported that for children aged 4-15 years, 40% in Cardiff, 30% in the Vale of Glamorgan and 38% across Cardiff & Vale UHB area were physically active every day the previous week (all Wales figure 35%).
 - 1.3 The Sport Wales School Sport Survey presents national, health board and local authority level data. In 2015, it was reported that of pupils in Years 3-11, 47% in Cardiff, 52% in the Vale of Glamorgan and 48% of pupils across the Cardiff & Vale UHB were 'hooked on sport' (3 activities per week) (all Wales figure 48%). This survey also reported that, in Cardiff & the Vale of Glamorgan schools, 96 minutes per week of school lesson time is allocated to physical activity; the recommendation is that at least 120 minutes per week of school lesson time be allocated to physical activity⁵.
 - 1.4 The new National Survey for Wales replaced the Welsh Health Survey and the Sport Wales School Sport Survey in 2016. Information on 'Child health lifestyle' was expected during the summer 2017.

¹<https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers>

² <http://gov.wales/statistics-and-research/welsh-health-survey/?tab=previous&lang=en>

³<http://sportwales.org.uk/research--policy/surveys-and-statistics/school-sport-survey.aspx>

⁴<http://gov.wales/statistics-and-research/health-behaviour-school-aged-children/?lang=en>

⁵ <http://gov.wales/topics/health/improvement/physical/active/?lang=en>

- 1.5 The most recent national level results from the Health Behaviour of School Aged Children Survey (2013/14) indicated that only 15% of young people in the study were active for 60 minutes every day. Data from this survey has also previously been analysed to report that the proportion of Welsh children exceeding 2 hours per day of television viewing or computer use increases with age.
- 1.6 A health impact assessment (HIA) of the duration and timing of school lunch-breaks in Cardiff and Vale of Glamorgan maintained schools undertaken in 2016 (unpublished) reported that the length of school lunchtimes, which is vitally important for enabling pupils to eat well and participate in physical activity, has reduced. The HIA found that a fifth of schools across the area provided a lunch break of 30 minutes or less.
- 1.7 There is a lack of information about physical activity levels at local area or community level and during children's formative early years (0 to 4 years). Data by gender and on sedentary behaviour is limited. Analysis and/or presentation of data by ethnicity is unavailable.

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

- 2.1 The 2015 Sport Wales School Sport Survey presented some data on attitudes to sport and physical activity, but this did not include any analysis by gender.
- 2.2 There has been an increase locally in availability of sport and physical activity opportunities for women and girls. For example, the Sports Cardiff campaign Girls Together⁶ and Communities First activities.

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.

- 3.1 Welsh Government guidance for promoting and increasing physical activity levels and/or participation in sport is outlined in Climbing Higher (2005)⁷ and Creating an Active Wales (2009)⁸. Supportive legislation includes the Active Travel (Wales) Act 2013 and the Well-being of Future Generations (2015) Act.
- 3.2 There has been some focus on addressing health inequalities. For example, Climbing Higher made recommendations on increasing physical activity in deprived communities. However, some population level campaigns such as free swim schemes for children have not adopted the principle of proportionate universalism and there is no evidence to demonstrate impact on health inequalities.

⁶<https://www.cardiffmet.ac.uk/about/sport/sportcardiff/womenandgirls/Pages/default.aspx>

⁷<http://gov.wales/topics/culture-tourism-sport/sportandactiveleisure/climbing-higher/?lang=en>

⁸<http://gov.wales/topics/health/improvement/physical/active/?lang=en>

- 3.3 The Welsh Government Communities First Programme was focused in areas of deprivation and a number of local physical activity opportunities were initiated with children and young people. It is likely that the loss of Communities First teams and, in particular the loss of their community knowledge and community development expertise, will reduce delivery of community based physical activity initiatives within areas of deprivation.
- 3.4 Welsh Government Education and Skills Policy⁹ addresses physical literacy within the school curriculum. Guidance could go further in making recommendations on the amount of school lesson time allocated to physical activity per week (at least 120mins), on the length and timing of school lunchtimes, on the design of new schools to facilitate being active and access by walking and cycling, and on the implementation of school travel plans. These actions require focus in areas of deprivation.
- 3.5 Welsh Government Planning Policy¹⁰ provides guidance on the inclusion and positioning of schools within new developments, together with recommending access by sustainable travel modes; this explicit inclusion of sustainable travel modes is welcome.
- 3.6 The Public Health (Wales) Act 2017 will strengthen the existing role of health impact assessments (HIA) and their contribution to addressing health inequalities and increasing physical activity levels.

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

- 4.1 Within the school setting, the time allocated to physical activity, the reduction in length of school lunch breaks and the limited promotion of active travel options have acted as barriers to increasing the levels of physical activity. Additionally, the loss of PESS coordinators has resulted in a loss of expertise in delivering projects and training teaching staff to provide structured physical activity sessions.
- 4.2 Increasing opportunities for sedentary behaviour impact on physical activity levels. Changes in society, motorised transportation and technological advances with the creation and widespread availability of televisions, computers and smart phones have resulted in the population becoming more sedentary and less active. Further focus on reducing sedentary behaviour across policy areas, including within schools, would be of benefit.
- 4.3 Environmental inequalities contribute to health inequalities¹¹; children and young people living in the most deprived communities are more exposed to environmental conditions (for example, air pollution, living near major roads, limited access to open spaces) which negatively affect health and limits

⁹ <http://gov.wales/topics/educationandskills/?lang=en>

¹⁰ <http://gov.wales/topics/planning/policy/ppw/?lang=en>

¹¹ <http://www.instituteofhealthequity.org/resources-reports/the-marmot-review-implications-for-spatial-planning>

physical activity levels. Access to green spaces for play, restricted traffic speed within communities and residential areas, interconnectivity between communities to support walking and cycling, and improving air quality support communities to be active. Further focus on these issues to address environmental barriers would be beneficial.

- 4.4 The Cardiff led and recently Welsh Government funded initiative, the School Holiday Enrichment Programme¹² is an example of best practice. It provides physical activity opportunities and the provision of food for children in areas of deprivation during school holidays. This scheme is currently available to a small number of schools.
- 4.5 The implementation of the Daily Mile¹³ initiative across Wales is an example of good practice in addressing barriers to being active.

5. Physical activity guidelines and how we benchmark physical fitness in children

- 5.1 Wales works to the UK Chief Medical Officers' guidelines for Physical Activity¹⁴. Additional guidelines are provided by the National Institute for Health and Care Excellence^{15 16}

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

- 6.1 Currently very limited evidence is available regarding the effectiveness of Welsh Government or other publicly or lottery funded, programmes on physical activity.

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

- 7.1 Whole of school programmes have been identified as effective investments for increasing physical activity¹⁷, and the Transforming Health Improvement Review¹⁸ identified 'multi component school based programmes' as being effective in increasing levels of physical activity.
- 7.2 Improvements to the infrastructure to promote walking and cycling and access to green open spaces to encourage play would positively influence physical activity levels.

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.

¹² <http://wlga.wales/food-and-fun>

¹³ <http://thedailymile.cymru>

¹⁴ <https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers>

¹⁵ <https://www.nice.org.uk/guidance/ph17>

¹⁶ <https://www.nice.org.uk/guidance/ph8>

¹⁷ <http://www.globalpa.org.uk/pdf/investments-work.pdf>

¹⁸ <http://howis.wales.nhs.uk/sitesplus/888/page/62859>

- 8.1 To increase physical activity and reduce sedentary behaviour levels requires a partnership approach across sectors and the adoption of the ways of working of the Well-being of Future Generations Act.
- 8.2 Much evidence exists on best practice in promoting physical activity. There is a leadership role here for Public Health Wales to disseminate the evidence and work with others to implement and monitor interventions. Supporting others to undertake health impact assessments of policies and plans could be an element of this role.
- 8.3 NHS Wales has the potential to support children and young people be more active through ensuring it's premises are accessible by walking and cycling, staff are trained to have healthy chats (Making Every Contact Count) with patients and their parents and promote formal and informal play, and primary care teams develop and deliver physical activity interventions as part of their cluster plans.
- 8.4 Local authorities have a key role in encouraging physical activity within schools, through the delivery of physical activity opportunities in leisure centres, the provision of infrastructure for walking and cycling and the implementation of sustainable transport policies. Undertaking health impact assessments of local development plans, with support from public health teams, would ensure that health and well-being aspects, including physical activity, are maximised. The work in Cardiff between the council, health board and public health team illustrates good practice; the adopted local development plan includes policies on health and healthy living and a Planning for Health and Well-being Supplementary Planning Guidance is in development.
- 8.5 Schools have an important leadership role in supporting active travel to school, facilitating and promoting informal physical activity during the school day, implementing interventions to reduce sedentary behaviour and providing the recommended amount of time for PE lessons, for example. The Welsh Network of Healthy Schools Scheme, co-ordinated by Public Health Wales and delivered locally, advises and supports schools to increase physical activity levels. Further support to schools to implement multi-component interventions would be beneficial.
- 8.6 Parents have an important role in encouraging children to be active, especially adolescents, in particular.

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Cardiff and Vale University Health Board

For further information contact:-
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13 September 2017



PACYP 19

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Ymddiriedolaeth Gofalwyr Cymru

Response from Carers Trust Wales

Health, Social Care and Sport Committee
National Assembly for Wales

SeneddHealth@assembly.wales

14 September 2017

Inquiry into the physical activity of young people

Carers Trust Wales exists to improve support, services and recognition for unpaid carers in Wales. With our Network Partners – local services that deliver support to carers – we work to ensure that information, advice and practical support is available to carers across the country.

Carers Trust Wales delivers practical support and information to carers and to those who work with them including: schools, social workers, nurses, pharmacists and physiotherapists. We also seek to influence decision-makers, the media and the public to promote, protect and recognise the contribution carers make, and the support they deserve.

We welcome the opportunity to contribute to the Health, Social Care and Sport Committee's inquiry into the physical activity of young people and thank our Young Adult Carers Council for their support in developing this response.

Having considered the terms of reference for this inquiry, we believe that we have specific insight and expertise in the particular barriers to young and young adult carers undertaking regular physical activity. We acknowledge that there is a distinct lack of robust evidence regarding physical activity rates amongst young carers. However, we receive consistent anecdotal reports that young carers are less likely than their peers to undertake regular physical activity and that there are specific, caring-related reasons for this. Young and young adult carers are a marginalised group with numerous restrictions on their ability to engage in exercise and we believe that more research needs to be undertaken to fully understand these barriers and how best they might be overcome.

Carers Trust is a registered charity in England and Wales (1145181) and in Scotland (SC042870). Registered as a company limited by guarantee in England and Wales No. 7697170. Registered office: 32–36 Loman Street, London SE1 0EH.

Mae Ymddiriedolaeth y Gofalwyr yn elusen gofrestredig yng Nghymru a Lloegr (1145181) ag yn yr Alban (SC042870). Cwmni cyfyngedig trwy warant, cofrestrwyd yng Nghymru a Lloegr rhif 7697170. Swyddfa Gofrestredig: 32–36 Stryd Loman, Llundain SE1 0EH.

Carers Trust

We urge the committee to ensure that any recommendations resulting from this inquiry adequately reflect the needs of thousands of young and young adult carers in Wales.

Wales has the highest percentage of young carers in the UK with **21,611** young adults (aged 16-24) and **7,544** young people (aged under 16) providing unpaid care every year.

The 2011 Census shows that for young carers doing more than 50 hours of care a week they are five times more likely to report that their health is 'not good' and there is evidence that they are significantly more likely to have mental health needs.

It is our belief that young carers and young adult carers have an even greater need to be able to access regular activity than their peers to ensure their physical health and wellbeing. However, through our engagement with young carers and young adult carers, we understand that they are less likely to access regular physical activity. More needs to be done to ensure that appropriate opportunities for exercise are made available to young and young adult carers, that they are encouraged to access them and that barriers to doing so are fully understood and addressed where possible.

Children and young people are often caring for relatives without the knowledge of education and health professionals, even though their caring role creates demands that impact on their capacity to achieve at school and their health and wellbeing more generally. Whilst the Social Services and Wellbeing Act places a legal duty on Local Authorities to undertake carers needs assessments, it is our understanding that many young carers remain unidentified and are therefore unable to access the support that they need. More needs to be done to support individuals and professionals to identify young carers and to ensure that they are encouraged to have a carers needs assessment.

Additionally, it is important that those undertaking carers needs assessments understand that access to physical activity is both a need and a right for all children and young people. Under Article 6 (Survival and development) of the UNCRC, Children have the right to live and Governments should ensure that children survive and develop healthily. Article 31 (Leisure, play and culture): provides that children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities. We believe that carers needs assessments are an important opportunity to promote good health, wellbeing and development. Those undertaking these assessments must be encouraged to be ambitious for the life outcomes of the child or young person they are completing the assessment with.

With a diverse range of ways in which carers needs assessments are undertaken across Wales, we believe that there is a risk that in some areas they may focus on mitigating risk and reducing harm rather than on ensuring that all young carers are

Carers Trust

given positive opportunities and support to undertake physical activity. It is essential that carers needs assessments always reflect the importance of access to regular physical activity and that barriers to this are understood and proactively addressed. Our Young Adult Carer Council, which represents young carers from across Wales, has identified 5 main barriers young carers face to accessing regular physical activity:

- Time away from caring. This can be broken down into two different barriers: the first being that it is too difficult to have any time away from the person that they care for and the second being that having regular time away to attend a specific class or to join a team is impossible to accommodate, even if respite care is in place.
- The needs of the person they care for come first. Many young carers recognise the importance of regular exercise. However, they do not view its importance as being greater than undertaking their caring role.
- Financial constraints. Many young and young adult carers report that they do not have the money for either appropriate sports equipment (including clothes) or to join a gym or team. This includes school based teams where money is needed to go to away games.
- A lack of appropriate / interesting activities available at convenient times in accessible locations;
- Confidence. Evidence shows that a quarter of young carers report being bullied at school because of their caring roles. Many young carers and young adult carers lack the confidence to participate in physical activities.

Recommendations:

Considering the importance of ensuring that more young carers and young adult carers undertake regular physical activity alongside the barriers they themselves have identified, Carers Trust Wales would make the following recommendations to the committee:

- There needs to be a range of interventions to maximise participation from young and young adult carers. Noting pressures on their time, we would suggest priority needs to be given to increasing the amount of school based exercise, providing universal opportunities for children and young people to stay fit and well. The daily mile programmes have had particular success in primary and secondary schools and we believe that these are the types of opportunities which would enable young carers and young adult carers to build physical activity into their often time pressured days.
- All young carers and young adult carers should be offered appropriate respite care to enable them to attend regular exercise classes or to join a sports team if they would like to. It is essential that carers needs assessments encourage carers to prioritise their own health and wellbeing and that the support needs associated with enabling them to do so are fully met.
- To combat financial barriers, consideration should be given to allowing free gym membership to young and young adult carers. We are aware that these

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types of schemes have been piloted within some Local Authorities and it is important that learning from these pilot projects is shared and built upon at a national level. Although we acknowledge it would be complex to administer, it is important that thought is given as to how young and young adult carers could access funding to join sports teams and to purchase appropriate clothing for exercise.

- To combat time constraints, more facilities for physical activity should be available for young and young adult carers. Outdoor gyms can provide good opportunities for exercise which young carers and young adult carers can use as and when they have the time to. Schools, youth clubs and local authorities could be encouraged to allow open access to playing fields, sports halls and outdoor spaces enabling young carers to exercise in safe environments at times to fit with their caring responsibilities.
- More needs to be done to help young carers and young adult carers to recognise the importance of looking after their own health and wellbeing. It is important that schools and healthcare professionals are appropriately trained and supported to identify young carers and to signpost them onwards for appropriate assessment of their support needs. Those undertaking Carers needs assessments must be ambitious for the outcomes of the young carer and young adult carer, listening to their needs and supporting them to identify needs that they may not be aware of.
- Bullying and confidence issues need to be addressed if young carers and young adult carers are to be enabled to participate in physical activity. Carers Trust Wales' Young Carers in Schools Wales programme is one way in which some schools in Wales are already being supported to help their learners who are young carers. Part of this programme has included the development of a Wales edition of a Step-by-step Guide for Leaders, Teachers and Non-teaching Staff, developed in cooperation with the Children's Society, which includes a 10-step toolkit to help school staff identify young carers and to support them in creative and ambitious ways. All schools in Wales should build awareness amongst staff and pupils of what it is to be a young carer and proactively working with young carers within their school to build resilience, self esteem and confidence.

We would welcome the opportunity to discuss these issues with the committee in more detail. If it would be helpful, we would be delighted to arrange a meeting with our Young Adult Carers Council who would be happy to share their views with you.

Best wishes,



Simon Hatch
Director, Carers Trust Wales

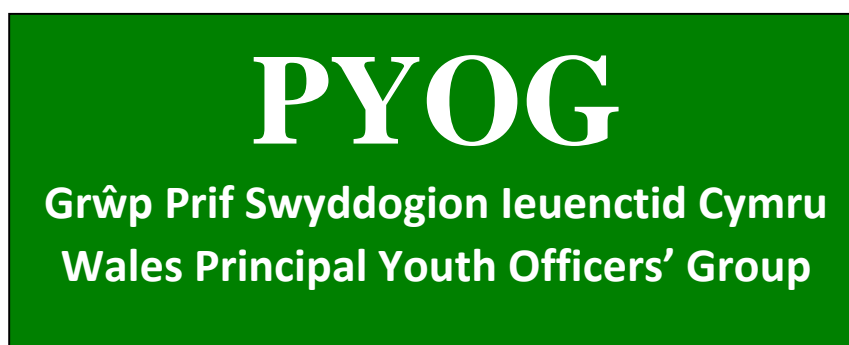
PACYP 20

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Grŵp Prif Swyddogion Ieuencid Cymru

Response from Wales Principal Youth Officers' Group



National Assembly for Wales Health, Social Care and Sport Committee Inquiry into
Physical Activity of Children and Young People –
Call for Evidence

**Written evidence submitted by
The *Wales Principal Youth Officers' Group***

The *Wales Principal Youth Officers Group* (PYOG) is the representative group of officers nominated by each local authority as the professional and strategic head of the youth service. The Group has an established role in advising on the strategic development and delivery of youth services and other associated initiatives and is a sub-group of the *Association of Directors of Education in Wales* (ADEW). The PYOG also has a strategic connection with the *Welsh Local Government Association* (WLGA) via the Lifelong Learning Policy Officer (Youth).

The PYOG welcomes the opportunity to respond to the *National Assembly for Wales Health, Social Care and Sport Committee Inquiry into Physical Activity of Children and Young People*, particularly given the valued contribution which youth work makes to the emotional and physical well-being of young people aged 11-25 years via an educational approach in a variety of settings.

Introduction

1. Youth work is widely recognised as having a crucial role to play in developing **young peoples' ability to transition successfully to adulthood**, in becoming positive members of their local communities and recognising their place in and contribution to the global community. It is based on a voluntary, trusting relationship developed over time with young people between the ages of 11-25 years of all backgrounds and abilities. Youth work has a valuable contribution to make to the health and well-being of these young people, which will be described in further detail later in this submission.

2. Youth Work in Wales is now (as of 1st April, 2017) a registered profession with the Education Workforce Council (EWC) and has for some time had its own qualifications framework and National Occupational Standards, which define its key purpose as to:

"...enable young people to develop holistically, working with them to facilitate their personal, social and educational development, to enable them to develop their voice, influence and place in society and to reach their full potential."

Physical and emotional outcomes for young people

3. As a minimum requirement to providing strong foundations for them to thrive, young people need to be happy, healthy (physically and emotionally) and resilient. Whilst there is (quite appropriately) an intense focus currently on the emotional well-being of young people, this should not be taken in isolation of physical well-being as they are mutually important; being physically active provides a foundation for positive emotional well-being. In this respect, the PYOG encourages the Health, Social Care & Sport Committee to cross-reference with a concurrent inquiry on behalf of another Committee - the Children, Young People and Education Committee – as its members are currently running an inquiry into the mental health and well-being of children and young people (the PYOG will also be making a contribution to this and raising the same point with them).
4. Although Sport Wales, NHS Wales and Public Health Wales are the obvious bodies who have important and leading roles in encouraging physical activity, there are also a number of other organisations, including youth and community services which make a substantial contribution. Local authority Youth Services in Wales use diverse and varied engagement techniques which also achieve many positive outcomes e.g. accredited learning, progression into further education, employment and training, attitudinal change, improved citizenship, improved health choices and positive inspirational futures. Their ability to engage with young people, particularly those deemed 'hard to reach' is valued by a number of organisations as well as young people. **Much of the work is also delivered collaboratively with voluntary sector organisations and other relevant services, for example the police, health service, youth justice, leisure and cultural services.** Youth work is delivered in a variety of settings and contexts including (but not exclusively) in youth clubs, including those which are purpose built, those which meet in community centres and other community venues, and those which meet in school premises in schools, colleges and other formal educational establishments.

Barriers

5. The Youth Service is acutely aware that young people can face a number of barriers to accessing opportunities for physical activity. One reason is the **increasing influence of technology**. Whilst offering as many positive

opportunities, it is essential that a balance is struck between the use of social media and other technologies and being physically active – and physical activity providers need to recognise this by being relevant, engaging and fun. For some, whilst not necessarily essential to accessing opportunities for physical activity, **access to outdoor facilities, parks, open spaces** etc. (particularly for those living in urban areas), may be a further issue. For more structured opportunities, funding can also be an obstacle.

6. It is crucial to ensure that **young people are consulted regularly** to learn what they perceive to be barriers. Whilst their concerns, priorities and solutions can reinforce those of professionals, they can also be quite different and often more relevant e.g. transport is frequently raised as a barrier for young people, as is (lack of) **self-esteem, body image and body confidence**. A key element of Youth Work is to empower young people by developing their confidence and improving their self-esteem and self-efficacy.

Youth Work's contribution

7. There are a number of activities offered via Youth Work which involves physical activity e.g. the Duke of Edinburgh award, outdoor activity/residential trips, sports activities, street based provision and activities. These opportunities provide a sense of achievement and develop a number of skills such as **leadership, team work, taking responsibility, confidence and communication**. Being physically active can also have a positive impact on academic achievement.
8. In 2015-16, 21 local authorities in Wales reported that 93,381 young people were registered members of Youth Work provision, representing 17% of 11-25 year olds (Welsh Government Youth Service Audit, 2015-16). Many of these young people might be referred to as disengaged and not accessing other mainstream services. **Sports and physical activity was also reported as being the most common type of provision, with over 1,600 projects delivered across the country.**
9. As access to Youth Work is via a voluntary relationship between worker and young person which is based on participation, association, personal and social education and having fun, physical fitness is not measured and there is no appetite to do so. Young people are introduced to physical activity in a fun way. Whilst not being in a position to comment on how this is measured and collated by and on behalf of other organisations, the PYOG does understand the need to do so, particularly when considering benchmarking and improving outcomes.

Opportunities

Education

10. Welsh Government and the education sector in Wales are currently developing a **new curriculum**, which is designed to better reflect the

demands of 21st century learning, the needs of employers and the needs of children and young people. There are real opportunities for the education family - in its broadest sense – to work closer together. In order to develop an inclusive and effective curriculum, this also needs to involve other agencies such as health providers (particularly in relation to the Health and Well-being Area of Learning – see below) in making a more comprehensive/holistic contribution to both its development and delivery.

11. Whilst all four of the main purposes of the new curriculum have the well-being of learners implicit throughout, one of the four is that of *Healthy, Confident Individuals*, with a specific 'area of learning' being that of *Health & Well-being*. Building Block 3 of the proposals is to 'extend and promote learners' experiences', which presents opportunities for schools and communities to work together in providing a rich menu of opportunities for learning. The aim is to make the new curriculum available by 2018, with all schools ready to deliver it by 2021 – time is of the essence.

Should you have any further queries about this submission or the work of the Youth Service generally, please do contact:

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Chair of the Wales Principal Youth Officers' Group,
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[REDACTED] tel. no. [REDACTED].

<p>What do we know about physical activity levels in children in Wales? How robust is the data on this issue?</p>
<p>National and local data about activity levels is not robust enough. To date the National School Sport Survey has provided the most relevant data, but unfortunately these figures can be manipulated according to the numbers and population type surveyed. A suggestion would be survey the entire population of specific / significant year groups i.e. Yr 3, 6 & 9 pupils.</p>
<p>Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.</p>
<p>There are obvious differences in gender participation rates, as well as attitudes / perceptions towards physical activity. The 2015 School Sport Survey for Pembrokeshire highlights a gender participation gap of 10%, particularly at Key Stage 4. As a direct result, Sport Pembrokeshire has prioritised its resources at the engagement of girls in yrs 3, 6 & 9. (82.5% of secondary aged girls in Pems participating at least once during 16/17)</p>
<p>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.</p>
<p></p>
<p>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.</p>
<p>School Sport Survey statistics demonstrate the link between low levels of participation and areas of deprivation / poverty. Pembrokeshire's FSM 3 and FSM 4 schools have considerably less pupils 'Hooked on Sport' (active 3 x or more per week). As a direct result, Sport Pembrokeshire has prioritised its resources at the engagement of 'vulnerable pupils'(SEN / FSM / BME / Looked after children). 77 % of this target audience (1890 pupils) participated at least once in the last year.</p>
<p>Physical activity guidelines and how we benchmark physical fitness in children.</p>
<p>It is not a statutory requirement for schools to assess the level of performance or physical fitness of their pupils. Therefore National Curriculum Indicators are not reflective of the local population. Ideally all pupils in key specific years groups (i.e. at the end of each Key Stage) would be assessed during PE lessons on their physical</p>

literacy / competence. However, there is a definite lack of confidence amongst primary school staff in the assessment of physical literacy / competence. A suggestion would be an increased emphasis on Physical literacy and Physical Education within undergraduate Teacher Training, rather than having to expend considerable resource on re-educating qualified teachers post degree.

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

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

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.

Without the WAG funding, disseminated via Sport Wales, physical activities levels of young people in Pembrokeshire would be significantly less! Core funding for initiatives such as the Active Young People programme and Community Chest have had a considerable impact on local participation rates. For example, over the last 5 years the AYP team have coordinated and provided in excess of 273,500 extracurricular sporting opportunities in local secondary schools. In last 12 months alone, the 'AYP' initiative has also achieved the following :

- formally engaged with 1216 Foundation Phase pupils,
- mentored 409 members of school staff,
- provided Physical Literacy training for 589 School Staff,
- trained 20 parents and 170 'Playground Buddies',
- created an additional 31 new extracurricular clubs throughout the county.

The continuation of long term funding to Local Authorities from Sport Wales / WAG, for the delivery of local and national programmes and initiatives that encourage physical activity, are vital to the future health and wellbeing of the nation!

PACYP 22

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Plant yng Nghymru

Response from Children in Wales



Children in Wales
Plant yng Nghymru

Consultation response

The Health, Social Care and Sport Committee consultation on physical activity of children and young people.

Children in Wales is the national umbrella organisation in Wales for children and young people's issues, bringing organisations and individuals from all disciplines and sectors together. One of our core aims is to make the United Nations Convention on the Rights of the Child (UNCRC) a reality in Wales. Children in Wales campaigns for sustainable quality services for all children and young people, with special attention for children in need and works to ensure children and young people have a voice in issues that affect them.

For further information on the work of Children in Wales, please see www.childreninwales.org.uk and www.youngwales.wales

Children in Wales works closely with its member organisations and has established working relationships with the Welsh Government and other funders. A key role for our organisations is to maintain a constructive flow of information between those working to develop policy and legislation and those working directly with children and young people. Our conference and extensive training programme, together with the forums and networks that are supported or managed by Children in Wales, serve as a means for ensuring that our members and Welsh Government officials are kept informed of current and evolving developments in the field, and that these developments help shape policies and enhance practice. Children in Wales

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membership covers a vast array of organisation who work to improve the lives of children in Wales and includes voluntary/third sector organisations, professional associations, local authorities and health bodies, as well as many smaller community groups, schools and individual members. At the time of writing, there are over 260 members

Young Wales is a programme of work that aims to ensure that Children and young peoples' voices, and views are heard by decision makers locally and nationally. The young wales team worked with over 1000 young people during the last year.

Much of the evidence gathered for this submission has been collected either directly or from workers who support young people. The focus of our submission will be on the impact of poverty on children and young people's ability to participate in physical activity.

It has been well established by research that participation in sport is determined, to some extent, by socioeconomic group. Young people living in deprived areas are less likely to participate in sport (particularly sports clubs) than their peers. Demand for sports facilities are lower for young people living in areas of relative deprivation. Research has also identified that children's participation is influenced by whether parents, siblings and peers participate in organised sports activities

There are a number of barriers to accessing sports and physical activities, for people living in poverty, these include:

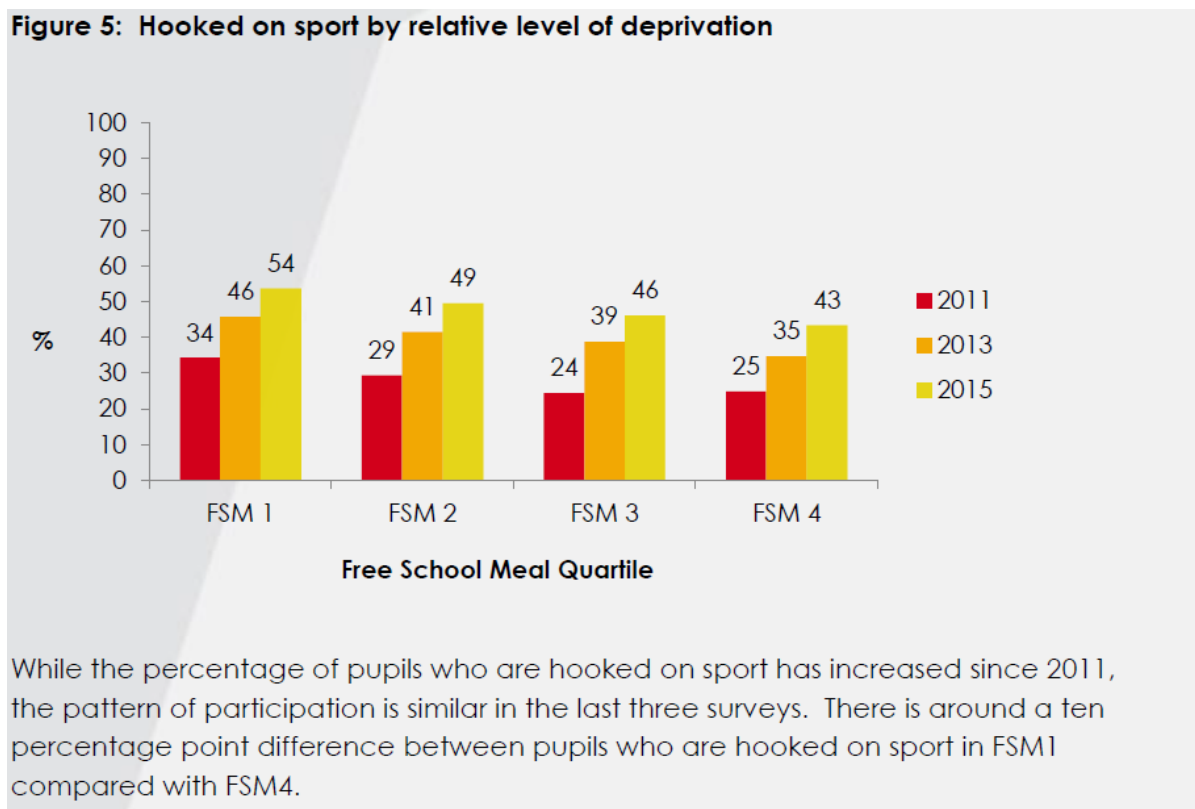
- Unable to afford kit
- Unable to afford travel to games/activities
- Poor or costly transport links to engage in activities
- Unable to afford to join activity groups in the community such as gym classes or football clubs.
- Fear of bullying because of using old/2nd hand sports equipment.
- Parents working long or shift hours prohibits involvement or activity, e.g. going to park or playground, taking to extra-curricular activities in school.
- Rurality and distance to travel to activities

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While many Communities First areas provide opportunities for physical activities for children, young people and their families. It is unlikely these will be replaced once Communities First disappears, unless through Children First Initiatives. No other Welsh Government early intervention programme has a specific remit to deliver physical activity; the Healthy Child Wales programme would not replace levels of input that are currently delivered by Communities First programmes.

Sport Wales has its own Child Poverty Strategy and in its State of the Nation Survey¹ gives consideration of poverty and deprivation measured by entitlement to Free School Meals. The table below demonstrates that there is a 10 percent point difference between Quartiles 1 and 4.

Figure 5: Hooked on sport by relative level of deprivation



Sports Wales stated:

“This research summary shows that there is a poverty of aspiration amongst young people in deprived communities. Not only are they less likely to participate in sport (particularly in sports clubs), they are less likely to express demand for most sports, and are less likely to have people around them who take part in sport.”

¹ ‘School Sports Survey – State of the Nation’ Sport Wales (2015)

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The evidence presented by the Sports Wales survey was powerfully illustrated at a recent Children in Wales Poverty conference where young people from Caerphilly Youth Forum delivered a workshops on young people's perspectives on child poverty, and what impact does this have on their mental health and well-being? The young people developed an interactive workshop, including a short drama written by themselves especially for the conference, highlighting a day in the life of two very different young people, one growing up in poverty and the other in a more prosperous home. One element of the workshop identified that people living in poverty do not bring their P.E. kit to school, as they do not feel they have the “proper kit” and fear ridicule from other pupils. Thus young people miss out on any opportunities to try out new sports and avoid engaging in physical activity.

Submitted by

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Tel



PACYP 23

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Prifysgol Southampton

Response from the University of Southampton

Inquiry into physical activity for children and young people

Response from the University of Southampton

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1. Background

The increased numbers of obese and overweight children, and the associated health risks, have warranted widespread efforts towards preventive measures. Results from the Child Measurement Programme (CMP) for Wales 2015/16¹ show that more than a quarter of children (26.2%) in Wales were overweight or obese in reception year. While both diet and physical activity are important to achieving and maintaining healthy weight in children and adolescents, in this report we focus on the role of physical activity-based interventions in preventing obesity, and attaining a sustainable healthy lifestyle. The current UK Chief Medical Officer's guidelines for physical activity for 5-18 year olds recommend 60 minutes of physical activity, through a range of sources every day². In Wales, only 59% of boys and 42% of girls aged 4 to 15 years were active for at least 60 minutes per day, in five or more days in the past week, in 2012³. Time allocated for physical education in primary schools also varied, with the recommended two hours of physical activity per week being delivered to younger students more often. This was much lower in 7 to 11 year olds, with only 15 % of schools providing two hours per week. With many children lacking the basic knowledge about physical activity behaviours to lead healthy, active lifestyles, levels of physical activity and sedentariness among children in Wales are some of the poorest globally⁴.

2. A life course approach to preventing obesity, improving health behaviours

There is strong evidence that participation in physical activity and sports in school-aged children are important predictors of adulthood participation, and physical inactivity in particular tends to track into adulthood. A life course approach to preventing later life disease stresses a temporal and social perspective, looking back across an individual's or a population's life experiences to identify risk factors for current patterns of disease. It is supported by the concept of the Developmental Origins of Health and Disease (DOHaD) which suggests that physical and social hazards before and during pregnancy, childhood, adolescence, young adulthood and mid-life can affect chronic disease risk and health outcomes in later life⁵. There is also evidence of acquiring greater social and cognitive skills, habits, coping strategies, attitudes and values during childhood and adolescence than at later ages, which influence life course trajectories and have implications for health in later life. The World Health Organization's (WHO) Commission on Ending Childhood Obesity (ECHO)⁶ considers a life course approach as a key factor to preventing childhood obesity. The report was developed following extensive global consultation and reviews of the evidence, however,

¹ Child Measurement Programme for Wales 2015/16. Available at: <http://www.wales.nhs.uk/sitesplus/documents/888/12518%20PHW%20CMP%20Report%20%28Eng%29.pdf> [Accessed 12 Sep. 2017].

² Active, Start Active Stay. "A report on physical activity for health from the four home countries' Chief Medical Officers." *The Department of Health* (2011).

³ British Heart Foundation. Physical activity statistics 2015. Available at: <https://www.bhf.org.uk/publications/statistics/physical-activity-statistics-2015> [Accessed 12 Sep. 2017].

⁴ Tyler R, Mannello M, Mattingley R, Roberts C, Sage R, Taylor SR, Ward M, Williams S, Stratton G. Results From Wales' 2016 Report Card on Physical Activity for Children and Youth: Is Wales Turning the Tide on Children's Inactivity?. *Journal of physical activity and health*. 2016 Nov; 13(11 Suppl 2):S330-6.

⁵ Gluckman PD and Hanson MA. The conceptual basis for the developmental origins of health and disease. In: *Developmental origins of health and disease*; Cambridge University Press; 2006. p. 33-50

⁶ Commission on Ending Childhood Obesity. Report of the Commission on Ending Childhood Obesity. World Health Organization, Geneva; 2016 <http://www.who.int/end-childhood-obesity/en/> [Accessed 12 Sep. 2017].

it is not alluded to in the UK government's childhood obesity action plan⁷. The ECHO report recommends that while developmental factors change both the biology and behaviour of individuals from before birth and through infancy (leading to a higher or lower risk of developing obesity), it is essential to tackle both the environmental factors and three critical time periods in the life-course - preconception and pregnancy; infancy and early childhood; and older childhood and adolescence.

3. Barriers to increasing physical activity in children and adolescents

The levels of physical activity in children are influenced by multiple factors including physiological, psychological, sociocultural and environmental determinants. In addition, regular physical activity is also beneficial for mental health, bone health and improved sleep in children and young people. Factors shown to be associated with low levels of physical activity in children include parental overweight, unhealthy diet, no access to programs/facilities, and reduced time spent outdoors⁸. Additional factors linked to adolescent physical activity include being sedentary after school and on weekends, low support from parents and/or others (peers, teachers), and lack of opportunities to exercise. Environmental factors such as urban planning and design can reduce the levels of physical activity in children and young people due to intermediary factors such as concern regarding safety and lack of opportunities for active travel⁶. Factors shaping barriers to physical activity in different age groups within the range of 5-18 years show great disparity, and this is why a 'one size fits all' approach tends to fail. Hard-to-reach groups that require particular attention include overweight/obese children, children with disabilities, children from deprived backgrounds and young girls. Recognising these differences and tailoring interventions based on context and age group is key to using the life course approach to bring about changes in health behaviours. The rates of childhood obesity and overweight in Wales is significantly higher in areas with increased deprivation, however data suggesting a gradient in physical activity levels based on socioeconomic levels in children has been inconsistent. A review of 76 studies of inequalities of obesity in children has shown that obesity prevention/management interventions did not increase inequalities⁹. There is evidence supporting the effectiveness of school based programmes, interventions to empower communities and environmental interventions in decreasing obesity in more deprived areas. The interventions helped reduce the prevalence of obesity-related outcomes among low socioeconomic groups, or they closed the socioeconomic gap, with no studies suggesting a negative impact on increasing the gap in obesity related outcomes.

4. Physical activity guidelines and how we benchmark physical fitness in children

Physical activity, exercise and physical fitness are not synonymous terms. Poorly defined, or inconsistent use of terminology within physical activity guidelines for children and young people may promote misunderstanding among the target population that can hamper their ability to achieve the desired aims. Health-related physical fitness denotes fitness pertaining

⁷ HM Government. Childhood obesity: a plan for action. August 2016.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016_2_a_cc.pdf. [Accessed 12 Sep. 2017].

⁸ Sallis JF, Prochaska JJ, Taylor WC. A review of correlates of physical activity of children and adolescents. *Medicine & science in sports & exercise*. 2000 May 1; 32(5):963-75.

⁹ Bambra C, Hillier F, Cairns J, Kasim A, Moore H, Summerbell C. How effective are interventions at reducing socioeconomic inequalities in obesity among children and adults? Two systematic reviews. *Public health research*.. 2015 Feb 1;3(1).

to health promotion and disease prevention¹⁰. It is accepted to be a multidimensional construct yet there is no global consensus on the specific components that define it, although there is agreement that the inclusion of measures of body composition and cardiorespiratory fitness are important. A number of tests have been designed to assess the physical fitness of children and adolescents including, but not limited to, the European Physical Fitness Test Battery [Eurofit]¹¹ (Europe; age-range: 6-18 y), Fitnessgram¹² (USA; age-range: >5 y) and the Assessing Levels of Physical Activity [Alpha]¹³ Health-related fitness test battery (Europe; age-range: 13-17 y). Fitness testing in youth is still a contentious issue with many believing that such tests are outdated and meaningless with respect to providing useful data, or in promoting children's physical fitness, physical activity, motivation or knowledge and understanding¹⁴. However, if conducted in the right way, and with appropriate expectations surrounding their use (i.e., concerning measurement error, etc.), it may be argued that they can provide a snapshot of the 'current state of affairs' and act as a baseline against which future measurements can be compared, and they may play some role in supporting active lifestyles¹⁵. It is important to benchmark the current health-related physical fitness levels of children in order to assess the effectiveness of any Public Health initiative, or school- or community-based intervention. Unlike laboratory testing, field-based assessments of physical fitness are relatively easy to administer, require minimal equipment, and offer an effective, low-cost means of evaluating and monitoring the physical fitness levels of individuals and populations at large.

5. Role of school based physical activity interventions in improving physical activity related outcomes

- A multitude of interventions exist, based in settings such as schools, community centres, primary care, and at home, that have aimed to increase physical activity levels, achieve the current guidelines for physical activity and use exercise to prevent obesity in children and adolescents. Programmes to incorporate play-based activities over structured physical activity programmes to improve uptake and sustainability have been supported and recommended by *Every child Wales*, and some have been implemented in Wales such as the 'Food and Fun' programme¹⁶.
- School-based physical activity interventions have been effective in increasing the duration of physical activity from five to 45 min more per day, reducing time spent watching television from five to 60 min less per day, and increasing physical fitness (maximal oxygen uptake or aerobic capacity)¹⁷. Studies also suggest that children exposed to such interventions in school

¹⁰ Ferguson B. ACSM's Guidelines for Exercise Testing and Prescription 9th Ed. 2014. The Journal of the Canadian Chiropractic Association. 2014 Sep; 58(3):328.

¹¹ Adam, C., Klissouras, V., Ravazzolo, M., Renson, R., Tuxworth, W. (1988) *Eurofit: European Test of Physical Fitness*. Rome, Italy: Council of Europe, Committee for the Development of Sport.

¹² Welk GJ, Meredith MD. Fitnessgram/Activitygram reference guide. Dallas, TX: The Cooper Institute. 2008; 3.

¹³ Ruiz, Jonatan R., et al. "Field-based fitness assessment in young people: the ALPHA health-related fitness test battery for children and adolescents." *British journal of sports medicine* (2010): bjsports75341.

¹⁴ Keating XD. The current often implemented fitness tests in physical education programs: Problems and future directions. *Quest*. 2003 May 1; 55(2):141-60.

¹⁵ Cale L, Harris J, Chen MH. More than 10 years after "The horse is dead: Surely it must be time to "dismount?!" *Paediatric Exercise Science*. 2007 May; 19(2):115-31.

¹⁶ Welsh Local Government Association. Food and fun Programme Available at <http://wlga.wales/food-and-fun> [Accessed 12 Sep. 2017].

¹⁷ Dobbins M, De Corby K, Robeson P, Husson H, Tirilis D. School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6-18. *Cochrane database syst rev*. 2009 Jan 21;1(1).

were almost three times more likely to engage in moderate to vigorous physical activity (MVPA) during the school day than those not exposed. These interventions ranged from simple educational strategies including printed material, to those incorporating behaviour change techniques. Multi-component interventions that also focus on improving diets, achieving a healthy BMI, and increasing physical activity levels have shown promise. Long term interventions (>12 months) are beneficial in achieving a healthier Body Mass Index (BMI)¹⁸, however, only a few studies have evaluated long term effects.

- Other novel methods include involving young people and children in understanding the pathophysiology of diseases by engaging with science, such as the LifeLab intervention¹⁹ in Southampton, UK. Guided by researchers and teachers, adolescents are empowered to make healthy lifestyle choices by understanding the science behind the health messages and recognising for themselves the consequences of health behaviours at a young age. Early LifeLab²⁰ is an educational intervention for primary schools that aims to support children in making healthy choices about nutrition, levels of physical activity, sedentary time and sleep. Physical literacy programmes, such as the Dragon Challenge²¹, should continue to be developed for differing age-groups and be more widely integrated into school systems to evaluate and monitor progression.

6. Challenges and gaps in evidence measuring and evaluating existing programmes and interventions

Studies evaluating physical activity programmes have utilised objective and/ or subjective outcome measures relating to physical activity levels, physical fitness levels, sedentary time, body composition and anthropometric measures, as well as physiological measures (e.g., blood pressure), depending upon the studies' aim. Adiposity measurement using body fat percentage as an outcome is now widely recognised to be superior to BMI and body weight. While BMI is a crude measure that may underestimate the risk of chronic disease, it is easier to measure in population based studies where using advanced technologies may not be feasible. There is also a need for good quality data, collected routinely for different age groups within 5-18 year olds, considering the influences of growth, puberty and other factors at play during this period. Emerging evidence suggests measurements such as waist-to-height ratio may provide useful insights in younger populations, but more work is needed to develop reference ranges. As there are currently no large scale studies where physical activity or sedentary time have been measured objectively among children and young people in Wales⁴, this should be considered a priority. Accelerometry is arguably the most valid and objective field-based measure, yet the use of age-appropriate physical activity questionnaires may provide a low-cost, easily-administered means of gaining a population-wide insight into current physical activity levels. Physical fitness testing may only imply the relative success of physical activity promotion strategies, and unlike physical fitness, physical activity monitoring

¹⁸ Mei H, Xiong Y, Xie S, Guo S, Li Y, Guo B, Zhang J. The impact of long-term school-based physical activity interventions on body mass index of primary school children—a meta-analysis of randomized controlled trials. *BMC public health*. 2016 Mar 1; 16(1):205.

¹⁹ Woods-Townsend K, Bagust L, Barker M, Christodoulou A, Davey H, Godfrey K, Grace M, Griffiths J, Hanson M, Inskip H. Engaging teenagers in improving their health behaviours and increasing their interest in science (Evaluation of LifeLab Southampton): study protocol for a cluster randomized controlled trial. *Trials*. 2015 Aug 21; 16(1):372.

²⁰ Public Policy, University of Southampton. Early LifeLab: A plan for action. Available at <https://www.southampton.ac.uk/publicpolicy/what-we-do/with-whom-we-work/current-projects/earlylifelab.page> [Accessed 12 Sep. 2017].

²¹ Stratton G, Foweather, L, Rotchell J, English J, Hughes H (2015). Dragon Challenge V1.0 Manual. Sport Wales

is unaffected by genetic and maturational differences in individuals that may affect the overall interpretation of the results.

7. Recommendations

- There is no strong evidence supporting the notion that physical activity decline begins in adolescence, and in fact, studies have shown that the decline in PA levels begin as early as age seven years²². Efforts to promote physical activity at a health policy level, and in research, should therefore begin before adolescence for both boys and girls.
- There is a clear need for more long-term interventions and repeated follow-up assessments with robust data collection, using relevant and appropriate measures to track compliance and change in lifestyle. Nationally implemented measurement programmes may offer a useful means to obtain measurements of body composition (e.g., the CMP for Wales), physical fitness, and physical activity that could be used to monitor progression, and inform the design, delivery and evaluation of targeted interventions.
- The efficacy of multi-component interventions suggests that the aim of physical activity-based interventions should not only be to increase exercise or PA levels, but also to achieve a sustainable healthy lifestyle that includes maintaining a healthy BMI, achieving optimum nutrition, improving health literacy, and reducing sedentary and screen time. While it is difficult to determine which specific component/s within interventions help to achieve improvement, strategies that have shown potential have included: the provision of physical activity, body image and healthy eating education within the school curriculum; increasing sessions for physical activity throughout the school week; provision of capacity building activities for school staff; parental involvement; and encouraging reduction of screen time at home. If fitness tests are to have a role in schools, clear guidance, support, and training for teachers must be provided.
- It is important to recognise that physical fitness testing alone will not improve levels of physical activity, and that physical activity promotion strategies should be employed in conjunction with fitness testing. More time should be spent promoting physical literacy: in equipping young people with the awareness, knowledge and understanding, and promoting the characteristics, attributes and behaviours of healthy active living through their involvement in purposeful activities. For fitness testing to really prove its worth, it should be embedded within a supportive learning environment, as a component of an educational setting which promotes physical literacy and inclusivity. Explanation of the relevance of each fitness component and the ways to improve individually are of paramount importance to ensuring the meaningfulness of these assessments, and to promoting a positive attitude towards the testing procedures and physical activity as a whole.
- The life course approach and recommendations of the ECHO report provides a great opportunity for the Welsh Government to demonstrate leadership by committing to preventing childhood obesity – a holistic opportunity that was missed in the UK action plan. It must be recognised that focusing solely on physical activity or diet in isolation will not be sufficient, and the message provided to people should include achieving optimum health and fitness as key components.

²² Farooq MA, Parkinson KN, Adamson AJ, Pearce MS, Reilly JK, Hughes AR, Janssen X, Basterfield L, Reilly JJ. Timing of the decline in physical activity in childhood and adolescence: Gateshead Millennium Cohort Study. *Br J Sports Med.* 2017 Feb 4: bjsports-2016.

Inquiry into physical activity of children and young people

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

Each year the data is showing that physical activity in Wales is ever increasing however there is still a great way to go to hit the national target of 90% that has been set by Welsh Government. Children up to the age of 11/12 are known to be more physically active than those aged between 12-16. When reviewing data the gender gap only becomes significantly different when they are aged 13/14 and boys are more physically active and engaged in sport. Levels of participation are lower in deprived areas than that of affluent areas so for example, Rhymney produces lower participant numbers than that of Caerphilly. School Sport Survey data gives headline figures but no useful information for us as development team to actually make an impact on these figures. We have therefore designed a data collection tool which gives us up to date local knowledge.

The data we receive is from the SSS but even this data is not as robust as it should be due to it being completed at the same time of each year making certain sports seem more desirable and in 2/3 year cycles. The surveys can also be questioned to how accurately they are completed due to the way questions are asked, amount of time taken and the percentage of each school pupils completing them. surveys which are heavily used for evidence based work, such as SSS are outdated within completion and return of data reports. This is due to the time it takes to accumulate the data and is heavily dependent on the time of year it is completed. In order for this data to be more accurate and valuable it would need to be undertaken at least 3 times a year. In addition to this, data reports such as SSS need to be completed by every child and not a % sample in order to gain further robust data.

Typically there are lower levels of participation for those who have a disability. However, those who attend mainstream school will be given fewer opportunities than children attending special schools. From experience, we missed out on a key opportunity to report on this data through the SSS however, Trinity Fields were not approached and Sport Wales had not considered how this could be achieved.

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

Gender based attitudes towards physical activity can be dependent in their exposure to various sporting and physical activity opportunities. In general females become disengaged with physical activity from a young age and this is down to body confidence, ability and the activities they are offered. Such things as social running and dance have helped to engage females back into physical activity. Sport Wales needs to advocate a culture change to steer away from labeling sports as 'male' or 'female' sports. Whilst there has been some significant improvements in the provision of female sport there are still more opportunities for males to take part in sport than females. The increased

coverage of female sport by the media is having a positive impact however there is still a long way to go.

We need to encourage both males and females to become leaders and coaches in varied sports, will also hopefully assist with engaging more children in more sports, regardless of gender or sport. Within Cricket and Golf attitudes are changing and more opportunities are being presented for Women within both sports to take part competitively and non-competitively. Increased funding is being made available by the National Governing Bodies to increase female participation however; money alone will not provide the solution to the issue. Also not all sporting pathways enable both genders to continue playing the sport they love. An example of this is the netball pathway. Males are able to play throughout primary school and U11's, however once they reach secondary school the pathway no longer allows them participate within the sport. It's a fact that more males than females who have a disability take part in sport and physical activity. This is due to the fact that more males have a disability as opposed to those of females. The opportunities that we provide within Caerphilly however are the same for both females and males.

- **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.**

Strategies such as 'Creating an Active Wales' and 'Change 4 Life' are key in approaching health inequalities. Change 4 Life can have an impact by educating the population about the importance of being physically active, healthy eating etc. It also provides guidance /activities for various populations, such as pregnant women and families (e.g. Walk4Life) 'Creating an Active Wales' is also central to partnership working between various organisations and creating a joined up approach to tackling health inequalities and supporting their vision in creating a One Wales.

The wellbeing of future generations act will have a positive impact on the whole population once all the affected bodies are able to align themselves to achieve the outcomes however the delivery and impact will vary depending on the demographic of the individual areas. We have a responsibility to ensure that the public are aware of what impact these can/are having on people in Wales

- **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.**

Attitudes of parents and coaches, financial issues, transport issues and a lack of time are having an increased impact on participation. Other interests such as game consoles, mobile phones and the influence of social media on peer groups are also proving to be obstacles needing to be overcome. Parents are more reluctant to allow their children to just go out and play due to community safety (antisocial behavior, lighting). A way of getting over this is by taking the physical activity sessions to the young people however this can quickly become unsustainable.

An example of good practice in engaging hard to reach groups is the 'Positive Future' programme that has been rolled out within Caerphilly Borough that target children within deprived areas and reducing anti-social behavior through sporting activities.

A lack of facilities and lack of finance are the two stronger barriers for those who have a disability. We are fortunate where we have appropriate facilities and access to these; however we place a

small charge on activities in order to keep the opportunities sustainable. We also offer some 'Disability' events for free including Disability 6 Nations and Disability Swimming Gala.

A good example of increasing physical activity in children is the 'Daily Mile' which is ever increasing in school settings. This is a good model which can be adopted into the community (similar to junior park run). A question we keep asking ourselves is; how do we engage children in sport and make them see the importance of it with everything else they have going on?

- **Physical activity guidelines and how we benchmark physical fitness in children.**

We have previously worked towards the Sport Wales guideline of encouraging secondary school children to take part in 60 minutes of exercise 5 times a week, and now Sport Wales are moving towards the hooked on sport figure which is taking part in activity 3 times a week or more, however we don't currently benchmark this as we are only recording school participation. Conversely adult participation levels require 30 minutes of Physical activity, five times a week.

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

The target that has been set to get 90% of secondary school children to be participating in PA through 5x60 by 2020 was very ambitious, especially when budgets have been cut. The 5x60 / school sport programme isn't a true reflection of physical activity levels of children in secondary schools. The programme has become too target driven over the past few years (with ever increasing targets) and needs to be revised. Coupled with a continuous reduction in funding there has never been a reduction in targets. A more of a focused approach needs to be taken where it isn't focus on the mass participation levels but focus on those who don't engage in any physical activity at all. In primary school settings, the Dragon Sport programme also became dated and measurements were flawed. When this programme transitioned into Dragon Multiskills, the training that was provided wasn't suitable and was misunderstood. This was also rolled out in a rushed manner (dictated by financial years) which then affected the buy in from schools to embrace the new programme. Play to Learn was a good resource, however was short-sighted in its approach towards physical development in foundation phase. Targets set to ensure that it was rolled out to all schools across Wales affected the way it was embedded in schools and community settings. This common theme across various programmes and initiatives over the years. The 'Daily Mile' is being embraced by schools with no resources and training required. Recent evidence from areas within the UK clearly shows it has a great impact on physical activity and fitness levels of children in primary schools. This has been embraced by schools due to no cost, all abilities can be engaged and there have been no heavy targets or stipulations made on the delivery methods.

Surveys are reliable to a certain extent but they need to be completed on a regular basis so it provides a continual insight, unlike the School Sport Survey which is every 3 years.

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

The money needs to be given directly to LA's/consortiums as they are the experts in their field and know exactly what is needed in their local areas. There are numerous national projects where funding could have been allocated more efficiently if Welsh Government were to directly fund

delivery rather than a middle tier commissioning partner i.e. Sport Wales. Currently there are many organisations being given funding to deliver on similar aims and objectives.

Conversely, Welsh Government directly fund Disability Sport Wales, consequently they are able to directly fund local delivery.

- **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.**

Schools have an integral part in increasing physical activity; however I feel that they have so many other demands within the national curriculum that they need to meet, sport sometimes is put at the back of the pile. This is due to the lack of resources that they have especially within primary schools that limit them to have an effective impact on PA. Parents and peers should encourage PA, however I still feel that a high amount need to be educated on healthy eating and the importance PA has. With regards to Sport Wales currently their role is to distribute the money to LA's and other organisations. Currently NHS Wales and Public Health don't have a direct impact; however this link is crucial in getting more people activity and hitting everyone's agenda of a healthier and fitter Wales. At the moment primary schools lack PE specialists which is highlighted not just through attendance at the programmes of what we deliver but also the quality of the participants.

The support of parents is key for those who have a disability as without their support the children and young people would be unable to attend sessions. Schools also present key opportunities, so for example Trinity Fields provides a plethora of different opportunities for their students whether through events or their school programme. SW doesn't necessarily have a direct impact on DSW and the work that we complete. We also don't have any links with NHS or PHW however this is something that could be considered for the future.

PACYP 25

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl Ifanc

Inquiry into physical activity of children and young people

Ymateb gan Colegau Cymru

Response from Colleges Wales



Consultation response to Welsh Government Health, Social care and Sport Committee Inquiry into physical activity of children and young people

12th September 2017

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Introduction

ColegauCymru /CollegesWales welcomes the opportunity to respond to Welsh Government's Health, Social Care and Sport Committee Inquiry into physical activity among children and young people. ColegauCymru represents the 13¹ further education (FE) colleges and FE institutions in Wales² and exists to promote the public benefit of post compulsory education and learning.

Colleges are major providers of general education provision in Wales, helping to produce some of the best learner outcomes. Colleges are the predominant providers of funded vocational and technical education in Wales, providing about 85% of the total provision.

FE Colleges in Wales have a long history of promoting competitive sport and inter-college competitions. Further information on the work of Welsh Colleges Sport can be found on its dedicated website.³

FE Colleges in Wales support a wide range of sport, physical activity and wellbeing activity for a full time student population of around 45,000 learners. ColegauCymru manages projects funded by colleges and Sport Wales to create new and innovative activity, develop leadership and employability and tackle issues around inequalities in sports participation.

On a wider scale, projects also enable ColegauCymru to create new partnerships with governing bodies and other organisations, accessing other streams of funding for the sector.

All project activity is guided to work towards one or more of the following strategic level outcomes:

- **Increasing participation in Sport and Physical Activity**
- **Developing workforce and future employability**
- **Embracing the Sporting Pathway – recreation to competition**
- **Tackling Inequalities in Participation - reducing the gender gap**
- **Improving the Wellbeing of FE students.**

The FE sector continues to invest socially and financially in Sport and physical activity from college budgets. Areas of interest to this inquiry could include:

- **Sports Curriculum - 3000 Students studying FE and HE in colleges**
- **Current FE investment in new Sports Facilities on campus and in the community**
- **Support for elite and talented athletes**

¹ The 13 include 9 FE corporations and two FE institutions, St David's Catholic College and Adult Learning Wales. The College Merthyr Tydfil, Coleg Sir Gâr and Coleg Ceredigion are part of university groupings.

² In this paper the terms 'FE college' and 'college' are used to cover FE colleges and FE institutions.

³ Welsh Colleges Sport <http://www.welshcollegessport.wales/>

- **Competitive sports programmes in 14 sports**
- **Students trained as volunteers and deployed in community settings**

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

In the context of the FE sector the term “Children and young people” primarily involves work with students aged 16-19. Following discussion with Welsh Government the term “Children” for this consultation involves people under 18 years of age. The training of vocational students who will work in Childcare, Sports Development, Health and Education should also be a consideration when looking at impact on “Children” and early years.

Prior to 2014 there was limited data available on the physical activity levels of FE students in Wales, particularly in relation to specific vocational groups or gender based differences.

In 2015 ColegCymru and Sport Wales delivered the **Sport Wales FE Sport Survey** across 12 FE colleges as an extension of the existing **Sport Wales School Sport Survey**.

The survey had a sample size of 4,568 covering roughly 10% of the FE student population in Wales. The headline statistics produced higher than expected levels of physical activity, volunteering and motivation:

- **49% hooked on sport**
- **23% volunteering**
- **83% would like to do more activity**

The survey also confirmed an expected gender gap in FE in terms of **hooked on Sport** identifying approximately a 19% difference between male and female students. Although useful as baseline data, ColegauCymru identified that this figure does not provide a robust indication of inactivity levels which may be a more relevant indicator when looking at physical activity and health issues. Hooked on sport could be seen as more of an indication of difference in activity levels among those already participating.

Further research into data by ColegauCymru with the Sport Wales insight team provided data on those students who indicated “**no current activity**” in their survey responses. It was also possible to filter this data by vocational subject area identifying those with the highest levels of inactivity.

In the following subject areas, inactivity levels were between 48% -50% potentially involving tens of thousands of young people studying in the FE sector in Wales.

According to the survey the subject areas most affected are:

- **Childcare / Health and Social Care**
- **Hair and Beauty**
- **Travel, Tourism and Hospitality**
- **Art and Design**
- **Independent Living Skills / Learning Support***

Students in some of these subject areas are predominantly female supporting other evidence of a drop in participation levels among female learners, once they reach exam age in education (YR9/10). The FE Sport Survey will be repeated in 2018 with the target of 15,000 responses

In 2016/17 a new online monitoring system UPSHOT was also introduced by ColegauCymru to provide accurate data direct from activities. This now provides data as follows:

- 4,683 students participating in physical activity as part of project related activity in the FE sector
- Currently over 50% of project activity involves Female students
- 35% of Females taking part in ten or more sessions in the project lifecycle.
- Average group size between 8-10
- 2200 sessions delivering over 3600 hours in 16/17
- 1283 Student volunteers in project related activity

Activity type (*Colleges have to tag the type of activity on UPSHOT when creating registers*)

- Enrichment Physical Activity - 59% of project activity – typically non-competitive fitness based sessions
- Enrichment Recreational Sport - 21% of project activity
- Enrichment Wellbeing - 8% of project activity

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

As indicated in the previous question according to the initial findings there is a clear gender gap of around 19% in participation between male and female students in the FE sector in Wales. This pattern can be observed in similar age groups within the UK, Ireland and Europe particularly among young people encountering step change in educational and social environments. ColegauCymru “**State of Play**” report 2014

- **58.7 % of male students hooked on sport in comparison to 39.9% of female students**
- **24% of male students inactive in comparison to 38% of Female students**

When focusing on attitude to participation and utilising feedback from the FE survey the following gender based differences were observed in response to the question - “I would do more physical activity if?” :

- “If I had more time” - Female 51% / Male 35%
- “If it was cheaper” - Female 34.6 % Male 20.1%
- “If I was more confident” - Female 26.1 % Male 12.4%
- “If I was fitter” - Female 26.3 % Male 14.5%

A possible explanation for these responses could include the social impact of moving from secondary education to College and added responsibilities for younger siblings, employment and increases in volume of study should be considered when looking at attitudes to participation among female students.

In addition, many of the vocational subjects listed as having high levels of inactivity among female learners also involve regular placement in industry alongside study. Childcare being a clear example at level 3 with a full study timetable and 1-2 days placement on a weekly basis.

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?

While there is reference in many of the Welsh Government policies to education and schools, FE colleges are not always to the fore or included in this respect. The recent Welsh Government review of Sport Wales has identified the FE and HE sectors as areas with potential to generate increased impact in terms of the development of sport and physical activity.

Many of the high level outcomes from **Climbing Higher** and similar updated Welsh Government policy documents have been used in guiding development of strategic priorities for FE projects and in particular, the five strategic level outcomes listed previously.

<http://www.physicalactivityandnutritionwales.org.uk/Documents/740/Climbing%20Higher%20Next%20Steps.pdf>

The partnership with Sport Wales and support and guidance from the Sport Policy team at Welsh Government have both been effective in guiding project activity in the FE sector. ColegauCymru has used this support at a policy level to guide strategic planning in colleges in Wales across a range of networks and platforms. However a clear contributor has been the ongoing support provided by colleges in terms of finance and personnel.

Dissemination of this work and other examples of best practice has resulted in a direct impact on strategy at a college level with further new strategies evolving and changes in some of the following areas to support funded projects.

- Colleges introducing new strategies for sport, physical activity and wellbeing including Coleg Cambria's - **Active Cambria** as a sector-leading example
- Projects focusing on Health and Wellbeing of students and mental health including the **LUSH project** at Bridgend College and **Healthy Colleges** at NPTC group
- Employment of new officers and roles in FE colleges to support the delivery of FE projects including NPTC Group's Health, Physical Activity and Wellbeing officer
- Student-led projects and student placements becoming more common-place with the introduction of the YSDA project, Football Activators and new leadership activity linked to HE sector.

The Welsh Colleges Sport Strategy group has continued to support this area of work and provide a platform for new ideas and strategic development. The Sports coordinator represents ColegauCymru, FE and Welsh Colleges Sport on various groups including the AoC Sport national operations group, Sport Wales CSP project stakeholders reference group and Wales Activity Tourism Organisation consultation group.

There is a clear need for further work in the following areas to address health inequalities and support the health and wellbeing of FE students:

- Clearer definition of the term Physical Activity in context and who is responsible for what at a national, regional and local level.
- Further Education colleges and Education in general to be given more of a role in tackling health inequalities – currently planning can tend to lean towards NHS / Public Health and Sport Wales or refer only to Schools in terminology.
- Development of qualifications that truly encourage physical activity and enrichment activity among 16-19year olds. Activity embedded into study programmes.

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

Barriers within the FE sector in Wales are also prominent in other countries for similar demographic groups across the UK and Europe. (State of Play, 2014) At an individual level as indicated in the responses from the FE Sport Survey 2015, these could include **time, cost and confidence** as factors. At an institutional level based on project activity via UPSHOT they would include similar themes including staffing resources, facilities and student workload.

ColegauCymru has undertaken work in the following areas to try to reduce these barriers and better understand how to engage with hard to reach groups

- **Upskilling and increasing physical activity levels among students studying childcare through the Childcare Physical Literacy Project**

The Childcare and Physical Literacy project was developed following a successful pilot project at Coleg Gwent funded by Sport Wales in January 2016. The project focused attention on the potential of upskilling students working with early years and also getting a cohort with levels of 50% inactivity to be more active.

To support this work ColegauCymru, in partnership with the behaviour change team at the Welsh Audit Office, coordinated a seminar challenging play stereotypes in September 2017. This seminar discussed new ways of working linked to the Wellbeing of Future Generations Act. Presentations were delivered by Sport Wales (Physical Literacy), Public Health Wales (Daily mile), Cardiff, and Vale College on early years environments in Norway.

<http://www.collegeswales.ac.uk/19-10-2016-Another-Way-To-Play-Can-we-change-play-environments-and-childcare-training-to-improve-physical-activity-levels>

Completion of the ColegGwent project identified many positive outcomes including more skilled and active childcare students, an additional unseen development was the ability of fellow students to help lead this new activity.

http://www.coleggwent.ac.uk/index.php?option=com_content&view=article&id=2625&cookie=3#.WSfIAJ_TWEc

- **Creating new leadership opportunities for FE and HE students as part of student management teams for Sport, Physical Activity and Wellbeing.**

As part of partnerships with YA Cymru and First Campus, project activity includes examples of outstanding SMT programmes and leadership activity by FE and HE students. One highlight from the 2016/17 year has been the emergence of current HE students who had previously worked on FE student Management teams in the first two years of the project, returning to support project activity in 2016/17 as part of degree course placement and the Young Ambassadors programme.

Kiera Davies – NPTC group / Cardiff Metropolitan University / Platinum YA / Netball Coach / Official

Previously a Sports Student and SMT member at NPTC group, Llandarcy, Kiera has led training sessions and workshops for the Erasmus+ YSDA project, supported social media delivery on projects, delivered a keynote speech at the WCS conference and workshops on Physical Literacy to FE staff and students. Kiera also volunteered as a Netball Umpire at the WCS regional competitions 2017.

Conor Lees – Coleg Gwent / Cardiff Metropolitan University / Youth Sports Development Ambassador / International Trampolinist

Previously a sports student and SMT member at Coleg Gwent Cross Keys, Conor elected to complete over 120 hours at his old college supporting delivery of activity, training of the current SMT and completing all project reporting for Coleg Gwent via UPSHOT. Conor has also presented at the YSDA conference and will travel to Hungary in September to share experiences with other European Ambassadors

- **Creating new opportunities at an EU level for student ambassadors from Wales to work with their peers developing sport for BMW populations. Erasmus+ Youth Sports Development Ambassadors Project.**

The Erasmus+ YSDA (Youth Sport Development Ambassadors) project involves 7 EU partner countries. This project started in January 2017 has seen 28 YSDA and mentors recruited in partner countries and mobility visits underway for all partners.

In April 2017 the project was launched in Wales with the YSDA conference attended by the Minister for Sport, Rebecca Evans. AM. Presentations were made to delegates from the Sport and Education sector by partner countries, Cardiff Met HEYA and BME Sport Cymru.

More information is available on the project website and facebook pages

<http://www.ysda.eu/en/home.html>

<https://www.facebook.com/YSDAProject/>

Physical Activity Guidelines and how we benchmark physical fitness in children

Current guidelines and indicators can be confusing particular when comparing between WHO, EU and more local guidelines. For example in some cases benchmarking for successful project activity can be confused with recommended activity levels for health from Government.

Trends appearing in the FE sector would support the need for more detailed guidelines in particular in relation to the intensity of physical activity. It is apparent from student feedback on new collaborative projects in 2016/17 that the intensity of activity is a major factor in engagement of new participants. More research into the impact of both intensity and length of activity would be useful in this areas of study. (Feedback from Collaborative Sports Projects at Bridgend College and Gower College Swansea 2016/17, Colegau Cymru Active Wellbeing report 2016-17

When engaging with hard to reach groups in the experience reported by our colleges, it has been critical to spend some initial time building trust and developing a social connection with target groups. This can involve longer sessions with lower levels of activity. When delivering activity more frequent, shorter, medium intensity activities are proving most effective.

Measurement of activity levels among disengaged groups in FE is an area that needs careful consideration though. Engagement often involves avoiding terms such as Sport/Fitness / testing / evaluation etc. Measurement of other factors such as enjoyment may be more beneficial at certain stages than progression on a form of fitness test.

Value for Money of Welsh Government spending to promote exercise in children

ColegauCymru would welcome an overview of the current spending by Welsh Government on promotion of exercise in children and allocation to the FE sector in relation to education and community programmes

Grant funding from Sport Wales provides FE colleges with funding currently working with approximately 5-10% of an FE population with at least 30% inactivity levels The cost of project activity is currently in the region of £150K per year with cost per session delivery around £30 and per student £4 per session and £1 per hour. Colleges also provide enrichment funding to support delivery to both active and inactive students and would welcome the opportunity to be involved in wider initiatives and projects.

Annexes

ColegauCymru State of Play 2014

State of Play 2014:

a report on

sports and enrichment provision

in further education in Wales

date

Acknowledgements of partners

This report has been developed by the ColegauCymru Sports Coordinator with the support of Senior Officers from Sport Wales. In particular, Sport Wales' Carwyn Young has provided guidance on the planning and development of the National Sport Development Plan.

Information on volunteering and leadership has been provided by Rob Guy of Sports Leaders UK and Emma Roberts of Young Ambassadors Cymru. The research department at Sport Wales, through the involvement of Rebecca Mattingley, has provided data and support on current Sport Wales research into participation.

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1. Introduction

State of Play 2014 is an initial audit of sports provision in further education (FE) in Wales in 2014.⁴

The findings of the audit have helped develop the strategic priorities contained in the **ColegauCymru National Sports Development Plan**.

There are clear opportunities for development in FE. Direct grant funding and better planning would contribute to raising the bar in participation and volunteering in this sector.

Regional and institutional variations are also visible and the need to share good practice and develop all aspects of sport and physical activity within FE is critical to the success of the project.

Three of the key FE targets set by Sport Wales:

- to have 40% of FE students “hooked on sport”, participating in sport three times per week either at college or in their own time
- to halve the gender gap in student participation from 20% to 10%
- to have 10% of FE students volunteering in sport.

2. Current Data

There is a dearth of data on participation in FE sports in Wales, and particularly so for the 16-19 age group. In compiling this report, several source documents have

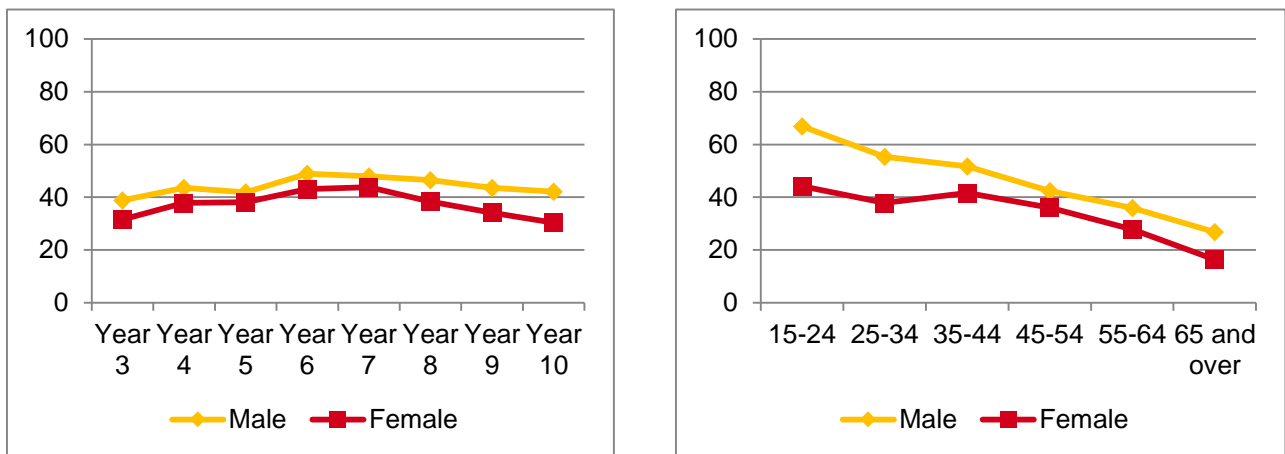
⁴ The audit was undertaken as part of a three-year FE participation and volunteering project funded by Sport Wales. It involved interviews with the heads of sport in 17 sports departments out of a total of 19 across Wales. Where available, data from other organisations has been used to provide benchmarking and guide the strategic development of sport in FE in Wales.

been referred to in order to put the results into context and to provide a basis for future development.

The reports identify that the 16-19 age group typically sees a drop off in activity levels, particularly amongst young women.

The graphs below, which present data from the Sport Wales Schools Sport Survey and Active Adults survey, show girls' activity levels dropping from school Year 7 onwards, with the gender gap being particularly marked for ages 16-24.

Figure 1



Some simple statistics of Year 10/11 girls also highlight some of the reasons for this drop off in activity and highlight the gender differences at this pre-college age:

Figure 2⁵

Year 10/11	girls	boys
Members of Sports Clubs	32%	52%
enjoy PE a lot	35%	58%
enjoy sport in school clubs a lot	21%	39%

For FE the challenge will be to find baseline data that indicates how often the students in the 16-19 age group are actually participating in three sessions of sport or physical activity per week.

In addition to the data available in Wales, research in similar fields undertaken in Europe, Ireland and England was used to provide a comparison.

At a European level there is a significant gender gap in participation in the 15-24 age group.

⁵ Data from Sport Wales' [State of the Nation Report 2013](#), Sport Wales (2013)

EU Countries

Overall, men in the EU exercise, play sport or engage in other physical activity more than women. This disparity is particularly marked in the 15-24 age group, with considerably more young men tending to exercise or play sport on a regular basis than young women (74% vs 55%).⁶ Euro Barometer on sport

In Ireland the gender gap and the impact of exams for 14-16 year old is also apparent but also the benefit of sport to those who continue to participate is highlighted.

Ireland

Girls are more likely to drop out than boys. The public examination system has a strong negative impact on participation in sport: students are far less likely to participate during exam years and this has a lasting effect on participation later. Nevertheless, those who do play sport get, on average, better Leaving Certificate results.⁷

There are examples where significant action is being taken in EU countries to develop participation among 16 – 19 year olds including the “Sport Maker” programme in FE in England. Overall in England funding and support for the 16-19 age group has seen major improvements in participation since 2012.

England

- The largest growth has come from young people, with a record 3.9 million 16-25 year-olds playing sport regularly. This number has bounced back from a dip in figures reported in December 2013, increasing by 153,000 over the last six months.
- Sports driving the increase in this age group include football, netball and rugby union, all of which are showing signs of recovery after earlier falls in the numbers of young people playing their sport.
- Within this age group the biggest increase over the last six months has come from girls, with an increase of 85,000 (compared to 68,000 for boys), with netball and badminton proving particularly popular.

The need for a Colleges Sport Survey is apparent to complement both the Schools Sport Survey and Active Adults Survey compiled by Sport Wales and allow benchmarking with the AoC Sport Survey in England.

⁶ [Eurobarometer on Sport](#) European Commission (2013)

⁷ [Keeping them in the Game](#) Irish Sports Council (2013)

3. Context

The initial audit involved 16 FE sports departments across Wales. In Wales there are currently 17 college sports departments across various sites / campuses, in comparison there are 341 FE sports departments in England with the smallest region being the North East with 21 and the largest the South East with 65.

College sports departments involved in the initial audit of sports provision are listed below:

Table 1

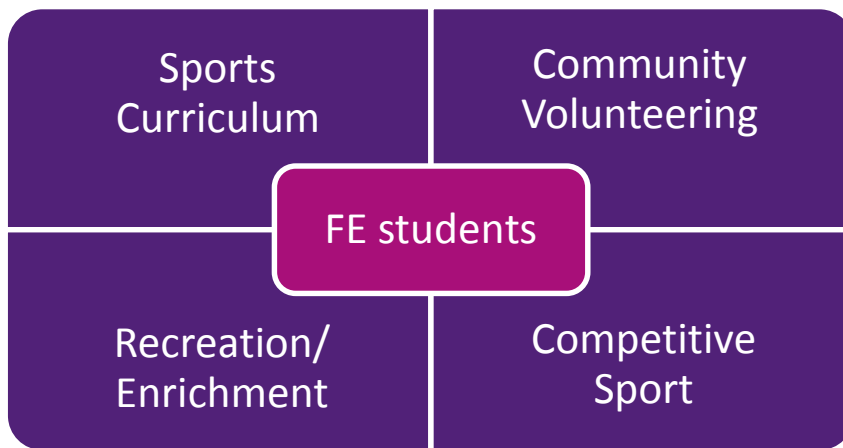
Region	College	Campuses / Sites involved
South East	Coleg y Cymoedd	Nantgarw Campus Ystrad Mynach Campus
	Coleg Gwent	Cross Keys Campus
	St David's Catholic College	All
South Central	The College Merthyr Tydfil	All
	Cardiff and Vale College	All
	Bridgend College	Pencoed Campus
South West	Coleg Sir Gâr	All
	Gower College Swansea	All
	Pembrokeshire College	All
Mid Wales	NPTC Group	Neath Campus
		Brecon Campus
		Newtown Campus
North East	Coleg Cambria	Yale and Deeside (combined)
North West	Grŵp Llandrillo Menai	Coleg Menai
		Coleg Llandrillo

4. Current Offer for FE Sports Students

There are currently approximately 45,500 full time students in FE in Wales of which the vast majority are within the 16-19 age group. Over 3000 of these students are studying full-time sport courses (data from audit 2014) this represents around 7% of the FE learner population at this age. It is apparent from the audit that this group will participate regularly in sport, volunteering and community coaching through the curriculum and their individual sporting interests.

Students in FE in Wales currently access sport and physical activity through the following options:

Figure 3. Opportunities for FE students in Wales



Data on sports students was used as a starting point for research to give a picture of the current sports volunteering workforce and level of sports provision within colleges which tends to be managed by sports departments.

The range of provision varies greatly both geographically and between individual institutions, Welsh colleges regularly punch above their weight winning British Colleges Sports titles in competitive sport and UK awards for volunteering Figure 4 below shows the level of success for 2013/14 for colleges from Wales.

Figure 4. 2013 / 2014 Welsh Colleges' Sporting Successes

British Colleges Sport - Cup winners <ul style="list-style-type: none">● Men's Elite Rugby Cup – Coleg Sir Gâr● Men's Rugby Cup – Coleg y Cymoedd 2nd XV● Men's Rugby Plate – Gower College Swansea
British Colleges Sport Awards <ul style="list-style-type: none">● College of the year – Coleg Gwent (Cross Keys campus)● Male sporting performance – Aneurin Donald (Gower College Swansea)
British Colleges Sport National Championships – Bath 2014 <p>Gold Medals</p> <ul style="list-style-type: none">● Women's Rugby 7s – regional team● Men's Trampoline - Danial Wood (Coleg y Cymoedd)● Men's Tennis – Luke Simeone (Gower College Swansea) <p>Silver Medals</p> <ul style="list-style-type: none">● Ladies Golf – Fauvre Birch (NPTC Group)● Ladies Squash – Nia Kenward (Coleg Gwent Cross Keys)● Ladies Badminton - Aimee Moran (NPTC Group) <p>Bronze Medals</p> <ul style="list-style-type: none">● Ladies Table Tennis - Alexandra Evans (Coleg y Cymoedd)● Ladies Tennis – Alice Scott (Coleg Cambria)● Ladies Volleyball (Coleg y Cymoedd)● Men's Volleyball (Coleg y Cymoedd)● Ladies Football (Cardiff and Vale College)● Men's Trampoline – Conor Lees (Coleg Gwent Cross Keys)

5. Result of Audit of Sports Provision 2014

The results from the audit were collated to provide the best opportunity for benchmarking against other information currently available. All information is provided as a national figure, with indication given of the upper and lower limits of the provision in places.

FE Sports Curriculum Provision

Gender gap	23% of FE sport students are female and 77% are male.
Age range	94% of sport students study on FE courses (16-19); 6% are studying HE courses in FE (19+).
Range of courses	The sport curriculum offer in FE varies from entry level 3 through to Foundation degree courses.
Size of sports departments	Variation from 35- 420 students per college.
Average size of departments	Wales: 190 students; England: 235 students (AoC Colleges Sport Survey 2013).

Competitive sport opportunities

- Average of 20 competitive sports opportunities.⁸
- Football is the most widely provided male sport in colleges with 28 college teams participating in organised competition; this is followed by rugby with 17 teams.
- Netball is the most popular sport for female students with 12 college teams playing in competitive leagues with football being the second most popular choice with 8 teams.

This data matches the most popular sport / activity trends in schools identified by the Sport Wales school sport survey 2013.

	2013		2011	
	Girls	Boys	Girls	Boys
Netball	32.0%		28.6%	
Football		51.3%		41.4%

⁸ any inter-college competitive sporting opportunity

Sports Enrichment / Recreation opportunities

This area provides 31% of the total number of sport / physical activity opportunities provided in Welsh colleges. Of this opportunity the offer varies significantly per college from zero enrichment activity that involves sport / physical activity to 15+ activities / week.

The average number of sports enrichment opportunities (i.e. non-competitive sport or physical activity) offered in Wales is 7 in comparison to 20 per college in England.

There are 35 different sports enrichment activities available across Welsh colleges.

The most widely offered activity in Wales is using college gym facilities followed by football / 5 aside.

Access to sports facilities

This varies greatly for colleges across Wales. Some have outstanding facilities that equal university sports parks, others rely on partnerships with local authorities, clubs and universities to support sports activities. Many of the colleges in Wales open their facilities to the wider community either for sports development use or as commercial ventures.

There is a considerable amount of local development work being undertaken that could increase the number of synthetic grass pitches available for college use. This includes venues adjacent to colleges or onsite at Bridgend, Ystrad Mynach, Llanelli, Newtown, Swansea and Bangor.

Table 3: comparison of college owned facilities in England and Wales

Facility	% of colleges that have the facility		% of facilities available for community use	
	England	Wales	England	Wales
Sports Hall	82%	69%	87%	82%
Gym / Fitness Facility	90%	88%	46%	50%
Grass Pitches	63%	25%	74%	50%
Synthetic Turf Pitch	37%	25%	91%	75%

Barriers to Participation

Sports departments were asked what they perceived to be the main barriers to increasing participation in their respective colleges and these were grouped under the main headings listed below.

It is recognised that many other factors including enjoyment levels and previous experiences of PE will also determine how staff and students approach participating in new activity.

Table 4: Barriers to increasing participation in FE sport in Wales

Availability / lack of facilities	69% (of colleges)
Timetabling constraints	44%
Availability of staff / resources	44%
Budgetary constraints / Funding	38%

Partnerships

Colleges support a significant amount of community volunteering through partnerships and relationships with a wide range of organisations.

The most common partnerships within FE include Sports Leaders UK, local authorities, local primary schools, the Welsh Football Trust and the Welsh Rugby Union, with 60% of colleges having some form of partnership with all of these organisations already in place.

Community Volunteering

Volunteering hours completed by sports students in FE in range from less than 500 hours per college to over 3,000 per college with potential to engage all sports students in community volunteering activity.

Examples include:

- Welsh Football Trust Football Leaders Awards – 300 leaders = 3000 hours
- Sports Leaders UK courses 2013/14 totalling around 1300 hours.

Table 5: Sports Leaders UK courses 2013/14 totalling around 13000 hours

College Name	Number of Leaders	Hours
Gower College Swansea (Ty Coch)	303	3030
Grŵp Llandrillo Menai (Coleg Llandrillo)	163	1630
Bridgend College	150	1500
Coleg Sir Gâr	108	1080
NTPC Group (Neath Campus)	106	1060
NTPC Group (Newtown Campus)	86	860
The College Merthyr Tydfil	86	860
Coleg Gwent	85	850
Coleg y Cymoedd	60	600
Coleg Cambria	37	370
Pembrokeshire College	35	350
Gower College Swansea (Gorseinon Campus)	27	270
Grŵp Llandrillo Menai (Coleg Menai)	27	270
Cardiff and Vale College	26	260

6. Conclusions

The following areas have been identified from the current state of play in colleges as the priorities for successful development of FE sport in Wales:

- Data on Participation and Volunteering
- Planning and Development
- Collaborative Partnerships
- Raising Participation
- Supporting Volunteering
- Elite College Sport
- Marketing and Communications

These strategic priorities will provide a framework to allow colleges to identify how they can contribute towards achieving the key outcomes. The strategic priorities will also identify how FE Sport in Wales needs to develop at a national and institutional level.

Each priority will have specific aims, action and performance measurements relevant to its role that allow the main outcomes to be divided into practical working objectives.

Aims, actions and measurements will need to be designed to allow smooth collaboration and comparison between FE and partner organisations.

More detailed information on any of the information in this report is available on request from the sports coordinator at ColegauCymru.

Annex: SWOT Analysis

Summary of data and information gathered by the audit of sport departments and meetings with NGBS and other third parties.

<p>Strengths</p> <ul style="list-style-type: none"> • FE college networks already in place for sport and curriculum • Experience of staff within FE sector • WCS success in elite college sport • Potential workforce of 3000 sports students • Potential volunteering capacity of 120,000 hours • Students already completing 5 x 60 programme and other Sport Wales initiatives in school • Current examples of good practice in developing participation and volunteering. 	<p>Weaknesses</p> <ul style="list-style-type: none"> • • • • • • • •
<p>Opportunities</p> <ul style="list-style-type: none"> • Potential of Young Ambassadors in FE and student management teams • Growth – large segments of college population potentially inactive in target groups – 60%+ • New partnership opportunities with HE providers / local authorities, volunteering sector, AoC and NGBs • New WCS sport structure • Flexibility of the FE sector to provide a diverse range of delivery to a diverse student population • Embracing the physical literacy agenda and potentially providing another level of intervention • Building on the success of the Schools Sport Survey • Collaboration with EU partners to provide wider range of experiences. 	<p>Threats</p> <ul style="list-style-type: none"> • Unstable nature of funding to FE and FE sport – rollercoaster approach • Tighter curriculum provision creating pressure on college staff resources – introduction of Learning Programmes and ILPs • National and local mergers – AoC / BCS, local authorities, colleges • Sustainability of new sports and new fitness activities within the college environment • Funding for new sports facilities – heavily dependent on funding from external sources.

Active Wellbeing Project Report 2016/17

31st August 2017

Acknowledgements

This report has been written by Rob Baynham (Sports Coordinator) with the support of the Welsh Colleges Sport Strategy Group (WCSSG), project leads in Colleges and Sport Wales Staff. In particular, thanks to Geraint Jones as Chair of the WCSSG,

Susie Osborne, Sport Wales Project Officer and ColegauCymru staff for support and guidance in completing this report.

The report is intended for Sport Wales and ColegauCymru as evidence of Sport Wales funded project activity in colleges during the 2016/17 academic year.

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4. Project Overview
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 - 9.2 NPTC Group
 - 9.3 Gower College
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1. Introduction

This report provides information on the impact of Sport Wales funded projects in the FE sector in Wales for the 2016/17 academic year. The primary focus will be on those projects managed by ColegauCymru and supported by Welsh Colleges Sport with information also provided on strategic developments and benefit of work undertaken by ColegauCymru. This is the final year of a three-year project (*Increasing Sports Participation and Volunteering amongst 16-24 year olds in Further Education in Wales*).

FE Colleges in Wales support a wide range of sport, physical activity and wellbeing activity for a full time student population of around 45,000 learners. Sport Wales funded projects provide an opportunity for colleges to create new and innovative activities, develop leadership and employability and tackle issues around inequalities in sports participation. On a wider scale, the project has also enabled ColegauCymru to create new partnerships with governing bodies and other organisations, accessing other streams of funding for the sector.

During 16/17 project activity has taken a new direction with funding for some larger collaborative projects, new project developments and co funding provided for the Erasmus+ Youth Sports Development Ambassadors project. All project activity is challenged to work towards one or more of the following strategic level outcomes:

- Increasing participation in Sport and Physical Activity
- Developing workforce and future employability
- Embracing the Sporting Pathway – recreation to competition
- Tackling Inequalities in Participation - reducing the gender gap
- Improving the Wellbeing of FE students.

Although not reported on directly in this document the FE sector continues to invest socially and financially in Sport and physical activity from college finances. Areas of interest to Sport Wales could include:

- Sports Curriculum - 3000 Students studying FE and HE in colleges
- Current FE investment in new Sports Facilities on campus and in the community
- Support for elite and talented athletes
- Competitive sports programmes in 14 sports
- Students trained as volunteers and deployed in community settings



Students from Coleg Cambria participating in physical activity as part of enrichment sessions

2. Strategic Developments

ColegauCymru has undertaken strategic development work across a range of areas during 2016/17 both as an advocate for the FE sector and to share best practice from project activity within the sector. This has included representation with Welsh Government Ministers, the former chair of Sport Wales and representatives from NGBs and similar organisations.

Work undertaken by the Sports coordinator has included commissioning research on the Wellbeing of Future Generations Act and its impact on the FE sector. In September strategic partnership work was undertaken with the Wales Audit Office around behaviour change and the WBFGA. This involved hosting a seminar “Another way to play” challenging some of the traditional approaches to Play environments with experts from Sport Wales, Public Health Wales and initiatives in Germany presenting.

Dissemination of this work and other examples of best practice has resulted in a direct impact on strategy at a college level with new strategies evolving and changes in some of the following areas to support funded projects.

- Colleges introducing new strategies for sport, physical activity and wellbeing including Coleg Cambria’s - Active Cambria as a sector-leading example
- Projects focusing on Health and Wellbeing of students and mental health including the LUSH project at Bridgend College and Healthy Colleges at NPTC group

- Employment of new officers and roles in FE colleges to support the delivery of FE projects including NPTC Group's Health, Physical Activity and Wellbeing officer
- Student led projects and student placements becoming more common-place with the introduction of the YSDA project, Football Activators and new leadership activity linked to HE sector.

The Welsh Colleges Sport Strategy group has continued to support this area of work and provide a platform for new ideas and strategic development. The Sports coordinator also represents ColegauCymru, FE and Welsh Colleges Sport on various groups including the AoC Sport national operations group, Sport Wales CSP project stakeholders reference group and Wales Activity Tourism Organisation consultation group.

3. Budget 2016/17

The core budget remained the same for the 16/17 academic year and was distributed as below within the project.

An additional £8k co-funding was also provided by Sport Wales for the Erasmus + YSDA project.

Grant Funding	Colleges	Amount per college	Total
Core Funding	13	£3k	£39K
Collaborative Projects	4	£15	£60k
Childcare / Physical Literacy	10	£1k	£10k
UPSHOT online Monitoring	13		£13K
Sports Coordinators Salary	n/a		£26250 (50%)
Welsh Colleges Sport	13		£1750 (50% contribution)

Conference 2017			
YSDA Project	Indirectly supports 4 colleges	N/A	£8k
		Total	£158K

All grant funding has been received from Sport Wales and allocated where project activity has taken place. In the case of the Collaborative and childcare projects there were delays in delivery due to the reasons listed below and any remaining funding will be allocated in the Autumn term of 2017 on completion of delivery.

Project	College / s	Reason / Amount to pay
Collaborative project	NPTC Group	Appointment of new project officer between Jan 17 – March 17. £7.5K allocated - £7.5K remaining
Collaborative Project	Pembrokeshire College	Project timeline adjusted to allow for new build of sports facilities to be completed. £7.5K allocated - £7.5K remaining
Childcare projects	7 / 10 colleges to complete training and deliver in Autumn term 2017	Delays in identifying PL trainers in some regions until March resulted in projects being postponed from a January 17 start to a September 17 start.

In the case of one college, there is concern that project delivery has not met the outcomes set out for 16/17. This situation is currently being reviewed and funding will be withdrawn if necessary.

Additional funding

There is a range of funding related to the sports project and other projects that contributes to the Sports Coordinators' salary, Welsh Colleges Sport and additional projects. This funding includes partnership projects with NGBs (FAW Trust and Street Games) that are indirectly funded by Sport Wales. ColegauCymru also

continue to provide additional administrative and management support for projects from college core funding. An overview is provided below:

Organisation	Contribution	Project / Category
ColegauCymru	£35k from College core subscriptions	Sports Coordinators Salary 50% £26250 Welsh Colleges Sport competitions £1250 AoC Sport affiliation fees £7500
ColegauCymru	£10k management fees	Admin support / CEO and Management work / Hosting of meetings / events
EACEA	£280k	Erasmus + YSDA project Approx. value of £80k to Wales as a partner organisation
FAW trust*	£8K	Football activators project funding
Street Games Wales*	£10k	US girls projects in FE Colleges overseen by ColegauCymru
First Campus	£5k	HE in FE work placements supporting delivery in 5 colleges as part of HEFCW reaching wider programme

College Contributions / Partnership / Sponsorship

FE Colleges support project activity, festivals, training events, tournaments and trials by providing facilities, transport, staff and student volunteers. In most cases this support is provided free of charge and without this type of support this activity would place a significant financial cost on colleges / projects.

Partnerships with HE providers allow facilities and student placements to support project activity including conferences, training events and support for FE representative sport. Partnership with NBGs provides similar support for regional tournaments and training of volunteers and officials (Welsh Athletics /YA Cymru /FAW trust / WRU / Cricket Wales / Glamorgan / Welsh Netball / Tennis Wales / Outdoor Partnership as examples)

Sponsorship for national teams and regional competitions from external sources including kit suppliers and transport companies is in place. Again without this support much of the competitive / representative offer in colleges would be reduced

significantly. This offer currently provides a “Sporting Pathway” for college students to progress from intramural recreational sport to inter regional and national level competition.

All of the above work is managed by the Sports Coordinator.

4. Project Overview

For 2016/17 a change of direction in allocation of project funding was agreed by the WCSSG. The aim was to move away from previous allocation of £5k per college of core funding to £3k core funding with an opportunity to bid for larger “collaborative” projects at £15-20K per project.

This process resulted in two main tiers of Sport Wales related funding managed by ColegauCymru with remaining project funding being allocated to UPSHOT online monitoring and Physical Literacy projects. Development of better reporting systems and sharing of best practice in upskilling non-sporty students had been identified in 2015/16 as key areas of development for project activity.

As indicated previously colleges were tasked with aligning project activity with the five outcomes identified as priorities for the sector and project funded activity. Of these outcomes, three align closely with Sport Wales community sport priority areas and two more closely with Estyn key questions for FE inspections.

The majority of project activity across all projects should be viewed as “new” activity which in many cases would not have been offered without the contribution from Sport Wales and work of college staff. With the use of UPSHOT it is also now possible to review the type of activity that was provided and frequency of participation.

Challenges remain in many areas developing new projects in the FE sector, these include an ever decreasing amount of “enrichment” time for students due to changes in course programmes and increased pressure on college lecturing staff who may previously have been given remission for Enrichment activity and additional activity.

It is clear where colleges have a designated officer or manager in place to oversee this type of activity – particularly in a cross-college role that the quality of project delivery is improved. In many cases these roles are a legacy of Sports Wales funded projects and in some cases new roles following strategic impact of the current project.

Employability and development of a student voluntary workforce, when embedded into college enrichment programmes continues to be an effective and sustainable resource for colleges. The third year of the project has seen mixed results in terms of development of Student Management teams and industrial placements. In some colleges / projects placements have not been as effective as hoped and numbers for management teams have been lower than predicted. Reasons for this have varied

from recruitment issues, previous student leaders moving on and support for students from colleges.

While these negative outcomes have been apparent in other colleges they are countered by many examples of outstanding SMT programmes and leadership activity by FE and HE students. One highlight from the 2016/17 year has been the emergence of current HE students who had previously worked on FE student Management teams in the first two years of the project, returning to support project activity in 2016/17 as part of degree course placement and the Young Ambassadors programme.

Kiera Davies – NPTC group / Cardiff Metropolitan University / Platinum YA / Netball Coach / Official

Previously a Sports Student and SMT member at NPTC group, Llandarcy, Kiera has led training sessions and workshops for the Erasmus+ YSDA project, supported social media delivery on projects, delivered a keynote speech at the WCS conference and workshops on Physical Literacy to FE staff and students. Kiera also volunteered as a Netball Umpire at the WCS regional competitions 2017.

Conor Lees – Coleg Gwent / Cardiff Metropolitan University / Youth Sports Development Ambassador / International Trampolinist

Previously a sports student and SMT member at Coleg Gwent Cross Keys, Conor elected to complete over 120 hours at his old college supporting delivery of activity, training of the current SMT and completing all project reporting for Coleg Gwent via UPSHOT. Conor has also presented at the YSDA conference and will travel to Hungary in September to share experiences with other European Ambassadors

YSDA Project

Sport Wales provides co-funding for the Erasmus+ YSDA project involving 7 EU partner countries. This project started in January 2017 has seen 28 YSDA and mentors recruited in partner countries and mobility visits underway for all partners.

In April 2017 the project was launched in Wales with the YSDA conference attended by the Minister for Sport, Rebecca Evans. AM. Presentations were made to delegates from the Sport and Education sector by partner countries, Cardiff Met HEYA and BME Sport Cymru.

Project delivery will follow from January 2018 with the final conference in Italy in September 2018.

More information is available on the project Facebook page
<https://www.facebook.com/YSDAProject/>

(Data and analysis of all funded project activity and outcomes is provided under the appropriate project headings below.)

5. UPSHOT

UPSHOT was introduced as a monitoring system for the FE sector in October 2016 with a view to providing better monitoring and evidence for FE projects. All FE colleges were provided with an UPSHOT account and the capacity to monitor up to ten funded and non-funded “Programmes”.

Initially key college staff attended training sessions with UPSHOT in November with sessions in Cardiff and Wrexham led by UPSHOT staff. Colleges were provided with “demo” accounts for training purposes and additional training from the Sport Coordinator prior to the system going live in January 2017. All colleges attended this training.

Use of UPSHOT has proved challenging in its first year with the primary barrier being sharing of student data on the system and consent. Colleges are in many cases reviewing this data protection procedures due to the forthcoming General Data Protection Regulation (GDPR) being introduced on 25th May 2017.

Colleges were reluctant in some cases to complete a “bulk upload” of student data for 2016/17 and this has led to differences in the data fields for individual colleges and the capacity of staff to upload registers. It is anticipated in most cases that colleges have overcome this problem for 2017/18 by including requests for consent in student enrolment paperwork.

The impact of UPSHOT will not fully be seen until the end of 2017/18 but initial improvements in monitoring and evaluation can be seen in the following areas:

- Improved data on number of “unique” attendees and the capacity to compare this with more traditional “head counts”
- Comparison of delivery / participation across X number of projects funded by Sport Wales
- Detailed analysis of frequency of participation v Participant by gender / project
- Analysis of the type of activity being undertaken v Gender / project
- Use of online media library providing college / project media over 200 images and documents uploaded.
- Initial use of mapping of project activity against demographics and areas of deprivation.

Targets for improvements for UPSHOT for 2017/18 include:

- All Colleges completing bulk upload of student data in September / October
- Movement from uploading backdated information to more online monitoring direct from project activity
- Better use of UPSHOT surveys and media options
- Use of student information to create online CVs and people reports for participants
- Better monitoring of volunteering activity.

UPSHOT has improved the ability to monitor projects significantly but potentially the system is only being used at less than 50% of its capacity. ColegauCymru will be coordinating termly training sessions and webinars for FE staff to support the improved use of UPSHOT for 2017/18

6. Childcare / Physical Literacy

The Childcare and Physical Literacy project was developed following a successful pilot project at Coleg Gwent funded by Sport Wales in January 2016. The project focused attention on the potential of upskilling students working with early years and also getting a cohort with levels of 50% inactivity to be more active.

To support this work ColegauCymru, in partnership with the behaviour change team at the Welsh Audit Office, coordinated a seminar challenging play stereotypes in September 2017. This seminar discussed new ways of working linked to the Wellbeing of Future Generations Act. Presentations were delivered by Sport Wales (Physical Literacy), Public Health Wales (Daily mile), Cardiff, and Vale College on early years environments in Norway.

<http://www.collegeswales.ac.uk/19-10-2016-Another-Way-To-Play-Can-we-change-play-environments-and-childcare-training-to-improve-physical-activity-levels>

Completion of the ColegGwent project identified many positive outcomes including more skilled and active childcare students, an additional unseen development was the ability of fellow students to help lead this new activity.

http://www.coleggwent.ac.uk/index.php?option=com_content&view=article&id=2625&cookie=3#.WSfIAJ_TWEc



Students and SMT members from Coleg Gwent Cross Keys Campus attending their multi sport session

16 / 17 project outcomes

- 10 college campuses signed up to deliver project
- 3 Colleges completed project with 7 to continue in Autumn 2017
- 3 colleges bringing childcare learners to Welsh Colleges Sport Active wellbeing conference

Outcome	Target	Actual – July 2017
Colleges	10	3
Participants	200	84
Sessions	100	56
Hours	100	111

Action required:

- Identifying trainers for Childcare Tutors and Learners for Autumn 2017 where local authorities are not able to lead.
- Cardiff Met HEYA team / Graham Haines identified as potential trainers for project
- Training day for College tutors October 2017
- Delivery of outstanding activity in 7 colleges
- Sharing of best practice from successful Childcare projects including Coleg Sir Gar



Childcare students from Coleg Sir Gar successfully climbing Pen Y Fan as their end of project challenge

7. Sports Coordinator

The Sports Coordinator's work during 2016/17 continued to primarily cover four areas

- Sport Wales Project activity – support for 13 colleges delivering core projects, and four delivering collaborative projects

- Welsh Colleges Sport Activity – 21 regional tournaments, national team manager, WCS conference, WCS Snowdonia Challenge, network meetings and communications
- Management and coordination of additional projects including the Erasmus+ YSDA project, US Girls, Football Activators, First Campus and Childcare / Physical Literacy
- Representation and advisory work for the FE sector including; Sport Wales CSP Stakeholders group, Wales Activity Tourism Organisation consultation group, AoCSport national ops group and meetings with Welsh Government Sport Policy.

Within this time period responsibility for managing UPSHOT and the Erasmus+ YSDA project has increased significantly with the implementation of both from September 2016 and January 2017 respectively.

New events and research work to support projects and share best practice have been introduced during the past year including:

- Commissioned research into the impact of the Wellbeing of Future Generations Act on the FE sector Autumn 2016
- Coordinating “Another Way to Play” seminar with Welsh Audit Office September 2017
- YSDA Project conference and launch April 2017
- Welsh Colleges Sport Snowdonia Challenge 2017.



YSDA project managers and YSDA from 7 EU countries and YA Cymru platinum ambassadors attending training at Leckwith Stadium in April 2017

UPSHOT and data from Welsh Colleges Sport events below provides an overview of the impact of this work and the added-value of work undertaken by the Sport

Coordinators via ColegauCymru and the FE sector against the five identified strategic outcomes:

Project / Event	FE Participants (16-24 age group)	Strategic Outcomes – with focus on
Core funded Projects	2308	All – Tackling inequalities
Collaborative Projects	761	All
Welsh Colleges regional competitions	1083	Sporting Pathway Employability
Childcare / Physical Literacy	84	All – Tackling inequalities, employability
US Girls	183	Tackling Inequalities
First Campus	115	All - Employability
YSDA training / Conference	39 (28 YSDA, 8 YA, 3 EU Placements)	Tackling Inequalities. Employability
Welsh Colleges Sport Snowdonia Challenge	120 (90 participants and 30 volunteers)	Sporting Pathway, Employability
Welsh Colleges Conference	170	All
Total	4,863	

The WCSSG, Sport Wales officers, ColegauCymru staff, college staff and students continue to provide a huge amount of support for the work of the Sports Coordinator. While UPSHOT will provide further data and project management, gaps where development and additional support for role remain, these primarily include:

- Social Media, Website and Comms
- Event Management
- Welsh Colleges Sport competitive programme.

8. Core Funded Projects



Equine studies students at Coleg Cambria utilising classroom space for a core session

13 Colleges participated in core-funded projects receiving £3k per college for 2016/17

Project delivery varied significantly across different colleges with some colleges having more established programmes, others working with new strategies for sport and wellbeing and others creating new activity on campuses where previously there was no activity. Overall participation numbers were lower than predicted for 16/17 with one college not returning data for activity. In comparison session, delivery has increased significantly on the original predictions.

Outcome	Target	Actual
Participants	2790	2308*
Male	1240	1147 (49.7%)
Female	1570	1161 (50.3%)
Sessions	1647	2208
Volunteers**	288	1,263**
UPSHOT		127
SLUK		838
Football Leaders		240
MV		58

*St David's college not included in delivery stats. Coleg Cambria, Gower College Swansea and The College Merthyr Tydfil activity recorded against other programme categories on UPSHOT but included in this data.

**Analysis of volunteering remains a challenge. Data provided from UPSHOT and partners but alignment with funded activity not accurate. This figure is an indicator of volunteering related to project and WCS activity

Core Funding Analysis

Using UPSHOT for monitoring purposes has provided more accurate reporting and the following trends can be observed, particularly in colleges with well-established programmes:

- Overall trend for smaller group sizes when working with tutor groups – e.g. 8 - 10 per session rather than the figure of 10-15 used for predictions. In many cases some of the group will participate and some will observe reducing participation but still attending
- An increased % of Female learners participating in project activity from 15/16 but less than the predicted % of learners within the 16/17 target.
- The number of hours of delivery being significantly higher than session hours, 3631 hours delivered in 2208 sessions.

Further analysis via UPSHOT is provided below, one significant data highlight is the difference between traditional “head counts” and the use of online monitoring via registered participants. For core-funded projects, registered participation of 2308 can be compared to head count data of 16,167 participants. This information may provide useful insight for Sport Wales in guiding the way monitoring is completed in other project activity.

UPSHOT data from 2016/17 core funding also provides data on activity type, frequency, cost and participation by Ethnicity that begins to demonstrate more clearly what project activity is taking place.

Activity Type:

Activities can be aligned to a range of overarching “Activity Types” in UPSHOT, reporting for 16/17 indicated that the following were the best attended “types” of activity.

Enrichment Physical Activity - 59% of project activity – typically non-competitive fitness based sessions

Enrichment Recreational Sport - 21% of project activity

Enrichment Wellbeing - 8% of project activity

This indicates that project funding is being directed at suitable type of activity as per college directives and can be used to guide further planning.

Frequency of participation:

The aim of college projects is to engage students in new activity for one session per week with the hope that this contributes to them reaching the “hooked on sport” target of three sessions per week. Colleges have been encouraged to be creative in session delivery and offer sessions in smaller blocks and at times that better match educational commitments (exams / placements etc.). The data taken from UPSHOT indicates that nearly 50% of participation is over 1-5 sessions but significantly over 35% of female students participating attended 10 or more sessions in core-funded projects.

All - 48% 1-5 sessions / 23% 5-10 sessions / 29% 10+ sessions

Female - 43% 1-5 sessions / 22% 5-10 Sessions / 35% 10+ sessions

Male – 51% 1-5 sessions / 25% 5-10 sessions / 24% 10+ sessions

Cost

UPSHOT provides some additional data on cost of delivery at a project and delivery organisation level. Sport England have recently launched a tackling inactivity project in partnership with AoC sport and provide a benchmark of £200 per student to introduce a previously inactive student to new activity.

Core funded activity in 16/17 was delivered at a project level at the following costs*

- £30 per participant, £4 per attendance, £1 per hour delivered
- £33 per session delivered

*data taken from project activity aligned to core funding – actual cost will be slightly lower

Costs vary significantly between colleges depending on resources and activity type. Further research and insight into the cost of participation against level of engagement and activity choices will be conducted in 2017/18 along with a comparison of cost for core funding and collaborative funding in 2016/17

A key issue with UPSHOT reporting for 2016/17 was the consent of students to share their data on the system. This resulted in variation between colleges as to the number of data fields uploaded and limited some analysis. It has provided some useful indicators of the potential of the system and some regional comparisons. Using participation by Ethnicity as an example across those colleges using this data the following is indicated:

- Cardiff and Vale College 18.4% participants from a BME background (287 sample size)
- Ceredigion less than 1% (106)
- Coleg Gwent (Cross Keys) less than 1% (116)

This type of data could be used as a starting point for colleges to identify if they are providing opportunities for students in comparison with their demographics. On a partnership level, it may also provide NGBS and other organisations with an

opportunity to identify colleges where they can base future demographic specific projects.

Volunteering

As indicated previously both the type of volunteering and data continues to be a challenge and is a priority for colleges and upshot monitoring for 1718. All colleges have a student management team but this varies significantly in terms of number of members, how it is deployed and recruitment. Some developments for 2016/17 have included:

- Cambria, Bridgend, NPTC, Pembrokeshire all developing their SMTs and linking in to larger projects
- Former FE students now in HE returning to their former colleges to support SMT and project delivery. A mixture of alumni and legacy for SMT programmes from the first two years of the project
- Strong links with the HEYA team at Cardiff Metropolitan University being created. This group is led by former FE students and has delivered training, workshops and presented to FE sector.

9. Collaborative Projects

Collaborative projects were introduced in 2016/17 following guidance by the WCSSG to guide learning from FE projects on some new and innovative themes. After a competitive selection process in September 2017, the following colleges were selected with the themes and an update on progress indicated below:

(Project reports are provided on all four projects in the annexes, these vary from an update on progress to more complete reporting.)

Bridgend College	LUSH – focusing on motivational change across all level 3 learners through a structured programme of interventions. Progress: (Project delivery complete, reporting complete on UPSHOT, some additional review / research advised.)
NPTC Group	Healthy Colleges – Developing college tutors as healthy college champions to lead on cultural change in tutorial sessions.

	Progress: Project part delivered due to delay in recruitment of tutors and a major staff change in January 2017. Reporting part completed on UPSHOT. Project to continue into 17/18 with completion June 2018.
Gower College Swansea	Fit 4 Life – Utilising partnerships and placements to facilitate physical activity among inactive vocational learners. Progress: Project delivery complete, data needs uploading to UPSHOT, further research and analysis required. Project completion November 2017.
Pembrokeshire College	Community Hub – Creating a new community hub for disadvantaged group using FE college and students as the base for activity: Project Delivery partially complete, data needs uploading to UPSHOT. Project to continue into 2017/18 with completion June 2018.

Data from UPSHOT indicates that the collaborative projects have had impact on 761 FE students. Currently reporting is incomplete on UPSHOT for Gower College Swansea, NPTC Group and Pembrokeshire.

Reporting from the Collaborative projects will require further analysis and research to provide insight into some of the more innovative outcomes that were predicted. Some interesting developments, trends and outcomes that have already been identified from LUSH project delivery at Bridgend include:

- Reduced exclusions and referrals for wellbeing support
- College increasing healthy eating options for students following outcomes of project survey around healthy eating
- Greater insight into activity provision including activity intensity, activity duration and peer group motivation.
- Utilisation of non-traditional spaces – theatres – common rooms etc.

From the Fit 4 Life project at Gower College initial reporting indicates some further interesting trends:

- Student participation and engagement more closely linked to specific subject groups than vocational areas. Better attendance from Beauty therapy and Spa Management in comparison to Hairdressing groups
- Significant differences in participation patterns between vocational areas among female students with positive response to project activity. Childcare

attending as larger groups on a monthly basis, Beauty therapy in small group on a more frequent basis.

- Adaptation of project delivery patterns effective in developing participation.

From the Healthy Colleges project at NPTC group:

- Five tutors from vocational areas trained as Healthy College Champions leading on new project activity
- Students engaged in challenges outside of normal college hours in a more social environment

Summary

The Active wellbeing project has experienced change in project delivery and funding mechanisms during the past academic year. Challenges remain working with young people in the FE sector, in many cases picking up the pieces of previous negative experiences not just in terms of sport and physical activity but also in education and Wellbeing.

Project activity has seen progress in terms of understanding delivery trends, introduction of the UPSHOT system and some exciting new projects in the FE sector. Strategic level change is also apparent from work undertaken by the Sports Coordinator with more colleges introducing new strategies, employees and cultural change to support change.

Identifying the number of students engaged in activity and volunteering and improving the quality of this information requires further work. Measuring the wider impact of project activity in the community and showcasing the work of students is also a priority moving forward.

Overall, it can be seen from project reporting that a dynamic and specific approach to delivery and planning is important when working with FE students. The impact of project activity can positively aid retention, behaviour and cultural change in a college. To support this, encouraging young people to lead more and providing support mechanisms including specific project staff appears to aid progress.

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

FE Colleges and students have a clear role in encouraging physical activity. As indicated previously the recent WG review of Sport Wales included some welcome points around future development of work with the FE and HE sector.

It is disappointing that terminology, discussion and planning involves and refers to schools directly but does not always refer to FE colleges. FE colleges provide education for over 50% of the 16-19 year olds in Wales with this figure being much higher in tertiary areas.

FE students in summary are future teachers, childcare workers, sports development officers and perhaps more importantly parents. The word "future" in this case would involve a period of only a few years from leaving college to employment or building a family.

Many of these students are in regular direct supervision of children as part of their college study and home life and could provide a viable short and medium term solution in encouraging physical activity for their peers and younger children.

EDUCATION including the FE sector should be included alongside those organisations listed in terms of improving levels of physical activity.

In either direction a clearer separation of roles or a more collaborative approach between organisations listed would be useful, currently the situation appears muddled and complex with initiatives such as the Physical Literacy for Schools programme being bounced between different organisations.

ColegauCymru would welcome the opportunity to provide the committee with further information or present on any of the areas in the consultation response.

Aneurin Bevan University Health Board response for the Health, Social Care and Sport Committee consultation on physical activity of children and young people.

We welcome the opportunity to contribute to the Health, Social Care and Sport Committee inquiry into physical activity of children and young people.

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

The most recent data from the Welsh Health Survey (2015) tells us that amongst 4-15 year olds, 57% of males and 45% of females were active for at least one hour per day for 5 or more days in the past week i.e. enough physical activity to meet the recommended participation guidelines for health.

It is more difficult to determine if the activity the children are participating in is sufficient for health gain i.e. moderate to vigorous intensity and consisting of activities that strengthen muscle or bone. The survey asked how much exercise children aged 4-15 had undertaken on each day in the last week. In the question, “exercise” referred to physical activity that left the child feeling warm or slightly out of breath, a different definition than that provided by the World Health Organisation.

Welsh Health Survey data is self-reported so this should be factored in when considering its robustness. The survey uses a relatively large sample and on the whole survey questions have remained unchanged and therefore can provide comparison over time. Looking at levels of physical activity participation in this age group there is a downward trend from 55% in 2007 to 51% in 2015.

From 2015 onwards the Welsh Health Survey was combined with a number of other social surveys in Wales, resulting in the National Survey for Wales. The survey includes a range of questions on sport and recreation but the methodology used is different to the previous Welsh Health Survey and as such there are some discontinuities in the data which might prevent continued comparison over time. Currently the survey focuses on people aged 16 years and over so does not provide data on children and physical activity levels but an update on child health lifestyle is due.

The Health Behaviour of School Aged Children (Wales) surveys children between the ages of 11-16 years, the most recent data (2013/14) states that approximately 1 in 7 young people report being physically active for a total of at least 60 minutes every day in the last week (15% Welsh average) with girls being less active (11%) than boys (20%) respectively and across all age groups and Family Affluence Score (FAS) grades. The HBSC survey shows that rates of activity decline with age in both males and females. There is also variation by Health Board area. Levels of participation in physical activity are no different in 2014 than they were in 2002.

% physically active 60 minutes a day every day

	Males	Females
Abertawe Bro Morgannwg	18%	9%
Aneurin Bevan	21%	10%
Betsi Cadwaladr	22%	11%

Cardiff & Vale	19%	12%
Cwm Taff	18%	13%
Hwyel Dda	21%	11%
Powys	22%	10%

The HBSC also reports data on the proportion of children walking and cycling to school with 32% across Wales and 34% males to 31% of females. Children from less affluent households are more likely to walk and cycle to school ranging from 29% of those considered most affluent to 48% of those considered least affluent. Again there is variation by Health Board geography but overall there has been little variation in the proportion of young people who walk or cycle to school. The survey also contains data on number of hours a day spent playing games on a computer, games console, tablet, smartphone or other device, watching TV, videos, DVDs and other entertainment on a screen which although the survey does not ask directly can provide some indication of sedentary behavior in young people. Survey sample size is large (9055) and details on sampling process, data analysis and weighting are provided. The School Sports Survey is an online survey of pupils' sports participation and school provision of Physical Education (PE) and sport. The 2015 surveyed 115,039 Year 3-11 pupils and found that 51.4% of males and 44.4 females were 'hooked on sport' i.e. take part in organised activity other than in curriculum time i.e. extracurricular or club sport on three or more occasions per week. The survey also explores participation by year group, race, disability or impairment, free school meal quartile and welsh language.

There is currently no data on physical activity participation available for infants and children up to 4 years of age.

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

The School Sport Survey provides a range of data on attitudes to participating in physical education, school sport and extracurricular sport, confidence in trying new activities and aspects that would encourage more participation in sport. Males tended to report that they would do more sport if: there were more sports that suited them (34.2%); that they had more time (32.0) and if their friends went with them (31.4%). Females reported that they would do more sport if their friends went with them (48.1); they had more time (39.6) and if there were sports that suited them (35.3%). However, the survey primarily focuses on sport rather than physical activity more generally.

Behavioural insight work commissioned as part of the Heads of the Valleys Large Scale Change programme; which aims to increase physical activity participation amongst women aged 14 – 40 years; explored the habits, barriers to activity, fears, intention to physical activity, support needed to achieve this and how they want to feel. The data were collected by telephone and online surveys and there were upwards of 1000 responses from the women in North Caerphilly, Blaenau Gwent and North Torfaen.

Insight for the 14- 18 year group:

FnYouth - YouthGroup → 17 → In School → Smartphone → Hourly use of social media → Snapchat	Current Sedentary Habits Sitting - in school Leisure - TV & Entertainment Intention - Only does things she has to	Physical Activity Intention Walking - I need to get from A to B Compulsory - School makes me do it Social Activity - things that are fun
	Barriers to Activity Intention - most PA is forced (walking A to B, school sports) Confidence - Unlikely to try things without support Access - Limited travel options Money - Limited financial resource	Needs to do: School - Get there, do work and get home Social - Connecting with friends and fitting in Travel - Getting from A to B
	Fears: Judgement - Being the odd one out Shame - Body confidence	Wants to feel: Popular - Like I fit into the group Entertained - things should be fun Fit - I want to be attractive Inspired - Look at whats out there

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.

The policy context in Wales facilitates the conditions which can increase the rate of physical activity universally. For example, Getting Wales Moving (2017) a joint report between Public Health Wales and Sports Wales - children should have easy access to physical activity opportunities and through education develop the skills and confidence to enjoy and active life.

Creating an Active Wales Physical Activity Action Plan (2005) states that one of its objectives is 'to increase physical activity across all age, gender and social groups' and so recognises that all groups regardless of age, ability or disability, gender or ethnic group, have the right to experience the health benefits of physical activity and would benefit from increasing the intensity and frequency of exercise. However, the greatest health gains are achieved when those individuals that are sedentary become more active. The strategy identifies that there is a need to minimise the participation gaps related to gender, age, disability, ethnicity and deprivation.

Active Travel (Wales) Act

Countryside and rights of way Act 2000,

Climbing Higher Welsh Government strategy for sport and physical activity

The need to set out a universal approach while at the same time also recognising the needs of different population subgroups has been made explicit by the fact that significant equity and equality issues exist in respect of participation in sports and physical activity amongst children and young people. Gender, socioeconomic status of parents, ethnicity, geography and age are all equity domains in which there are evidenced variations in levels of physical activity amongst young people. Policy that recognises these variations and is informed by understanding of their determinants is crucial to addressing health inequalities.

In addition, legislation requires Public services to undertake Equalities Impact Assessment (EIQ) on all key proposals and interventions. However, monitoring of the compliance and effect of these may need to be strengthened if their effect if their effect is to be maximised and their potential achieved.

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.

The Sports Council for Wales provides a summary of barriers to increasing physical activity categorised as behavioural/demand issues and environmental/supply issues.

Behavioural/demand issues	Environmental/supply issues
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Time/commitment	Facilities
Culture	Costs
Gender	Programming
Alternative activities	Transport
PE and school sport	Coaches quality/quantity
Personal appearance	Lack of volunteers
Role models	Legal concerns
Family responsibilities	Competition structures
Parental attitudes	Financial support
Personal safety/abuse	Negative experiences

Increasing Physical Activity (Welsh Audit Office 2007) recommends:

- Climbing Higher implementation
- Physical activity funding
- Alignment of plans
- Challenge and evaluation
- Free Swimming

Bevan Foundation Policy Paper No.9 - Active Lives: Physical Activity in Disadvantaged communities, provides recommendations for increasing physical activity with hard to reach populations. The recommendations are as follows;

- Effective marketing and promotion
- The natural environment as a resource for active living
- Identify a National recreation
- Walking for young people
- Greater understanding of behavior change
- Routine health screening
- Evaluation and sharing of good practice
- Establishing long term funding arrangements
- Combating crime and anti-social behaviour
- Providing childcare and support to establish family routines
- Collaboration of transport arrangements
- Tailored interventions for those at particular risk of exclusion
- Provision of sufficient trained exercise professionals
- Greater involvement of primary care
- Raise the professional standing of exercise professionals
- Breaking down social stereotypes
- Establish a physical activity task force

Everybody active, every day: What works – the evidence (Public Health England, 2014) clearly sets out opportunities for action across four domains: active society, moving professionals, active environments and moving at scale. Within each of these domains the focus is on the actions with the most potential and strongest evidence base and which run across the life course.

Evidence shows that those living in the most deprived areas are less likely to meet current physical activity recommendations and that those who have never worked are less likely than other groups to be physically active. The main barriers include cost, access and transport. There is some evidence to suggest that the inequality gap in physical activity levels between the most and least deprived is widening so any action will need to increase levels of physical activity across the whole population while narrowing the gap.

To achieve this recommendations include:

- Routine monitoring of physical activity opportunities for hard to reach groups is made a requirement of central finding and all programmes need to show how the needs of vulnerable groups are being met.
- Encourage, support and promote physical activity in family groups
- Increase access particularly in disadvantaged areas and particularly during evenings and weekends.

(Getting Wales Moving, 2017)

5. Physical activity guidelines and how we benchmark physical fitness in children.

Chief Medical Officer physical activity guidelines for early years (under 5s):

1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
2. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.*
3. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

These guidelines are relevant to all children under five, irrespective of gender, race or socio-economic status, but should be interpreted with consideration for individual physical and mental capabilities.

* Most UK pre-school children currently spend 120–150 minutes a day in physical activity, so achieving this guideline would mean adding another 30–60 minutes per day.

Chief Medical Officer physical activity guidelines for children and young people (5 -18 years) state that:

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

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

The Transforming Health Improvement in Wales Programme (2015) identified seven potential areas for action to increase the intensity and duration of physical activity in children and young people aged 3 to 18 years. three of which were considered to have a sufficiently robust evidence base for implementation and a further four which would require varying degrees of research and evaluation. These are summarised in the figure below.

The group ranked work associated with the school setting as the highest priority in this group including multi-component school intervention and enhanced physical education, although active travel to school was considered to be a development action.

INTERVENTION	POTENTIAL IMPACT	OUTCOMES	
Multi-component school-based programmes	Children and young people walk or cycle to school	Increase in young people who are active in line with guidance	Reduction in morbidity and mortality from physical activity related diseases and reduction in inequalities
Enhanced physical education lessons in school	Children and young people play out of doors on most days		
Multi-component interventions in pre-school settings	Children and young people take part in sport at school at a level beneficial to health		
Multi-component community interventions	Schools have policies and practices in place which support active lifestyles	Reduction in time spent in sedentary activity	
Multi-component cycling interventions			
Active travel to school	The local environment supports active lifestyles		
Social marketing/mass media campaigns			

Note: Interventions with broken outline lack sufficient evidence for widespread implementation at the current time and are proposed for research and development.

However we are unable to comment on the effectiveness of the Welsh Government Programmes aimed at promoting physical activity of children as we have not seen evaluation data. It is suggested that the Welsh Government Programmes should ensure that work aimed at promoting physical activity is outcome focused, reduce inequalities, be informed by the latest evidence and contributes to the evidence base.

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

We do not feel able to comment on the value for money of Welsh Government spending, however the Public Health Wales NHS Trust publication “Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales”ⁱ suggested that “Best buys’ to increase physical activity include mass media campaigns, supporting active travel (walking and cycling), brief intervention for physical activity in primary care and promoting physical activity in workplace, schools and communities. International evidence on cost-effectiveness of physical activity programmes suggest that the least cost-effective programmes are high-intensity “individually-adapted behavior change” and “social support” programs while the most cost-effective are point-of-decision prompts (e.g., signs to prompt stair use).

6. 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.

Getting any kind of behaviour change requires action regarding structures, processes and culture.

There is evidence that most people prefer to conform to the social ‘norm’, and this is particularly the case for young children who are largely reliant on their parents for their physical activity opportunities.

Older children and young people frequently site that they would be more likely to engage with physical activity if their friends also participated. It is notable that for this group, the draw may be social and framed around having fun, rather than being physically active.

Getting Wales Moving (2017) identifies actions to increase physical activity participation through the creation of Active Places and Active People. Within each of these areas for action there are specific actions for schools as a setting (Active Education) which includes:

- Ensuring all schools provide access to and opportunities for 120 minutes of high-quality, comprehensive physical education per week, embedding the physical literacy framework within their delivery

- Seek out and implement practical ways to increase use of school and FE facilities during evenings, weekends and holidays
- Assess the provision of good quality physical education lessons and opportunities in all Welsh school and utilise the physical literacy framework and school sport survey to demonstrate the impact of these being part of the Estyn Well-being Assessment framework
- Fully implement and maximise the Healthy Schools Programme to drive co-ordinate action to increase physical activity in schools
- Incorporate knowledge and understanding of physical activity across all initial teacher training
- As part of the Welsh Network of Healthy School Schemes require schools to regularly monitor travel to school; set goals for improvement and monitor change

However, it is unclear whether all of these actions are implemented, adequately monitored and reported on, particularly considering other curriculum pressures.

Whilst the school should provide universal and a good quality physical activity offer for children and young people, it is also important to strengthen the role of families and parents in ensuring children and young people are physically active and have physical activity built into their daily lives, to develop the 'habit' of being physically active. However, over the past decades we have often 'designed' physical activity out of family life as an unintended consequence of interventions designed to increase safety or efficiency. For example, it is quicker for time pressured parents to drive children to school, and then on to their work. Roads may be deemed too dangerous for children to cycle on.

Creating the conditions to facilitate increased physical activity rates, making physical activity the easiest option, safe, social and fun, falls beyond the remit of a single public service, but is aligned with the remit of Public Services Boards, particularly since there is evidence that increasing physical activity can contribute to all of the wellbeing goals.

There are clear actions for Public Service Boards and Local Authorities particularly in relation to the physical and natural environment and the action required to create communities and spaces that will encourage and enhance physical activity participation such as:

- Revised planning criteria that allows new regeneration and housing projects to consider the impact of their design on physical activity
- The use of Health impact Assessment
- Evidence –based best practice examples demonstrating how planners, transport planner, developers, planning committee members can contribute to the physical activity agenda.

The role of Public Health Wales is to provide the evidence of need for physical activity, and to provide the evidence of what interventions are effective for which target populations. There is also a significant role to facilitate the alignment of systems, to enable physical activity and to reduce the barriers to physical activity and a role to use best practice to promote the benefits of physical activity.

Physical activity is protective of both physical health and mental wellbeing. The role of the wider NHS is to take every opportunity and make every contact count to advise patients of the benefits of physical activity and to facilitate both primary and secondary prevention of ill health. It would be ideal if all health care workers were trained and resourced to signpost patients to activities which increase physical activity.

ⁱ Public Health Wales NHS Trust, 2016. Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales.

PACYP 27

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Elizabeth Lewis

Response from Elizabeth Lewis

Hello,

I have worked as a nursery nurse for over 30 years and have seen many changes in education. I have had SKIP training and have been using the programme to target small groups of nursery children each half-term for the last two years and also run a class for parents. The children's physical skills have greatly improved and it is one of the best programmes I have ever used to improve children's motor skills and confidence. In my opinion it offers value for money in order for Welsh Government to promote physical exercise and I hope the decision to end the funding of this programme can be looked at and the Welsh Government realise by looking at the results that this is so important for early childhood.

Regards,

Elizabeth Lewis

Pentre'r Graig Primary School, City and County of Swansea.

Response to the Health, Social Care and Sport
Committee National Assembly for Wales, Call for
Evidence:
Inquiry into physical activity of children and young
people

The Mental Health Foundation

Changing minds, changing lives

Our vision is for a world with good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Prevention is at the heart of what we do, because the best way to deal with a crisis is to prevent it from happening in the first place. We inform and influence the development of evidence-based mental health policy at the national and local government level. In tandem, we help people and communities to access information about the steps they can take to reduce their mental health risks and increase their resilience. We want to empower people to take action when problems are at an early stage. This work is informed by our long history of working directly with people living with or at risk of developing mental health problems.

The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

Website www.mentalhealth.org.uk

Twitter [@MHF_tweets](https://twitter.com/MHF_tweets)

Facebook www.facebook.com/mentalhealthfoundation

Contact: Millie Macdonald, Policy Officer, [REDACTED]

Summary

We call on the Welsh government to promote the benefits of physical activity to supporting mental wellbeing and health in addition to the widely recognised physical health benefits, and to engage health practitioners, schools and local services to encourage more active lives. To support this change, a preventative approach to public mental health needs to be adopted and the promotion of physical activity needs to be incorporated in all forms into health strategy at both national and local levels.

We would like to see:

- Place-based interventions in settings such as schools and communities that complement the life course approach that promote the role of physical activity to improve and sustain both physical and mental health.
- Local authorities should create physical and social environments to motivate children and young people to build physical activity into their daily lives, for example providing safe cycling routes and open spaces for children to play.
- National NHS bodies should take measures to address the financial barriers faced by many children and young people to regularly engage with physical activity by promoting types of exercise that are free or cheap to access for all.
- Health Education bodies should introduce health education and training programmes to all health practitioners focused on the health benefits of physical activity for both physical and psychological wellbeing.

1. While the health benefits of physical activity in managing weight and preventing chronic physical health conditions such as diabetes are well acknowledged, it can be just as important for maintaining and promoting our mental health. Physical activity offers an effective method of supporting mind, as well as body, with evidence consistently demonstrating that doing any physical activity is more beneficial than doing none when it comes to supporting wellbeing and mental health.
2. Our response acknowledges the concerning link between physical inactivity and mortality and presents the case that exercise has the potential to not just improve the physical health of children and young people but also its positive impact on general wellbeing. Physical activity can play a supportive role in the prevention and management of mental health challenges and how this learning can translate into new public health strategies.

• **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.**

3. Key points:

- Currently, mental health services are not meeting the needs of children and adolescents. The services have seen a 100% increase in demand (see CAMHS inquiry for Wales, 2014) and the services are struggling.
 - Physical activity can contribute to the prevention and treatment of mental health issues in children and young people.
 - Public health services could campaign and roll out more clearly the benefits gained for children and young people's mental health through physical activity.
 - Physical activity can reduce social isolation, social deprivation and improve quality of life which are common features in systemic mental health difficulties.
4. We are concerned that the inquiry focuses on only one aspect of health as the outcome of physical activity for children and young people. In line with increasing rates of mental health problems, an upward trend can also be noted in levels of inactivity in children and young people in the UK. While research into the links between physical activity and mental health is relatively new compared with that of physical health, physical activity is rapidly being established as an important factor in the promotion and sustenance of good mental health.
 5. Although the Welsh government's flagship programme [Climbing Higher](#) (2003) which aims to boost activity rates and improve fitness levels across Wales refers to the positive impact physical activity can have on mental health, it is by no means given the same weight as the physical health benefits¹. This urgently needs to be addressed when the guidance is reviewed (the guidance is now 14 years old). We call for parity of addressing physical and mental health - seeing the whole person benefits (physical, emotional, social, spiritual) from activity rather than just the physical aspects and urge the Welsh Government to ensure all policies reflect the fact that physical and mental health are intertwined.
 6. Public Health Wales' 5 Ways to Wellbeing (which makes whole population recommendations to improve wellbeing) should be used as a framework to build interventions on that demonstrates how physical and mental health are interlinked, with physical activity recommendations reflecting this integration.
 7. Currently, mental health services are not meeting the needs of the Welsh population. Public health services provide the obvious system to roll out widespread and varied support that has the capacity to reach those at greatest risk of mental health problems. A reduction in these services has the likely impact of increasing social isolation, social deprivation and decreasing quality of life. A higher prevalence of mental health issues is associated with poor physical health, socio-economic disadvantage and greater health inequalities and this will add yet more pressure to our public health services².
 8. We strongly support the inquiry's focus on the need to address health inequalities through the provision of universally available sport/play facilities. Disadvantaged groups are significantly

¹ Welsh Government. (2003). *Climbing Higher*. Cardiff: Welsh Government

² Elliott, I. (June 2016) *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*. London: Mental Health Foundation.

more likely to be affected by mental health issues, and addressing inequality is a key means to lower the risks for these groups and prevent mental health problems from occurring. In Wales we would particularly expect to target children and young people living in poverty, and those who are geographically isolated.

9. Promoting physical activity represents a cost-effective method through which the government can reduce the mental health burden and improve the wellbeing of individuals with mental health problems. We know that 50% of mental health problems are established by age 14³ highlighting the importance of early intervention and the introduction of policies that appropriately target children and young people.

• **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.**

10. Barriers:

- International research has suggested that an intense school curriculum that focusses heavily on academic achievement, insufficient school leadership support, lack of funding and resources, poor teaching quality are all barriers to promoting physical activity in schools⁴.
- Earlier research in the UK suggested self-conscious feelings about an 'unfit' body' and lack of competence in core skill were also barriers⁵. Not engaging in physical activity at a young age, could mean this particular barrier increases in significance throughout later life and preventing an individual engaging in physical activity in the future⁶. Children's time spent at school is a crucial period in the developing locomotor skills and control to help overcome this barrier.
- Children with additional learning needs or disabilities are vulnerable to develop mental health issues. A lack of facilitator training or stigma could be a barrier for these children and prevent them engaging in physical activity⁷.
- Working mothers and fathers represent high risk groups for declining physical activity, potentially resulting from family or work responsibilities, lack of support and time or feelings of

³ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6) pp. 593-602.

⁴ Hills, A., Dengel, D. and Lubans, D. (2015). Supporting Public Health Priorities: Recommendations for Physical Education and Physical Activity Promotion in Schools. *Progress in Cardiovascular Diseases*, 57(4), pp.368-374.

⁵ Allender, S., Cowburn, G., Foster, C., ; Understanding participation in sport and physical activity among children and adults: a review of qualitative studies, *Health Education Research*, 21(6), 1 2006, 826–835

⁶ Lai SK, Costigan SA, Morgan PJ, et al. Do school-based interventions focusing on physical activity, fitness, or fundamental movement skill competency produce a sustained impact in these outcomes in children and adolescents? A systematic review of follow-up studies. *Sports Med*. 2014; 44: 67-79

⁷ Shields, N. and Synnot, A. (2016). Perceived barriers and facilitators to participation in physical activity for children with disability: a qualitative study. *BMC Pediatrics*, 16(1).

guilt⁸. Children within these families may therefore lack the role model of their parents engaging in physical activity.

- Amongst the most common reason for participation in sport/physical activity is weight management in young people (particularly in young girls), despite the importance of other factors such as nutrition⁹. This may be discouraging for young people if they do not lose enough weight through an overreliance on physical activity. Promoting knowledge about the importance of physical exercise for mental wellbeing and in the prevention of mental health problems in the future could be a useful strategy in increasing motivation.

11. Good practice in schools:

- Achieving 60 minutes of moderate-to-vigorous physical activity each day will require a comprehensive approach. The Centers for Disease Control and Prevention suggest 5 components:
 - o Quality PE
 - o Physical activity during the school day
 - o Physical activity before and after school
 - o Staff involvement
 - o Family and community involvement¹⁰
- Teachers can increase physical activity through:
 - o Reducing transition time between physical activities
 - o Maximising student opportunities to be active
 - o Integrating fitness activities into more sedentary activities¹¹
- Lunch time is an important time to include physical activity – suggested that 40% of the time should be spent active¹². However, reviews suggest this is rarely the case, particularly for young girls¹³. Supportive school policies and environmental changes that facilitate physical activity can increase lunch time physical activity¹⁴.

• **Physical activity guidelines and how we benchmark physical fitness in children.**

12. We are concerned that the Chief Medical Officer's 2011 report Start Active, Stay Active does not reference the positive impact of physical activity on mental wellbeing for children and young

⁸ Mailey, E., Huberty, J., Dinkel, D. and McAuley, E. (2014). Physical activity barriers and facilitators among working mothers and fathers. *BMC Public Health*, 14(1).

⁹ Johns, D., Hartmann-Boyce, J., Jebb, S. and Aveyard, P. (2014). Diet or Exercise Interventions vs Combined Behavioral Weight Management Programs: A Systematic Review and Meta-Analysis of Direct Comparisons. *Journal of the Academy of Nutrition and Dietetics*, 114(10), pp.1557-1568.

¹⁰ Centers for Disease Control and Prevention. (2013). Comprehensive school physical activity programs: A guide for schools.

¹¹ Fairclough S, Stratton G. Physical activity levels in middle and high school physical education: A review. *Pediatr Exerc Sci*. 2005;17:217-236.

¹² Lee SM, Burgeson CR, Fulton JE, Spain CG. Physical education and physical activity: Results from the school health policies and programs study 2006. *J School Health*. 2007;77:435-463.

¹³ Ridgers ND, Stratton G, Fairclough SJ. Assessing physical activity during recess using accelerometry. *Prev Med*. 2005;41:102-107.

¹⁴ Ridgers ND, Stratton G, Fairclough SJ. Physical activity levels of children during school playtime. *Sports Med*. 2006;36:359-371.

people in its summary of supporting scientific evidence. We urge the guidelines to be updated to reflect the growing evidence base that links physical activity with good mental health outcomes as well as physical health outcomes and for this to be used as a benchmark of children's physical fitness.

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

13. Public Health Wales' 5 Ways to Wellbeing could be used as a tool to measure whether children/young people are looking after their own mental health. This could be assessed during primary mental health appointments, CAMHS appointments and also in other sectors like youth work, social work and education. Promoting and marketing of these materials for children and young people would be a helpful strategy for public health which has most of its promotion towards adults.
14. The Wales Network of Healthy Schools programme includes food and fitness along with mental and emotional and wellbeing¹⁵. This data and reports provide an opportunity for the link between physical activity and good mental health to be explored in greater detail.
15. The positive relationship between physical activity and mental wellbeing presents an ideal opportunity to explore new joint initiatives between statutory and non-statutory services and to highlight good practise within the third sector who are using sport and physical activity as a tool to increase mental resilience (for example, the Princes Trust, Cardiff City Foundation, Motivational Preparation College of Training (MPCT)).

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

16. A life course approach underpins the Mental Health Foundation's work to shape a framework to understand the development of mental health across the population, both with regards to mental wellbeing and mental health problems. The approach presents a framework to understand the origins of the inequalities affecting mental health and identifying pressure and transition points significant to mental health. A life course approach aims to protect children against mental health problems from the earliest point possible, investing 'upstream' to reduce later distress and cost.
17. This approach recognises points in the life course such as time of transition and change when there are both opportunities to promote mental wellbeing and opportunities to intervene in at risk populations. Early intervention in childhood and adolescence is crucial to public mental health but is a longer-term investment.
18. Physical activity represents one such intervention to shift our approach to look to the root causes of mental ill-health and schools provide one such setting in which it can be promoted. Not only does the research show physical activities positive impact on mental health, but it is also linked to improved academic performance and has positive implications as adolescent's transition into adulthood.
19. **Mental Health:** A Cochrane review showed that physical activity has a direct impact on the prevalence of anxiety and depression in adolescents¹⁶. Other reviews have also found physical

¹⁵ Public Health Wales. (2017). Welsh Network of Healthy School Schemes. Carmarthen: Public Health Wales

¹⁶ Summerbell CD, Waters E, Edmunds LD, Kelly S, Brown T, Campbell KJ. Interventions for preventing obesity in children. *Cochrane Database of Systematic Reviews* 2005, 3.

activity to be linked to reduced depression, anxiety and improve academic and cognitive performance with negative associations between sedentary behaviour and mental health outcomes. The review (2010) also called for a greater amount of high quality research to be conducted in this area as it is lacking¹⁷.

20. Numerous studies have explored the relationship between physical activity and depression in children and adolescents and have found that exercise as an intervention can improve symptoms of depression for this population group¹⁸. Observational studies have also found physical activity levels to be inversely related to depressive symptoms in early adolescence¹⁹.
21. **Academic performance:** Increased physical activity has been persistently linked to greater academic performance²⁰. Studies have shown higher grades are associated with participation in vigorous physical activity, particularly those meeting Healthy People 2010 guidelines²¹.
22. Reinforcing this argument, another review concluded that increasing the time children and young people spent engaging in physical activity in schools did not hinder academic performance, and that increasing the number of academic subjects in the curriculum did not increase academic performance, rather it can negatively impact on health²².
23. **Implications for adulthood:** Physical activity patterns in childhood often track directly into adulthood²³ and a Cochrane review of 36,593 children and adolescents across Australia, South America, Europe, China and North America concluded that school based physical activity interventions increased physical fitness, reduced time spent watching television, increased overall physical activity by 5 to 45 minutes more per day²⁴. Physical inactivity in adulthood is associated with a range of physical, as well as mental health issues.

• **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.**

24. Children spend around 8-9 hours per day for almost half a year, every year at school, and most of this time is composed of sedentary activities such as sitting in class. Schools therefore have a

¹⁷ Biddle SJH, Asare M Physical activity and mental health in children and adolescents: a review of reviews British Journal of Sports Medicine Published Online First: 01 August 2011

¹⁸ Brown, H., Pearson, N., Braithwaite, R., Brown, W. and Biddle, S. (2013). Physical Activity Interventions and Depression in Children and Adolescents. *Sports Medicine*, 43(3), pp.195-206.

¹⁹ Motl, R. (2004). Naturally Occurring Changes in Physical Activity Are Inversely Related to Depressive Symptoms During Early Adolescence. *Psychosomatic Medicine*, 66(3), pp.336-342.

²⁰ Sun, H., Li, W., Shen, B. and Rukavina, P. (2009). Middle School Students' After-school Physical Activity. *Medicine & Science in Sports & Exercise*, 41, pp.18-19.

²¹ COE, D., PIVARNIK, J., WOMACK, C., REEVES, M. and MALINA, R. (2006). Effect of Physical Education and Activity Levels on Academic Achievement in Children. *Medicine & Science in Sports & Exercise*, 38(8), pp.1515-1519.

²² Trudeau, F. and Shephard, R. (2008). Physical education, school physical activity, school sports and academic performance. *International Journal of Behavioral Nutrition and Physical Activity*, 5(1), p.10.

²³ Centers for Disease Control. Youth risk behaviour surveillance (United States). (2008). *Morbidity and Mortality Weekly Report*.

²⁴ Dobbins M, Husson H, DeCorby K, LaRocca RL. School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18. *Cochrane Database of Systematic Reviews* 2013, Issue 2.

strong influence over physical activity in children, and a duty to ensure children are getting enough²⁵.

25. School based physical activity interventions have shown to triple the likelihood of a child engaging in moderate to vigorous physical activity throughout the rest of the school day compared to those not involved in the intervention²⁶.
26. Parental levels of physical activity have a significant influence on the activity of their children²⁷.
27. Teachers and older peers are influential in promoting health behaviours in young people²⁸.

If you require further information or would like to discuss our submission, please do not hesitate to contact Millie Macdonald, Policy Officer, [REDACTED]

²⁵ U.S. Department of Health & Human Services. *Healthy people 2010: Understanding and improving health* (2nd ed.). 2000.

²⁶ Wareing, A. (2017). School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18. *International Journal of Nursing Practice*, p.e12542.

²⁷ Andersen N, Wold B. Parental and peer influences on leisure-time physical activity in young adolescents. *Research Quarterly for Exercise and Sport* 1992;63(4):341-8.

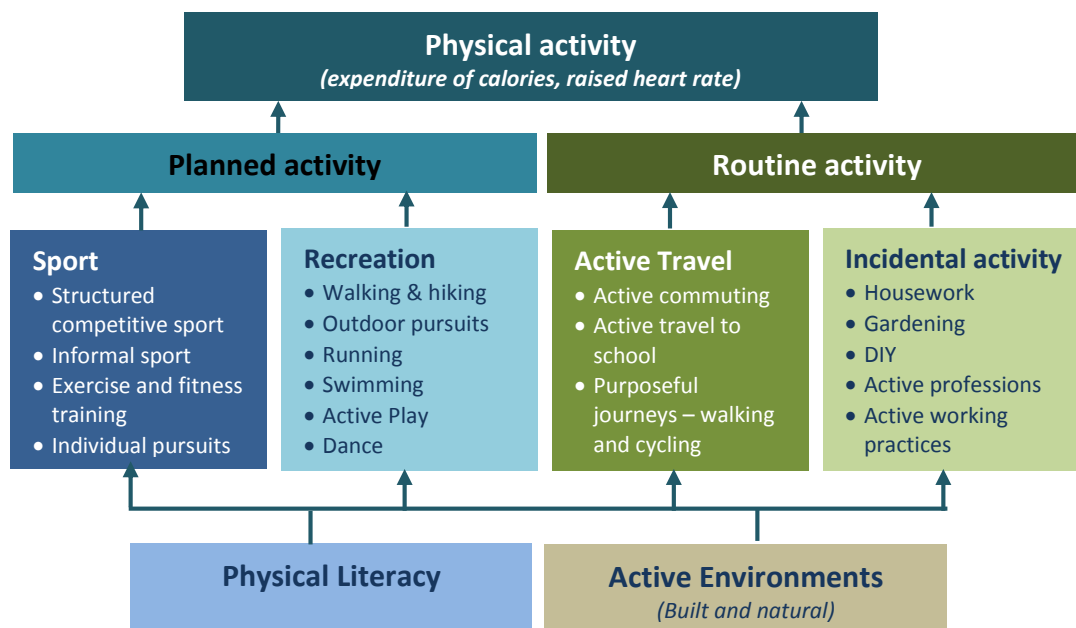
²⁸ Cohen, R., Felix, M. and Brownell, K. (1989). The Role of Parents and Older Peers in School-Based Cardiovascular Prevention Programs: Implications for Program Development. *Health Education Quarterly*, 16(2), pp.245-253.

Natural Resources Wales

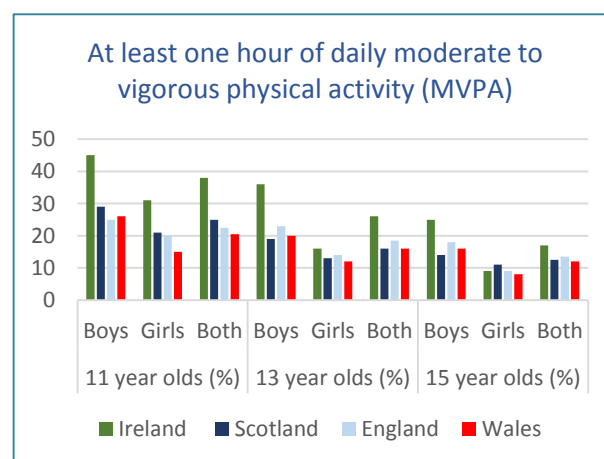
Consultation response: WG inquiry into physical activity of children and young people *(FINAL)*



1. Natural Resources Wales (NRW) welcomes the opportunity to contribute to this inquiry into physical activity of children and young people for the Health, Social Care and Sport Committee.
2. NRW's purpose is to pursue the sustainable management of natural resources in all its work to improve Wales' well-being, and provide a better future for everyone. Wales' natural resources provide our basic needs; the air we breathe, the water we drink, and the food we eat. They give us energy, prosperity and security; they protect us and make us healthier and our lives better. In exercising our functions and duties regard is taken to the health and social well-being of individuals and communities in order to help people live healthier and more fulfilled lives. As one such function, we advocate outdoor physical activity opportunities and the appropriate environmental infrastructure to enable physical activity for children and adults.
3. In responding to this inquiry, it is our belief that other organisations such as Public Health Wales and Sport Wales are better placed to focus on overall physical activity participation, therefore the focus of our response will be on outdoor activity of children and young people and other outdoor environment factors effecting participation.
4. **What do we know about physical activity levels in children in Wales? How robust is the data on this issue?**
5. Although there are a number of different sources of data about the physical activity levels of adults in Wales, this evidence is more limited for children, particularly in terms of pre-school age groups. The CMO Physical Activity Guidelines have separate levels for children 0-5 and 5-18. The main source of robust population-level physical activity data for school age children in Wales comes from the Health Behaviour School Children Survey, supplemented by the School Sport Survey (Sport Wales) and the Active Travel data from the National Survey for Wales. However, there is currently no robust source of data to measure the physical activity levels of 0-5.
6. The physical activity spectrum illustrates the multifaceted nature of potential participation and external influences:



- NRW is specifically interested in children’s physical activity in natural / outdoor environments, including both public and private spaces (ranging from urban parks, to woodlands and beaches, along with private gardens).
- There is currently no robust population-level data on children’s engagement with the outdoor environment in Wales, nor on the level of physical activity that is gained from play or recreation in these places. However, NRW will be asking a new series of questions in the National Survey for Wales on ‘Children’s Use of the Outdoor Environment’. Although this will not specifically measure physical activity levels, it will provide data on the frequency of outdoor recreation and play, and the activity which is undertaken. An indication of physical activity levels could be gained from using standard MET figures for these activities.
- Even with the addition of the above data, there is a lack of robust evidence on the physical activity levels of children in Wales, and a breakdown based on the ‘domains’ (sport; recreation and play; active travel; incidental), and the CMO PA guidelines ages groups (0-5 and 5-18).
- Equally, the robustness of the data is comprised by a reliance on self-report surveys (either direct from children or from parents / guardians), and a significant lack of accurate observed data (such as from accelerometers).
- Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.**
- It is well evidenced that there are gender differences in participation, the [Health Behaviour of School Aged Children Survey \(HBSC\) 2013/2014](#) illustrates that in comparison to the other home nations, Welsh children in secondary school (aged 11-15) participate in the least amount of physical activity, are the most sedentary and are more overweight or obese. Boys participate more than girls in all age groups and this gender gap continues into adulthood. As children progress through their teenage years it is evident that there is a considerable drop off in participation (with a corresponding increase in sedentary behaviour). In fact, only 8% of Welsh 15 year old girls participate to the recommended guidelines of an hours activity a day.



13. NRW has not undertaken a review of the evidence relating to gender differences in children's participation in active outdoor recreation and play. However, in Wales, we know women are much more likely to take part in outdoor recreation activities with children, than men. There are also significant differences in activity choices and physical activity levels in adults over 16, based on gender and social economic group. It is likely that these originate during childhood, so we would expect to see these activity preferences emerging at earlier ages. In general, men / boys are more likely to participate in active outdoor recreation pursuits and achieve higher levels of physical activity than women / girls (Welsh Outdoor Recreation Survey, 2014/15.)
14. Children's physical activity levels and their engagement with the outdoor environment are both significantly correlated with that of their parents (i.e. active, outdoor parents are linked to similar increased levels of physical activity in children). In terms of inequalities: ethnicity and social economic group are the strongest determinants of children's visits to the outdoors, whilst gender and age differences are less significant. (HUNT, A., STEWART, D., BURT, J. & DILLON, J. 2016. *Monitor of Engagement with the Natural Environment: a pilot to develop an indicator of visits to the natural environment by children - Results from years 1 and 2 (March 2013 to February 2015). Natural England Commissioned Reports, Number 208.*)
- 15. 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.**
16. Further discussion is also required on other vulnerable groups in addition to gender, e.g. disability, rural and urban populations, etc.
17. Education polices are aimed at all in school and provide an opportunity to instill positive behaviors and ensure minimum physical activity levels are achieved through a mixture of timetabled PE and outdoor learning. However, families need support outside of the school setting. A survey by Public Health England and Disney found 57% of children said they were more likely to be active if their parents were.
- 18. 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.**
19. NRW has not undertaken a review of the evidence relating to barriers to children's participation in active outdoor recreation and play.
20. However, there is a growing reliable and extensive body of evidence which suggest that the use of natural environments for physical activity promotes benefits to health and suggests that people enjoy physical activities more when undertaken in greener environments. There is also evidence that distance from greenspaces appears to influence frequency of use for physical activity - a study of people living in Bristol found that those who lived closest to a park were most likely to achieve the national physical activity recommendations.
21. Natural England (NE) have produced a series of evidence briefings regarding the natural environment and health:
- [NE Evidence Briefing – Natural Env. and Physical Activity](#)
 - [NE Evidence Briefing – Natural Env. and Obesity](#)
 - [NE Evidence Briefing – Natural Env. and Mental Health](#)
 - [NE Evidence Briefing – Natural Env. and Physiological Health](#)
 - [NE Evidence Briefing – Natural Env. and Learning](#)
22. There are also a range of reports and evidence notes on physical activity and health by Forest Research, e.g. [Physical activity and health](#) and Public Health England in association with Natural England www.fph.org.uk/uploads/bs_great_outdoors.pdf.

23. NICE Guideline PH17 (2009) Physical Activity for Children and Young People states evidence on participation, barriers etc. based on systematic reviews:
<https://www.nice.org.uk/guidance/ph17/chapter/Appendix-C-The-evidence> (see Evidence Statement 8.1, 8.4 and 8.5 re outdoor play, facilitators and barriers). Included in this evidence:
- moderate-to-strong positive association between time spent outside and physical activity in young people
 - barriers for both girls and under 8's include a 'competition' and 'sport'
 - other barriers include fear of traffic, adult disapproval of playing outside, fear of strangers, lack of facilities near to home, risk of accidents, poor quality play spaces
 - facilitators for children were:
 - (a) valued opportunities for independent outdoor play (for example, the chance to play away from adult supervision with friends; parents preferring these places for independent play to be courtyards or cul-de-sacs rather than through roads)
 - (b) preferred activities that emphasised fun, play and enjoyment rather than skills practice (for example, older children attending athletics club liked playing with friends).
24. Nice (2015) *Promoting Physical Activity for Children and Young People Evidence Update* <https://www.nice.org.uk/guidance/ph17/evidence/evidence-update-pdf-65748637> includes the following statement: Interventions aimed at increasing physical activity levels among pre-school children do appear to increase physical activity in this age group. Interventions with the largest effect include those that are unstructured and are outdoors.
25. Physical activity must be incorporated into children's lives in educational settings above and beyond PE and sport opportunities. The school curriculum is currently not sufficiently addressing the opportunities for learning in the outdoors and the knock on effects on increasing physical activity. See Lovell et al 2009 <https://www.era.lib.ed.ac.uk/handle/1842/4146>
26. With the current large scale review into the curriculum in Wales there is real opportunity to make learning and play outside the classroom mandatory across the age ranges. This form of learning can contribute significantly to increasing physical activity.
27. Outdoor Learning removes barriers with children being active without realising it. Forest Research (2006) found that on a day spent learning in a woodland environment, *'children were found to be significantly more active than on other typical school days'*. Levels of activity were *'2.2 times greater than those on the active school days and 2.7 greater than on an inactive school days'*. Active school days were those with a timetabled PE lesson. Children also regularly exceeded the daily recommended one hour of moderate to vigorous physical activity (MVPA) averaging 89.4 minutes. On typical school days, the children on average did not meet the recommendation – active days 29.1 minutes and inactive school days 20.5 minutes.
28. The 2006 NEF report stated that an evaluation of Forest Schools found that children developed physical stamina and their gross motor skills improved through free and easy movement around the site. They developed fine motor skills by making objects and structures. *'The role of Forest School in children's physical development has health implications and should not be overlooked'*.
29. We must ensure teachers and education support staff have the training and skills to implement high quality outdoor learning (NB: Forest School is one specific delivery mechanism – there are many others). Accredited modules are available through Agored Cymru and best practice is demonstrated by Cardiff Met and the University of South Wales who deliver OL qualifications within their teaching and Early Years degree courses.
30. Outdoor learning also creates a valuable link to the sustainable management of natural resources. The earlier in life people experience our natural resources, the more likely they are to continue to use and value them as adults into adulthood.

31. There is also an opportunity to set a minimum requirement for school grounds improvements in order to benefit pupil learning, health and skills development and wider biodiversity/ ecosystem management. If not available on site, every education setting should have a formal link to another natural area. There are many other benefits associated with this, e.g. a report, published by Natural England and the Royal Society for the Protection of Birds, also found that children's behaviour and school work improved if their playground had grassy areas, ponds and trees.
32. Research by the Policy Studies Institute (PSI) at the University of Westminster found that only 25% of primary school children are allowed to travel home from school alone compared with 86% in 1971. Figures collected by the Institute in 1971, 1990 and 2010 discovered a large reduction in the youngsters' independent mobility - the extent to which parents allow them to play and travel around in their local area without any adults. The study also found that the children have far less independence to get about alone when compared to German children of the same age. Children from 11 to 15 years old have also been facing greater restrictions on their independence.
33. Two year-long programmes run by NRW during the 2014/15 academic year looked at four propositions one of which was "Learning outside the classroom increases the level of physical activity in a normal school day". The report found that 'By using local sites within walking distance of the setting the programmes added a considerable amount of additional physical exercise to a "normal" school day through walking to site alone.'

34. Physical activity guidelines and how we benchmark physical fitness in children.

35. We recommend that we continue to use the CMO Guidelines for children and young people's PA levels, and this is then disaggregated by:
- (a) Domain – sport; active travel; recreation and play; domestic
 - (b) Factors that differentiate participation: age; gender; deprivation; ethnicity

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

37. This needs to include all public and 3rd sector programmes and schemes that impact, both positively and negatively, on the physical activity levels of children (not just on those programmes that have a specific aim of increasing PA levels).
38. We would recommend the development of standard evaluation questions, indicators and metrics to enable the comparison of different interventions, and to build a more comprehensive evidence base of 'what works' to increase children's physical activity levels in Wales.
39. The use of observational methods (such as accelerometers) should be recommended where possible, to improve the robustness of evaluation data. We would also recommend more longitudinal evaluation studies to monitor how sustainable any increases in physical activity levels are over time.

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

41. Consideration should be given to assessing the cumulative 'value for money' for the public purse of interventions that deliver multiple benefits, including increasing children's physical activity levels. For example, a new green outdoor play space in an urban area could deliver a range of tangible benefits, including increasing children's physical activity levels, improving air quality, and reducing flooding through mitigating surface water drainage. Cumulative valuation of these benefits will provide a much more accurate assessment of total 'value for money' than more silo-based intervention assessments. This approach would also support the aims and goals of the Well-being of Future Generations Act.

42. If Outdoor Learning at all ages and use of the natural environment is written into ITE as a statutory part of the training curriculum it will flow naturally to all children and young people. This would follow good practice from Scotland who include the following in their mandatory requirements for Registration with the General Teaching Council for Scotland:
- *demonstrate that they can select and use a wide variety of resources and teaching approaches, including digital technologies and outdoor learning opportunities;*
 - *skilfully deploy a wide variety of innovative resources and teaching approaches, including digital technologies and, where appropriate, actively seeking outdoor learning opportunities.*
43. **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.**
44. This point should be expanded to include wider public and 3rd sector bodies, including NRW and the environment sector in Wales. It is the role of many bodies to embed physical activity in to daily life.
45. Embedding strategic priorities in collaboration with Schools, parents and peers is of primary importance in order to gain effective delivery.
46. NHS Wales has a vital role to engage with other sectors and providers to increase the prevalence of social prescribing for improved mental and physical outcomes. The natural environment holds great value in this agenda and using it for the delivery of projects for children and young people is a vital link.
47. Links need to be made to other strategic priorities, e.g. First 1000 days and family life - mothers who are not active are less likely to transfer active behaviour to children.
48. Schools need to gain confidence to take children outside. There is a need to increase knowledge within Estyn on what to look for and acknowledging the lack of inclusion of use of the natural environment in teacher training.
49. There are opportunities to include outdoor learning in the new curriculum. This form of learning and an understanding of the need to sustainably manage our natural environment supports the Four Purposes outlined in A Curriculum for Wales – a Curriculum for Life” in particular supporting children to become “ethical and informed citizens” and “healthy, confident individuals” whilst providing “opportunities and activities that expand horizons within and beyond the traditional learning environments of the classroom”.
50. Foundation phase originally had equal access to indoor and outdoor but frameworks like literacy and numeracy lead to more assessment and the perceived need to carry that out indoors. The new Digital Literacy Framework has the potential to lead to more in class teaching so there is a need to be creative about the use of IT in the outdoors.

PACYP 30

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Cymdeithas Saethu a Chadwraeth Prydain

Response from the British Association for Shooting and Conservation

Written evidence submitted by the British Association for Shooting and Conservation to the Health, Social Care and Sport Committee inquiry into physical activity of children and young people.

Executive summary

- Shooting is inclusive, promotes personal wellbeing, physical activity, mental health and it saves lives.
- Shooting is an enjoyable, accessible, quality experience and provides opportunities to participate in sport, get active and to spend more time outdoors in the countryside.
- Participation in shooting is growing, with at least 76,000 active participants in Wales.
- BASC would welcome the Welsh Government's support in encouraging state schools to provide shooting opportunities.
- Sport and recreation organisations are the key mechanism to driving up rates of physical activity.
- Public/private partnerships could be used to harness the reach and influence of the sports sector in getting young people in Wales more active and to provide taster sessions for a wide range of sports, including shooting.

The British Association for Shooting and Conservation

1. The British Association for Shooting and Conservation (BASC) is the representative body for sporting shooting in the UK with a membership of over 148,000. It aims to protect and promote sporting shooting and well-being of the countryside throughout the UK. It actively promotes good firearms licencing practice, training, education, scientific research and practical habitat conservation.
2. BASC's headquarters is based in Rossett in North Wales. BASC staff work with the Welsh Government, its agencies and Welsh non-government organisations on a range of topics relating to conservation, land management, shooting and other outdoor pursuits.
3. BASC is an active member of the Sport and Recreation Alliance.
4. BASC co-ordinates the production of educational resources and provides shooting opportunities for members, the general public, schools and colleges.

5. BASC runs Young Shots programmes to encourage the participation of young people in shooting activities.

Shooting supports a prosperous Wales

6. Shooting in Wales supports almost 2,500 full time jobs throughout the supply chain (PACEC, 2014). This equates to £64m spent in Wales by shoot providers and participants annually. However, this does not include the wages of permanent and casual staff.
7. Shooting supports jobs up and down the supply chain. In Wales it has been estimated to provide Gross Value Added of £75 million to the UK economy.
8. Shooting supports tourism and can be a very important source of income outside of traditional tourism periods.

Shooting supports a healthier Wales

9. Shooting promotes personal wellbeing. 95% of shooting participants report that shooting is important to their personal wellbeing and 71% would do less physical activity if they couldn't shoot (BASC, 2016).
10. Shooting promotes physical activity. Across the UK, 88% of participants reported that shooting gives them moderate to high intensity exercise and 92% of shooting participants would spend less time on outdoor recreation if their involvement in shooting stopped (BASC, 2016).
11. Shooting saves lives. Estimates from data in England suggest that the physical activity involved in shooting helps to prevent 106 deaths a year and 10,000 cases of life-limiting disease (BASC, 2016).
12. Shooting promotes good mental health. Shooters report an average of 20 friends made through shooting activities, and 77% said their social lives would suffer without shooting. Furthermore, the participation in outdoor recreation has been shown to lead to a significant decrease in mental health issues (Mind, 2013).

Shooting supports a more equal Wales

13. Shooting is inclusive. There is no urban/rural divide and a great leveller for boys and girls, and men and women, who can compete on an equal basis.
14. Shooting is a versatile activity. It can be moulded to fit people's needs and circumstances.
15. Shooting is accessible. The Disabled Shooting Project said: "Target shooting is the most accessible, inclusive and integrated of all mainstream sports" (See <http://disabledshooting.org.uk/>)

Supporting young people to participate in shooting

16. Increased investment in initial teacher training for primary school teachers would ensure high-quality PE, sport and physical activity from the start of the education journey. Outdoor learning should be embedded across the curriculum and included in training for current and new teachers.
17. Shooting is an enjoyable, accessible, quality experience and provides opportunities to participate in sport, get active and to spend more time outdoors in the countryside.
18. By bringing people together and getting them more active, shooting generates enormous benefits to the community, the economy and to the nation's health and wellbeing.
19. Schools can encourage young people to be active by not closing down opportunities and welcoming all types of sport. BASC has experience of school teachers turning down offers to provide children with shooting opportunities. This is not an issue that is exclusive to shooting sports. Education and support is perhaps a solution.
20. People will regularly take part in sports that best match their natural preferences and abilities. If we provide people with as many sporting opportunities as possible at an early age, the likelihood of people discovering 'their' sport increases and with it a lifelong participation.
21. BASC is open to running introductory days to shooting sports in Welsh state schools. For example, we provide primary school children at West Rise Junior in Eastbourne with an annual opportunity to have a go at clay pigeon shooting, air rifle shooting and learning about the important role that shooting plays in the management and conservation of the British countryside.
22. Many children from private schools get to enjoy shooting as part of their extra curricula activities, however, these opportunities do not seem to be afforded to children at state schools. School children should be given the same opportunities whatever their background or education. It's important to remember that shooting is a socially inclusive sport, which is safe, fun and in which boys and girls can compete on an even keel.
23. Participation in shooting is growing with at least 76,000 active participants in Wales. Shooting is open to all backgrounds, ages and abilities and is an activity that people can take part in throughout their lives. Education is a key part in learning to shoot which will instil good habits and high standards.
24. The success of team GB at the Olympics and Commonwealth Games in target and clay shooting reflects the historical importance of shooting sports and the passion that this country has for it, despite having few modern facilities to train at.
25. Talent development should incorporate other routes, outside of the traditional national governing body/club structure, including schools and higher education.
26. BASC would welcome the Welsh Government's support in encouraging state schools to provide shooting opportunities.

Public/private partnerships to encourage participation in shooting

27. Sport and recreation organisations are the key mechanism to driving up rates of physical activity. The sector contributes to the objective of increased physical activity and improved health and wellbeing outcomes in various ways. These range from being commissioned by various health bodies to run specific projects, to helping to identify needs, or simply bringing people together and getting them more active while they enjoy participating in our sports/activities.
28. Public/private partnerships could be used to harness the reach and influence of the sports sector in getting young people in Wales more active and to provide taster sessions for a wide range of sports, including shooting.
29. Organisations that are not recognised as governing bodies for their sport can play a valuable role in helping to make sure that sport and health delivery bodies work together as effectively as possible. Otherwise, we risk missing opportunities to engage with a much larger network of people.
30. BASC is not a recognised governing body, but it is by far the largest shooting organisation in the UK with over 148,000 members. We have already built public/private sector partnerships to deliver for the future of sporting shooting through our investment in a network of highly qualified airgun and shotgun coaches nationwide.
31. BASC coaches provide tens of thousands of adults, children and young people with shooting opportunities annually, ranging from public places, such as shooting clubs and countryside fairs to schools, Scout jamborees and Cadet camps.
32. BASC's ST-2 Shooting Simulator from Marksman Training Systems is the first shooting simulator for shotgun and rifle shooting designed specifically for demanding users, such as shooting instructors, who give professional shooting advice. Anyone, both new and experienced in shotgun or rifle shooting, can use the simulator to get a first introduction to shooting, or to improve their shooting skills and enjoyment of the sport (See <http://basc.org.uk/sporting-services/shooting-simulator>).
33. In 2015, more than 4,000 people tried shooting sports for the first time using our shooting simulator at various events including game fairs, county shows, courses, schools, political party conferences and a series of national sports roadshows.
34. BASC has worked with the Guides and Scouts in providing taster sessions at their jamborees and other events.
35. In 2016, BASC was commissioned by the Essex International Scouts Jamboree to provide one of the lead activities at its week-long jamboree held near Chelmsford, Essex. A total of 5,817 Scouts and Girl Guides were introduced to clay shooting and were taught basic shooting principles at BASC's largest ever shooting line.

36. This year, BASC has been involved with the Guides and Scouts at five events, including the Suffolk Moot, where we introduced 500 Scouts and Guides to shotgun shooting.
37. BASC coaches provide shotgun shooting training for the Cadet Forces as we are one of only four organisations whose training courses are approved by the Home Office and Ministry of Defence. For example, BASC hosts clay shoots for Cadets at the RAF Shawbury annual camp where we coach young people from across the UK. We also support the International Air Cadet Exchange, coaching Cadets from Canada, USA, Germany, Belgium, Holland, Australia, New Zealand, Hong Kong and South Korea.
38. Airgunning is a cost-effective way of providing shooting opportunities. BASC trains volunteers in Wales to be airgun coaches. There are an estimated four million airgun owners in the UK. Schools could consider having an airgun range on their grounds or link up with shooting clubs and coaches in their area.
39. Through our coaching programme, we find that participation in shooting builds life-long skills such as leadership and discipline.
40. BASC believes that increased participation in shooting at taster days will lead to an increased responsibility within young people to firearms and, indeed, people of all ages.
41. Participation in shooting taster sessions can be measured through the number of coaching lessons provided with delivery bodies gathering and reporting on that data. Long term data on the number of certificates issued and the sales of ammunition will give an indication of participant trends.
42. BASC recommends that regional centers of excellence for shooting sports are developed in Wales so that talented shooters can be identified and coached in a consistent way.
43. With more shooting simulators and volunteers we could greatly increase the participation of young people in shooting in Wales.
44. We would be pleased to meet with the Welsh Government's Health, Social Care and Sport Committee to explain in more detail how we could build public/private sector partnerships.

References

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**City and County of Swansea
Cultural Services**

<p>What do we know about physical activity levels in children in Wales? How robust is the data on this issue?</p>
<p>Physical Activity levels have remained relatively static over the years. Accurate benchmarking and trend analysis is difficult to measure as the methods of recording have changed.</p> <p>The School Sport Survey is a useful tool and relatively robust. However the timescale for this survey has now changed which brings into question the validity of the data.</p> <p>The School Sport Survey is a very useful tool and we have had positive feedback from schools that have utilized the results within School development plans. The reports and infograms are beneficial and provide relevant information for grant applications and help inform planning.</p> <p>There are questions around the reliability of the results and the ease for schools to ensure that ‘sporty’ children complete the survey, which does not reflect the true picture of activity levels.</p> <p>The school sport survey does not reflect new CMO guidelines.</p> <p>With new areas of work around physical literacy and CMO guidelines of 0-5 years olds – there is no means to evidence baseline data or progression in Wales.</p>
<p>Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.</p>
<p>Gender differences have been clearly identified throughout the AYP programme being delivered across Swansea. Current consultation with girls has identified that we need to deliver alternative opportunities in a fun, social, non-competitive environments e.g. Us Girls.</p> <p>There needs to be a greater understanding that programmes such as Us Girls are having a greater qualitative impact, rather than quantitative and the benefits are being seen through an increase in the number of opportunities being made available to young women and girls. The personal, social and well-being benefits are also significant and should be recognised to a greater extent through ‘good news stories’ and ‘snap-shots’.</p>
<p>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.</p>

<p>Best fit locally to impact on addressing health inequalities is ‘Creating an Active and Healthy Swansea’, which is based on ‘Creating an Active Wales’.</p> <p>WG policies/strategies such as Climbing Higher and CAW has helped raise the profile of active, healthy lifestyles and raised the issue of health inequalities.</p>
<p>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.</p>
<p>Partnership working is key to increasing participation and improving well-being, yet this is becoming an ongoing challenge as a result of frequent shifts in focus or discontinuation of the organisations having the biggest impact in communities. This is having a negative impact on positive projects that are being established, where participants are not receiving the relevant, specialist input they need to continue to benefit from varied and meaningful opportunities in the long term.</p>
<p>Physical activity guidelines and how we benchmark physical fitness in children.</p>
<p>As above. Physical activity guidelines and benchmarking processes have changed so it is difficult to measure effectiveness and success over a prolonged period.</p> <p>CMO guidelines are welcomed but as they have changed over the years it is difficult to benchmark long-term</p> <p>Swan-linx and Dragon Challenge are examples in Swansea where useful primary data is identified, which can be benchmarked against the same age group over a period of years- further funding required to explore this area if it is to become a long-term opportunity/research project.</p>
<p>Measurement, evaluation and effectiveness of the Welsh Government’s programmes and schemes aimed at promoting physical activity of children.</p>
<p>As above. Accurate benchmarking and trend analysis is difficult to measure as the methods of recording have changed.</p> <p>The School Sport Survey is a useful tool and relatively robust. However the timescale for this survey has now changed which brings into question the validity of the data.</p> <p>A number of programmes have limited effectiveness due to the short-term nature of the funding. Although programmes may run for a number of years the funding is only confirmed annually which reduces the opportunity for effective long-term planning.</p> <p>A number of the programmes have initially been very prescriptive and have not allowed local solutions to local needs</p> <p>The changes of funding over the years in particular from PESS to PLPS, we have seen a noticeable impact across primary schools and an increase in demand from schools for support from AYP. Schools are looking for expert advice for schemes of work and the curriculum delivery. An area which AYP is not funded for but has supported in the past.</p>

Recent positive changes in AYP funding has provided the opportunity to develop projects based on the needs of the community. The prescriptive nature (as above) of 5x60 and a pressure to increase participation in extra-curricular sports and physical activity deterred from the quality and ability to work with individuals who needed to support and remove the barriers (Inactive to Active).

Positive investment has been made across the local authority including Community Chest, development grants, 3 G pitches, Calls for Action, AYP.

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

Budget only allocated for one financial year, long term funding (3-5 years) would ensure that appropriate planning can take place. Staff uncertainty each year affects morale and has had an impact on the turnover of staff on WG funded programmes. The inconsistency of programmes and delivery ultimately has a negative effect on ability to promote exercise in children.

Regional planning on certain programmes can add value and ensure that consistent messages are delivered across Wales.

U16 Free Swim ‘splash’ sessions do not necessarily provide good value for money.

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.

Collaboration of all partners is vital in improving levels of physical activity. Clear Everybody has a role to play.

There does not seem to be a ‘golden thread’ between organisations.

There is a lack of knowledge and understanding across all areas. Need to drive consistent key messages.

We feel that teachers need to understand how to teach children to move. Currently there is a lack of confidence across schools to deliver sport and physical activity and even active/outdoor lessons. The outdoor learning network in Swansea is a great advocacy for learning with positive results/case studies to share with the sector.

Many of the children entering our schools have poor physical skills. This is affecting how much physical activity they can and will do.

We need a programme that teaches about how young children develop their motor competence. This foundation of good movement is vital if they are to be active throughout life and to help practitioners understand how to alter constraints relating to tasks and the environment so that pupils progress through the stages of development and become more competent, confident and more physically active.

All teachers in the Foundation Phase need to understand how to teach children to move so that we can lay the foundations for all young people to be physically active for life.

Any recommendations for promoting and increasing physical activity of children

and young people

A greater emphasis on engaging and educating families as a whole is needed, to ensure that simple, key messages around physical activity, health and well-being are being delivered through achievable daily targets and focusses. Parents and older children can and should be encouraged to have a greater role in increasing physical activity, in the home, at open spaces throughout the community and also in schools, clubs and community groups.

This could be achieved by establishing more family focussed activity sessions in various locations, so that physical activity becomes the 'norm' and those simple, but key messages become a part of daily life. Also, a return to a more focused approach to encouraging parents to volunteer, which have been successful in the past, could be beneficial and could help to develop a culture change in attitudes towards physical activity.

15 September 2017

Response from the Royal College of Nursing Wales to the Health, Social Care & Sport Committee's inquiry into physical activity of children and young people

The Royal College of Nursing is grateful for the opportunity to respond to this inquiry. Whilst the terms of reference ask for consideration of a number of specific areas, our response will focus on a few overarching points relevant to the nursing profession.

- I. All health care professionals have a role in promoting public health and thus promoting healthy lifestyles. As the largest workforce working with children, their families and carers, the nursing workforce is ideally placed to play a key role in the healthy lifestyle agenda across all health care sectors and environments. In particular, Health Visitors and School Nurses who come into contact with children and young people at various stages through their lives, are well-placed to promote the benefits or maintaining active lifestyles and encouraging children and young people, and their families, to partake in regular physical activity.
- II. Health promotion is a fundamental part of nurse training and practice. However, decreasing numbers of nurses, the lack of additional targeted training and capacity within their day to day role, can have an impact on nurses' ability to interact with children and their family or carers in a way which effectively promotes behaviour change if/where it is needed. Ensuring that the workforce is sufficiently resourced and employed in sufficient numbers is essential to enabling nursing teams to build supportive and effective relationships, and to Make Every Contact Count.
- III. It is also necessary that the activity of promoting health and wellbeing are not seen as a separate public health initiative, but as part of what the nursing profession does, implicitly within their role. Adopting this approach will allow nurses to move to a position where discussion of lifestyle and wellbeing is routine, non-judgemental and integral to everyone's professional and social responsibility.
- IV. Over a quarter (26.2%) of 4 – 5 year old children in Wales are classified as overweight or obese¹, and the situation in this regard is worse in Wales than it is in the rest of the UK. This data is via a one-off height and weight measurement taken of 4 – 5 year olds as part of the Child Measurement Programme (CMP).
- V. The Welsh Government may want to consider funding School Nursing Services to carry out, as a minimum, a second measurement (e.g. in Year 3 of school) of height and weight to add to this data collected via the Child Measurement Programme (CMP). Currently the CMP is carried out at reception class age (4 –

¹ <http://www.wales.nhs.uk/sitesplus/888/page/67762>

5 years) and as a one-off measurement the data collected gives no indication of trends throughout primary school aged years or of the effectiveness of any measures taken to tackle obesity in children. It is understood that undertaking sufficient levels of physical activity can be one way in which obesity levels can be tackled; collecting a minimum second round of measurements when children are a bit older, could provide a measure of effectiveness of physical activity and/or the outcome of lack of physical activity.

- VI. In this way, the additional information would also provide useful evidence on which to base future approaches, both in terms of this work and the obesity agenda. The additional measurement sessions would be carried out in line with prudent principles, via a workforce with appropriate skill mix, and would provide more robust detail of the obesity status of children in the early years of education. The intelligence provided by the data could also inform whether, in future, additional measurements should be undertaken throughout school life to evidence the outcomes and effectiveness (or otherwise) of current approaches.

About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

PACYP 31

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Y Gymdeithas Feddygol Brydeinig

Response from the British Medical Association

BMA

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Physical activity of children and young people

Inquiry by the National Assembly for Wales Health, Social Care and Sport Committee

Response from BMA Cymru Wales

15 September 2017

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the inquiry into physical activity of children and young people by the National Assembly for Wales Health, Social Care and Sport Committee.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 160,000, which continues to grow every year. BMA Cymru Wales represents over 7,500 members in Wales from every branch of the medical profession.

RESPONSE

BMA Cymru Wales welcomes the opportunity to submit evidence to this inquiry as we recognise the clear importance of promoting greater physical activity amongst children and young people in Wales, as well as amongst the population as a whole.

Cyfarwyddwr cenedlaethol (Cymru)/National director (Wales):

Rachel Podolak

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Registered as a Company limited by Guarantee. Registered No. 8848 England.
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.

In our manifesto produced ahead of the 2016 elections to the National Assembly, *What about health?*,¹ we identified that the need to safeguard against the damaging effects of physical inactivity and poor diet should, in our view, be amongst the priorities the Welsh Government seeks to address during the current Assembly term. We noted that being overweight and physically inactive gives individuals an increased risk of a wide range of serious life threatening and chronic diseases. We also pointed out that treating obesity brings substantial health and social care costs, but yet it is largely preventable.

Amongst the actions we called upon the Welsh Government to take to address these concerns, was to ensure there are sufficient and convenient opportunities for sport and exercise. This must clearly involve ensuring such opportunities are available to children and young people in Wales, as well as promoting the benefits of physical activity.

In relation to the issues which the committee has highlighted in the terms of reference for this inquiry, we would respond as outlined below. Additional views may be found in relevant past publications by the BMA's *Board of Science* which are available on the [BMA website](#), and which include *Preventing childhood obesity (2005)*,² *Healthy transport = Healthy lives (2012)*³ and *Growing up in the UK – Ensuring a health future for our children (2013)*.⁴

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

In relation to what we know about physical activity levels amongst children in Wales, we would suggest that there is a need for more data on this to be routinely collected. As a result of data obtained from the child measurement programme, we do have access to information about the prevalence and extent of obesity amongst this age group, but this does not specifically tell us about levels of physical activity, and its robustness may also be impacted upon by the fact that a proportion of the children eligible to take part in this programme are opted out by their parents.

Given that even a modest excess intake of calories requires a significant level of exercise to burn them off, it would therefore seem sensible have a more direct measure of physical activity in children. One such suggestion could be to record how often children walk to and from school. This might serve as a good indicator for habits later in life. We would note that by encouraging children to exercise more, this could help engender more positive participation through into adulthood.

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

We believe that every effort should be made to move away from stereotypical views that are associated with dividing certain sports and activities along gender lines. In our view, every effort should be made to ensure that, irrespective of gender, every child and young person has access to their preferred sport or activity – whatever that may be – and that as individuals they receive encouragement to take part and pursue that activity. We should recognise that different approaches may have to be taken to encourage different individuals of the same gender to undertake more physical activity, rather than seeing a willingness to participate as something that may be gender-specific. Additionally, we should recognise

¹ BMA Cymru Wales (2016) *What about health?: Three steps to a healthier nation*. Available at: <https://www.bma.org.uk/collective-voice/influence/uk-governments/welsh-assembly/how-we-work-with-the-welsh-assembly>

² BMA Board of Science (2005). *Preventing childhood obesity*. Available at: http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a23_1/apache_media/G8RN2M79LBTYDGG5YAH6LLBN78F5G1.pdf

³ BMA Board of Science (2012). *Healthy transport = Healthy lives*. Available at: http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a23_1/apache_media/FNCP4QA4AA6SGHD7LT78N865L885VT.pdf

⁴ BMA Board of Science (2013). *Growing up in the UK – Ensuring a health future for our children*. Available at: http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a23_1/apache_media/5BHGI2CPEIGNRJXM8TV5AR58BGD252.pdf

that the health benefits of increased participation in sport and other types of physical activity clearly apply to all, regardless of gender.

In our view, we should seek to build upon recent national successes by sportsmen and women across a number of sporting fields which in the past might have been more traditionally associated with one gender or another. Though there may be a long way to go in normalising non-gender defined activities and sports, it is becoming easier to identify role models in many sports who can demonstrate how far we have come to date in this regard.

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.

We would perceive that both approaches have a role to play in promoting increased levels of physical activity. An approach that is aimed at whole populations may well be required in order to bring about a sufficient change in attitude towards taking part in physical activity and making it an accepted and normalised part of everyday life.

A population-based approach could, however, vary in the way it is delivered at local level to take on board local wants and needs in order to enhance the likelihood of its success. Rural areas for instance offer different opportunities and challenges to areas that are more urban in nature, e.g. in access to sport facilities and clubs, green open spaces etc. It is therefore important that a plethora of opportunities is made available, as not every child or young person (or adult for that matter) might want to take part in team sports for instance.

We should also recognise the need to ensure that health promotion activities are delivered in a way that may be culturally relevant to those populations at which they are aimed, including with respect to both social class and ethnicity. Studies have indicated, for instance, that there can be different levels of participation in physical activity between populations from different ethnic backgrounds.⁵

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.

There are undoubtedly many barriers which can impact on our ability to increase physical activity amongst children in Wales. Traffic volumes, for instance, can operate as a barrier to safe outdoor play, and this is something that can clearly vary according to locality. We support greater use of 20 mph speed limits (including on 'walk to school routes'), the protection of community open spaces and school playing fields, and more extensive use of living streets to help promote physical activity.

Children from low socio-economic backgrounds may also face barriers through lesser access to safe places to play within their neighbourhood, as well as a lack of access to physical activities, clubs and youth centres outside of school. This may also be coupled with a shortage of funds to enable them to participate in such activities.

Constraints in public funding in the current economic climate may also have impacted by leading to the closure of sporting and leisure facilities and reductions in the subsidies that have previously been provided, e.g. by local authorities, to help make such facilities both financially viable and affordable for those seeking to use them. This lack of funding may be further compounded in future by the financial impact of Britain leaving the European Union, e.g. from potentially reduced economic growth, as well as from loss of access to targeted European funding initiatives.

⁵ Hayes, L. et al (2002). *Patterns of physical activity and relationship with risk markers for cardiovascular disease and diabetes in Indian, Pakistani, Bangladeshi and European adults in a UK population*. J Public Health Med, 24(3), 170-8

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

We believe that there is certainly a case for improved data collection to help measure and evaluate the effectiveness of Welsh Government interventions to promote increased physical activity in children. One suggestion is that data could be collected regarding participation by age in sports clubs. A further suggestion might be to commission a children's health survey which includes validated questions on the number of hours of physical activity undertaken per week.

We have previously expressed concern that the Welsh Government has not included sufficient indicators covering physical health and levels of obesity within two different key national indicator sets. In relation to the indicator set put forward for the purposes of measuring progress against the seven well-being goals defined in the *Well-being of Future Generations (Wales) Act 2015*, we raised concern last year that there did not appear to have been sufficient consideration given to including measures that can identify progress that may have been made towards tackling obesity.

We subsequently expressed similar concerns in relation to the indicator set proposed within the *Public Health Outcomes Framework for Wales*, noting that not enough thought appeared to have been given to how we can better measure the impact of the multi-sectoral cross-cutting action that is required to tackle obesity. Additionally, we questioned why it was only being proposed to have an indicator for physical health that relates to adults, suggesting that an indicator relating to physical health in children should also be included.

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

Provided money used for promoting exercise is spent in the right places and in the right manner, then we believe it should certainly be able to demonstrate value for money by leading in turn to a reduction in obesity. There is a clear link between the growing prevalence of obesity within the population as a whole and conditions such as heart disease, stroke, diabetes and certain cancers. Provided expenditure aimed at promoting increased exercise is successful in achieving its aim, then we would hope that value for money will in time be demonstrated by a reduction in obesity levels, leading in turn to a reduction in associated health conditions later in life and the associated costs to the NHS of treating those conditions.

We do not therefore believe that the principle of spending to promote exercise in children should be questioned per se. Where we would suggest there may be a need to demonstrate value for money, however, is in assessing the effectiveness of such spending in achieving greater levels of physical activity. Our views on the effectiveness of such evaluation is covered in our response to the previous question.

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.

As we have previously touched upon, a lack of sufficient physical inactivity contributes to obesity and organisations such as Sport Wales, NHS Wales and Public Health Wales, as well as schools, parents and peers, clearly all have a role to play in improving levels of physical activity. Promoting increased physical activity levels, and the wider issue of tackling obesity, is something that undoubtedly requires a multi-sectoral and cross-cutting approach and in that regard should be seen as something for a number of organisations and individuals to address. We would also suggest that addressing physical activity should not be seen in isolation from other initiatives aimed at improving health and tackling obesity, such as promoting healthier eating. We therefore recognise the need for a systems thinking approach.

The teaching of physical education and sports within schools is something we see as particularly important. The BMA therefore supports the maintenance of mandatory physical education within the school curriculum, although we would recognise that traditional approaches to physical education and the teaching of physical activities may need refreshing. Many schools, for instance, have adopted the 'daily mile', and we should suggest that consideration should be given to introducing a minimum weekly

target for all students up to the age of 16. We would also reiterate our previous call for a halt to the selling off of school playing fields.

Encouraging participation in competitive team sports through schools is also something that we see as beneficial, and there is perhaps more scope for sporting bodies in Wales to work with schools in promoting such participation. We should also recognise, however, that many individuals prefer other non-team, perhaps less competitive, based activity – therefore a mixed-option model is needed.

Welsh Government policy clearly also has a role to play, as does the impact of legislation such as the *Active Travel (Wales) Act 2013*, the previously referred to *Well-being of Future Generations (Wales) Act 2015* and the more recent *Public Health (Wales) Act 2017*. Assessing the impact of the *Active Travel (Wales) Act 2013* is something that should be undertaken in due course to establish what opportunities it is in fact providing for people to undertake travel by more active means.

The *Public Health (Wales) Act 2017* also provides new opportunities to promote the introduction of measures that can help increase physical activity, including amongst children and young people. These include the new requirement for a national obesity strategy, and the introduction of the new statutory requirement to undertake Health Impact Assessments (HIAs) of key policies, plans and programmes. We look forward to seeing the detail of the regulations that will be introduced to take these aspects of the Act forward and will be looking to see that they are sufficiently robust to deliver a tangible difference in outcomes, including by promoting initiatives that will provide greater opportunities for an increase in the levels of physical activity.



15th September 2017

Consultation Response: Inquiry into physical activity of children and young people

1. Diabetes UK Cymru is Wales' leading diabetes charity. There are 188,644 people living with diabetes in Wales. Although there are many types of diabetes, the two most common are Type 1 and Type 2. The information provided in this response relates to the physical activity of children and young people with Type 1 and Type 2 diabetes.
2. Diabetes UK Cymru has also endorsed the submission of the Welsh NHS Confederation to this consultation. The information provided below expands on the points raised in that response.
3. Around 10 per cent of people with diabetes have Type 1. Around 1,500 children and young people have Type 1 diabetes in Wales. Type 1 diabetes is an autoimmune condition where the body attacks and destroys cells that produce a hormone called insulin, resulting in no insulin being produced. This causes glucose to quickly rise in the blood. Everyone with Type 1 diabetes needs to take insulin to control blood glucose levels. Nobody knows exactly what causes Type 1 diabetes, but it's got nothing to do with diet or lifestyle. Type 1 diabetes is usually diagnosed in younger people, particularly in children and young people.
4. Physical activity will affect blood glucose levels. This is because the body uses up glucose as fuel when active. For people with Type 1 diabetes, physical activity and sporting activities therefore need careful consideration and more planning than usual day-to-day activities. Food management is also a necessary consideration. Successful diabetes management relies on balancing insulin, food and physical activity. Access to food is vital for children and young people with Type 1 diabetes, particularly in a school environment. However, we regularly hear of schools denying children and young people access to food during lessons, including PE.
5. We know that children and young people with Type 1 diabetes face significant barriers in participating in physical activity during the school day, as well as taking part in school trips and after-school clubs. Diabetes UK Cymru's report, [An Excellent Chance: Type 1 diabetes in schools in Wales](#), details the experiences of 60 families (pages 15-18) and shows that 36% of children and young people with Type 1 diabetes are regularly sent home or are withdrawn from school because of their condition.
6. 13% of families also advised that their child had been excluded from going on both day and residential school trips. Parents are often expected to attend with their child to be on hand to provide support and treatment. Several parents describe similar scenarios to the following:

"I had to go on a school trip, otherwise she couldn't go. I had to lose a day in work."

7. One parent explained that whilst her son's school did include him in an activity, doing so was dangerous because they had not taken his diabetes into consideration:

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“We had carefully planned a cycle ride of approximately 5 miles and made adjustments to his insulin basal rates on the pump. The ride was changed to a different location and the miles doubled but no one thought to ask if this was ok or to inform me. They didn’t even inform my son of the changes.”

8. 13% of families advised that their child has been excluded from after-school activities due to their diabetes. One respondent, who is a member of staff in a school office, advised:

“One of our children was offered an out-of-school active course over the weekend. Her mother was offered a place to attend but unfortunately they didn’t take the offer as the mother couldn’t go.”

9. Trips abroad also present difficulties for some families with Type 1 diabetes. A particularly difficult situation arose for one family:

“In order for our daughter to go on a school skiing trip, we paid for the whole family (6 of us) to also go to the same resort so that she didn't miss out. Luckily, we were in receipt of DLA which we feel is to be used to support her. However, this has now been stopped so any further trips will mean annual leave for me and funding issues. This is such a shame. There are LSAs who are trained to look after children with diabetes but the school won't fund them to go on school trips (or even let us fund them!)”

10. The variability in care provided by schools can be highlighted by comparing the above scenario with another family’s experience, where the school was very inclusive. The school provided medical forms for the family to complete and provided an opportunity for the parents to speak to the organising teacher. They also purchased a blood testing kit for the child when this was left behind at their hotel.

11. In addition to families, the majority of Paediatric Diabetes Specialist Nurses (PDSNs) knew of cases where off-site activities and residential trips presented difficulties without parental involvement:

“I have not seen them being refused to attend, but when this entails a younger child the parents have been requested to attend too. If the parents are unable to attend, I don't know if the school would refuse to take the child. I haven't come across this as yet.”

12. The majority of respondents have had to attend their child’s school during the school day to carry out tasks relating to their child’s diabetes. 62% of respondents have stayed at home from their own work because of issues relating to their child’s diabetes and 53% of respondents have had to leave their own work place during working hours to attend their child’s school.

13. Evidence suggests that parental involvement is a regular and relied-upon routine for some families, with parents having to provide regular and sometimes daily treatment for their child:

“They [the school] won't administer insulin, so I have to go into school every lunch time to inject my daughter, who is 6 next week. I also had to go on a school trip, otherwise she couldn't go. Therefore, I had to lose a day in work.”

“On diagnosis, we as parents had to attend school EVERY day to inject at lunch time from the start of October until the beginning of January.”

14. As well as attending the school to inject insulin, 62% of parents advised that they are being relied upon to carry out other diabetes-related tasks. 26% of these include supervising their child’s diet or meal times at school. Some families described how they have had to attend the school in person to provide a small snack to their child because the school has refused to do so, leading to dangerous situations. One parent advised that her daughter’s school won’t “...allow her to have

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a fast pass to get food as soon as lunch starts. She is questioned regularly by staff when food needs to be eaten.”

15. In extreme cases, some parents have left or lost their own job because of issues relating to their child's diabetes. One father told us that:

“My wife doesn't work as she is so worried about anything happening with the children. We have two children who have Type 1 diabetes. She is at their beck and call, should they need her.”

16. It appears that whilst some schools rely on parental involvement immediately after diagnosis only, some are reliant on parents several months and even years after diagnosis to provide a high level of support during and/or throughout the school day.

17. To conclude on the information on Type 1 diabetes, it is vital that no child is prevented from having full access to education, including physical activities. The health and well-being benefits of physical activity are well-established, as is the evidence that poor diabetes control at a young age increases the likelihood of diabetes complications such as blindness, kidney failure, amputation and heart disease later in life. Good care at school for children and young people with Type 1 diabetes is achievable, but evidence shows that it is by no means universal and the current framework of support provided to children and young people with medical conditions is in urgent need of reform. Many of the issues faced by children and young people in Wales are identical to those faced by other groups, such as those with special educational needs, and many children with medical conditions rely on the same support system whilst at school. We therefore call for the proposed Additional Learning Needs & Education Tribunal (Wales) Bill currently being scrutinised by the National Assembly for Wales to include children and young people with lifelong medical conditions.

18. Type 2 diabetes is a serious, lifelong condition where your blood glucose level is too high. This is because your body does not make enough of a hormone called insulin, or the insulin it does make does not work properly. Around 90% of people living with diabetes have Type 2 diabetes. Type 2 diabetes develops gradually, usually later in life, although people are being diagnosed at a younger age. It is the most common type of diabetes in adults. Although there are a number of risk factors for developing Type 2 diabetes, such as gender, ethnicity and family history, the single greatest risk factor is being overweight or obese. According to the [International Diabetes Federation \(IDF\)](#), worldwide 80 per cent of people with Type 2 diabetes are overweight or obese at the time of diagnosis.

19. The number of children and young people with Type 2 in England and Wales is increasing year on year. The [National Paediatric Diabetes Audit \(2015/16\)](#) (NPDA) states that there are 26 children and young people in Wales with Type 2 diabetes (4.2% of the England and Wales percentage) in the audit. However the NPDA figures only relate to those treated in paediatric practice and not, for example, primary care. They also do not reflect the number of children with undiagnosed Type 2 diabetes. Therefore the actual number of children and young people with Type 2 diabetes is likely to be even higher. Characteristics suggest there is a predominance of female patients with Type 2 diabetes compared to males, and more young people with Type 2 diabetes live in deprived areas. In a [recent article](#), the Local Government Association described the continuing rise of Type 2 diabetes as "a hugely disturbing trend".

20. Whilst Type 2 diabetes is rare in children, it can lead to devastating complications in adults, like heart disease, kidney failure and blindness. Type 2 diabetes seems to be even more aggressive in children and young people, who develop high blood pressure and high cholesterol more quickly than the rates seen in adults with Type 2 diabetes. The diagnosis can also have a significant impact on a child's psychological health.

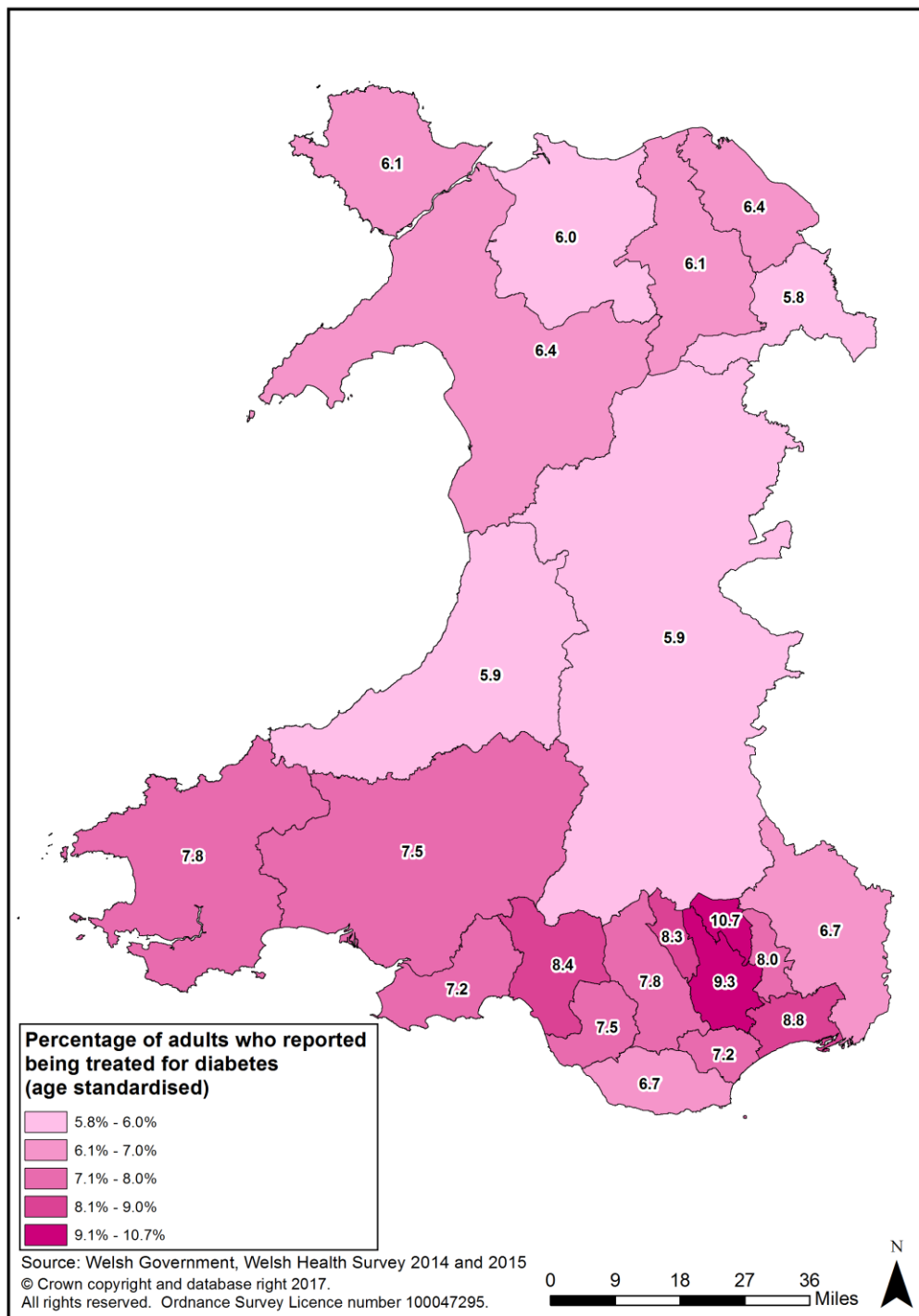
21. The rise in Type 2 diabetes in children is largely spurred on by rising childhood obesity levels, with *‘27.3 per cent of children in Wales now classified as being overweight or obese. The prevalence of overweight or obese children aged 4-5 in reception year at school (26*

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per cent) is higher than that in England (23 per cent) and higher than any individual English region, where the highest prevalence is 24 per cent. The prevalence of overweight and obese children rises with increasing deprivation, from 22.2 per cent in the least deprived areas to 28.5 per cent in the most deprived areas of Wales. ([Obesity in Wales](#)).

22. The Public Health (Wales) Act 2017 requires Welsh Government to publish a national obesity strategy for Wales. Decisive action is urgently needed in this area, to make it as easy as possible for children and their families to make healthier lifestyle choices and reduce the risk of developing Type 2 diabetes and its serious complications. This will help prevent ill-health in childhood and reduce the risk of developing Type 2 diabetes and other serious health conditions later in life.
23. In Wales 41% of boys and 58% of girls aged 4 to 15 failed to meet their daily physical activity target of 60 minutes per day at least once in the past week ([Physical Activity Statistics 2015](#)). Welsh Government has a prime opportunity to improve our children's health in a holistic way, tackling both obesity and physical inactivity together. We therefore call on Welsh Government to produce an ambitious obesity strategy that includes action to increase children's physical activity rates.
24. In conclusion, Wales has the highest prevalence of Type 2 diabetes in the UK, with 7.1 per cent of people aged 17 and over living with the condition. In some areas of Wales, this percentage rises to 10.7 per cent (Blaenau Gwent) (see map below for further breakdowns). If current trends continue, by 2025, it is estimated that [300,000 people in Wales](#) (9.4 per cent of the population) will have diabetes. In addition to the human cost, the cost to NHS Wales is simply unsustainable and urgent action is needed to address the diabetes epidemic.

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Source: <https://assemblyinbrief.files.wordpress.com/2017/04/maphealth.png>

	The Welsh NHS Confederation response to the Health, Social Care and Sport Committee inquiry into physical activity of children and young people
Contact	Nesta Lloyd – Jones, Policy and Public Affairs Manager, the Welsh NHS Confederation. [REDACTED] Tel: [REDACTED]
Date:	11 September 2017

Introduction

1. We welcome the opportunity to contribute to the Health, Social Care and Sport Committee inquiry into physical activity of children and young people. Being physically active is important to the whole population and should be encouraged from birth and promoted throughout people's lives. We must ensure that everyone, no matter their age, background or geography, is supported to become and stay active in activities and in an intensity that is right for them.
2. The Welsh NHS Confederation represents the seven Health Boards and three NHS Trusts in Wales. The Welsh NHS Confederation supports our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.
3. As well as this written submission, we also submit the Welsh NHS Confederation Policy Forum submission, "*Getting Wales Physically active: Ten priorities to improve physical activity levels across the whole population to help improve health and well-being*",ⁱ endorsed by 20 health and social care organisations.

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

4. Our knowledge about the physical activity levels of children in Wales, and at Health Board level, is informed by data that is captured in self-reported surveys e.g. the Health Behaviour in School Aged Children (2013/14),ⁱⁱ Welsh Health Survey (until 2015)ⁱⁱⁱ and the National Survey for Wales (from 2016/17).^{iv}
5. The Health Behaviour in School Aged Children (HBSC) surveys children between the ages of 11-16 years. The HBSC dataset highlights that levels of physical activity in children in Wales is lower than the average for the 42 countries in Europe and North America represented. The most recent data (2013/14) stated that approximately 1 in 7 young people report being physically active for a total of at least 60 minutes every day in the last week (15% Welsh average), with girls being less active (11%) than boys (20%). The HBSC survey shows that rates of activity decline with age in both males and females. There is also variation by Local Health Board area but this variation is not statistically significant.

There are statistically non-significant differences in this outcome by parents' housing tenure and by material deprivation. The levels of participation in physical activity are not statistically different in 2014 compared to 2002.

- The HBSC also has data on the proportion of children walking and cycling to school, with 32% across Wales and 34% males to 31% of females. Children from less affluent households are more likely to walk and cycle to school, ranging from 29% of those considered most affluent to 48% of those considered least affluent. There is also a statistically significant variation in walking or cycling to school by Local Health Board area, as highlighted below.

Proportion walking or cycling to school by LHB

	% walking or cycling	
	Males	Females
Abertawe Bro Morgannwg	25%	22%
Aneurin Bevan	44%	38%
Betsi Cadwaladr	36%	34%
Cardiff & Vale	48%	40%
Cwm Taff	28%	25%
Hwyel Dda	19%	17%
Powys	22%	23%

- The most recent data from the Welsh Health Survey (2015)^v tells us that amongst 4-15 year olds, 42% of males and 31% of females were active for at least one hour per day for 7 days in the past week e.g. enough physical activity to meet the recommended guidelines for health.
- It is more difficult to determine if the activity the children are participating in is sufficient for health e.g. moderate to vigorous intensity and consisting of activities that strengthen muscle or bone. The survey asks how much exercise children aged 4-15 had undertaken on each day in the last week. In the question, "*exercise*" referred to physical activity that left the child feeling warm or slightly out of breath. The World Health Organisation defines moderate intensity physical activity as requiring "*a moderate amount of effort and noticeably accelerates the heart rate; (approximately 3-6 METs)*" and vigorous intensity physical activity as requiring "*a large amount of effort and causes rapid breathing and a substantial increase in heart rate; (approximately >6 METs)*". This difference in intensity and how many occasions are moderate intensity and how many are vigorous is not clear within the Welsh Health Survey.
- From 2015 onwards the Welsh Health Survey was combined with a number of other social surveys in Wales, resulting in the National Survey for Wales.^{vi} The survey includes a range of questions on sport and recreation but the methodology used is different to the previous Welsh Health Survey and as such there are some discontinuities in the data which might

prevent continued comparison over time. Currently the survey focuses on people aged 16 years and over so does not provide data on children and physical activity levels.

10. The Sport Wales School Sport Survey^{vii} is an online survey of pupils' sports participation and school provision of Physical Education (PE) and sport. The 2015 surveyed 115,039 Year 3-11 pupils and found that 51.4% of males and 44.4% females were 'hooked on sport' e.g. take part in organised activity other than in curriculum time, for example extracurricular or club sport on three or more occasions per week. The survey also explores participation by year group, race, disability or impairment, free school meal quartile and welsh language.
11. The strength of these surveys is the large sample size. However, if we interpret 'robust data' in the context as meaning "*data that is reliable and stable to input variations, thus presenting an accurate picture of reality both at once and over a period of time*" the following limitations are noted:
 - The surveys data is self-reported so this should be factored in when considering its robustness, including social desirability bias;
 - Lack of consistency across surveys in age categories of children surveyed (4-15, 11-16, 3-17 year old);
 - There is a lack of consistency in representation of sub-group characteristics such as gender and deprivation;
 - There is incomparability of data across the Welsh Health Survey and the succeeding National Survey for Wales due to methodological differences;
 - It is difficult to compare the data currently collected on physical activity participation as the focus is on different age groups;
 - There is limited data on the type and intensity of physical activity that adults and children are participating in to really establish if that is adequate for related health benefits; and
 - There is currently no data on physical activity participation available for infants and children up to 4 years of age. The School Health Research Network (SHRN)^{viii} provides robust health and well-being data for schools, regional and national stakeholders.^{ix} However no valid population level indicator of physical activity for children aged 0 to 4 in Wales exists, and we would advocate this being developed, including local population data (e.g. Health Board area) to inform service delivery.
12. Despite the above limitations, we are of the view that the data on physical activity levels in children in Wales gives a reliable picture of reality. Specifically, the sample sizes in the surveys are large enough to ensure that the estimates modeled from empirical survey data are robust.

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

13. Attitudes are important as they are predictors of behaviours, including physical activity. Currently we are not aware of any gender based attitudinal data/information available at a local and/or Welsh level, only participation levels in Wales.
14. Some of the most authoritative UK secondary data on gender-based attitudes towards and barriers to physical activity came from NICE Public Health Collaborating Centre,^x dating back to September 2007. There were no international studies included in that review as it was felt that the UK studies were sufficient. Notably however, much of the contributing research came from other UK nations, predominantly England. No primary research from Wales was included, ostensibly because they did not exist.
15. The Sport Wales School Sport Survey^{xi} provides a range of data on attitudes to participating in physical education, school sport and extra-curricular sport, confidence in trying new activities and aspects that would encourage more participation in sport. Males tended to report that they would do more sport if: there were more sports that suited them (34.2%); that they had more time (32%) and if their friends went with them (31.4%). Females reported that they would do more sport if their friends went with them (48.1%); they had more time (39.6%) and if there were sports that suited them (35.3%). However, the survey primarily focuses on sport rather than physical activity more generally.
16. It is clear there are differences in gender-based attitudes toward physical activity participation but more insight work to understand these differences is needed in order to provide appropriate solutions. Behavioural insight can also be used to develop appropriate messages and effective targeted promotion of physical activity for specific groups where physical activity levels are lower e.g. women, minority ethnic communities and people with disabilities
17. We recommend that further consideration should be given to:
 - Gathering insight of gender based attitudes towards physical activity, not just participation levels, and interpretation of findings to inform service delivery. This understanding would enable the NHS to identify the barriers, the enablers and what action needs to be taken, for example:
 - Communication: How do we communicate the concept of physical activity?
 - Type of activities: Is it heavily sport focused which might be less attractive to females, therefore less opportunity for them?
 - Role of settings, peer pressure and role modelling: All have an impact on the different levels of participation seen in males and females; and
 - Are current surveys placing too great an emphasis on organised sport as a measure of physical activity? Therefore, are we capturing the true picture?

18. While the lack of specific Welsh data on this subject is notable, given the availability of UK and international data Wales-specific data does not add actionable intelligence to the already-available body of knowledge.

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.

19. There are several Welsh Government policies that do attempt to strike the balance between universal and targeted interventions.

20. The Welsh Government physical activity policies, such as Creating an Active Wales,^{xii} has a focus on whole populations. This policy aimed *“to shift activity levels across the whole population to increase the average number of days that people in Wales are active”*. One of its objectives is *“to increase physical activity across all age, gender and social groups”* and so recognises that all groups regardless of age, disability, gender or ethnic group, have the right to experience the health benefits of physical activity and would benefit from increasing the intensity and frequency of exercise. There were actions for specific population groups such as children and young people. In response, local physical activity partnership policies and action plans developed encompass whole populations and particular groups.

21. The Active Travel Action Plan for Wales highlights active travel as part of the daily routine for children and young people and the school setting and national curriculum in helping achieve this. The action plan goes on to state that *“children and young people are a priority: active behaviours learnt and mainstreamed early will help establish healthy behaviours for life. We must create environments where children are safe to get around on foot or by bicycle for the journeys they want to make as part of their daily routines. Consulting with young people has been and continues to be a mandatory requirement for local authorities as they plan their active travel networks of the future”*.

22. The Welsh Government Climbing Higher - Next Steps^{xiii} recognises that there are specific groups that are known to reach key life stage/ages and communities where barriers to sport and physical activity are greatest. These include:

- Teenagers;
- Young adults leaving education;
- Adults having a family;
- Adults who are over 45/pre-retirement;
- In area of multiple deprivation;
- Amongst people with disabilities;
- In minority ethnic communities; and
- For women and girls generally.

23. Most policy and directive focuses on increasing physical activity levels across the whole population to improve health. Whole population policies are important, however there is potential to inadvertently impact negatively on segments of the population or vulnerable groups, and widen inequalities. The greatest health gains are achieved when those individuals that are sedentary become more active.
 24. The need to set out a universal approach while recognising the needs of different population subgroups has been made explicit by the fact that significant equity and equality issues exist in respect of participation in sports and physical activity amongst children and young people. Policy that recognises these variations and is informed by understanding of their determinants is crucial to addressing health inequalities. There are often no clear objectives and activities in policy suggesting commitment of additional resources in favour of specific population subgroups.
 25. The focus of policy should be less on the whole-population vs. subpopulation debate and more on the balance of 'agency' and 'structure'. In this regard, there are lessons to be learnt from emerging published evidence assessing the potential effect of risk factor reductions on socio economic inequalities in health. McLaren^{xiv} make a distinction between "agentic" prevention strategies (which rely solely on individuals making and sustaining behaviour change) and "structural" strategies (which work through changes in the wider social environment. There is evidence to suggest that addressing risk factors using "structural" whole-population approaches generally reduces social inequalities but an approach that focuses on high-risk individuals ("agentic" strategies) might increase the inequalities gap. Therefore, irrespective of whether policy focuses on whole population or sub-populations, its instruments need to weigh more heavily on the structural rather than the 'agentic'.
 26. Finally, the physical activity agenda is cross cutting. Evidence demonstrates that action to increase physical activity will fall across Welsh Government departmental policies such as planning, transport, communities, economic, education and early years. There needs to be more engagement between Welsh Government policies, departments and organisations. We advocate that all policies undertake a health impact assessment, as required in the Public Health Act (Wales) 2017, to understand and mitigate unintended outcomes on health inequalities.
- 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.**
27. There are a number of barriers to increasing the levels of physical activity. There is a need to better communicate the concept of physical activity to make it more accessible, achievable and enjoyable.

28. The barriers to physical activity in adults in Wales appear to be well understood but the same cannot be said about barriers in children and young people. Evidence from international and UK research suggests that the factors that determine attitudes to and actual participation in physical activity and sports are broadly:
- Biological (e.g. age, obesity);
 - Psychological (e.g. perceived competence, believing in importance of exercise);
 - Social (e.g. peers, friends exercising, trying to lose weight); and
 - Environmental (e.g. type of activity, involvement in sports teams).
29. Two of the most comprehensive, if somewhat dated, systematic reviews of primary studies evaluating the perspectives of children on the barriers and facilitators of participation in physical activity were largely based on studies from outside Wales. Brunton (2003)^{xv} and Rees (2006)^{xvi} both synthesised primary research on children's views on physical activity and integrated those with findings from effectiveness studies. Children's reported barriers to taking part in physical activity clustered into three distinct categories:
- Preferences and priorities (e.g. preference for doing other things, a lack of spare time);
 - Family life and parental support (e.g. parents' lack of current participation in, or enthusiasm for, sports and exercise); and
 - Restricted access to opportunities for participation in sports or exercise (e.g. cost, distance, lack of means for safe travel, lack of facilities).
30. The same studies found that the factors which children felt helped them take part in physical activity included:
- Aspects of physical activity that children value (e.g. physical activity as a means to having fun and spending time with friends, belonging to a team, competitiveness and sense of achievement);
 - Family life and parental support (e.g. a supportive, encouraging and inspiring family, practical parental support). To emphasise the role of parental support, the *Young People's Participation in Sport* report by Sports Council Wales found that parental involvement was established as an important influence on physical activity levels; and
 - Greater access to opportunities for participating in physical activity (e.g. owning a car, access to a garden).
31. Some of the studies in those reviews addressed ways of facilitating participation in physical activity and found that the majority of the young people's suggestions was about increasing practical and material resources such as: creating more cycle lanes, making activities more affordable, increasing access to clubs for dancing and provision of single sex physical activities in youth clubs alongside or followed by mixed sex (non-physical) activities (combining sports and leisure facilities). Young people emphasised the fun and social aspects of physical activity and young women's ideas reflected a desire for more equal opportunities. Nationally the Daily Mile^{xvii} is a positive example of increasing physical activity levels in a fun and achievable way within the school setting.

32. The Sports Council for Wales provides a summary of barriers to increasing physical activity categorised as behavioural/demand issues and environmental/supply issues.

Behavioural/demand issues	Environmental/supply issues
Time/commitment	Facilities
Culture	Costs
Gender	Programming
Alternative activities	Transport
PE and school sport	Coaches quality/quantity
Personal appearance	Lack of volunteers
Role models	Legal concerns
Family responsibilities	Competition structures
Parental attitudes	Financial support
Personal safety/abuse	Negative experiences

33. Bevan Foundation Policy Paper “*Active Lives: Physical Activity in Disadvantaged Communities*”,^{xviii} provides recommendations for increasing physical activity with hard to reach populations. The recommendations are as follows;

- Effective marketing and promotion;
- The natural environment as a resource for active living;
- Identify a national recreation;
- Walking for young people;
- Greater understanding of behavior change;
- Routine health screening;
- Evaluation and sharing of good practice;
- Establishing long term funding arrangements;
- Combating crime and anti-social behaviour;
- Providing childcare and support to establish family routines;
- Collaboration of transport arrangements;
- Tailored interventions for those at particular risk of exclusion;
- Provision of sufficient trained exercise professionals;
- Greater involvement of primary care;
- Raise the professional standing of exercise professionals;
- Breaking down social stereotypes; and
- Establish a physical activity task force.

34. Further exploration into the barriers to physical activity for children and young people and sub-groups within this population would be beneficial. We suggest that a full literature review is undertaken to inform the Committee and that a framework or theoretical model (such as COM-B),^{xix} which is advocated in NICE guidance,^{xxxi} is used to explore the relationships between barriers, to understand more fully the inter related components that contribute to positive behaviour change.
35. In order to identify examples of good practice within Wales we recommend that programmes are routinely evaluated and the findings are widely shared using a vehicle such as Public Health Network Cymru.^{xxii} There is much learning that can be taken from programmes such as Communities First, Mentro Allan and Us Girls.

5. Physical activity guidelines and how we benchmark physical fitness in children.

36. The guidelines for physical activity in children and young people up to the age of 18 are very clear and consistent with international and World Health Organisation evidence-based guidelines.
37. The guidelines generally stipulate that world children engage in 60 minutes daily moderate-to-vigorous physical activity (MVPA). While the guidelines generally are consistent across countries, there is a question of whether the effect of compliance with the guidelines, for example on cardiovascular risk in children, has sufficiently been empirically tested in longitudinal studies. Indeed, recent research from Liverpool found that achievement of current guidelines has positive effects on body composition and cardio-respiratory fitness, but not on composite cardiovascular risk.^{xxiii}
38. The UK Chief Medical Officers' physical activity guidelines^{xxiv} clearly show that the role of physical activity is important throughout the life course. The Chief Medical Officer physical activity guidelines for early years (under 5s) states that:
1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
 2. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
 3. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).
39. The UK Chief Medical Officer physical activity guidelines for children and young people (5 -18 years) states that:
1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
 2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.

3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

40. UK Active Kids “*Generation Inactive - an analysis of the UK's childhood inactivity epidemic and tangible solutions to get children moving*” report^{xxv} provides definitions and indicators of physical fitness which includes:
 - The ability to carry out tasks without undue fatigue;
 - Involves skill and health related elements of which cardiorespiratory fitness (CRF) and muscular fitness are important indicators of health in young people;
 - Is not simply about being able to run a long way, run quickly or lift heavy weights but that flexibility and agility are important elements of physical literacy and movement;
 - Fundamental motor skills, physical fitness, physical activity and knowledge are interrelated to one another.

41. The report goes on to state that a change in habitual physical activity will almost certainly lead to appreciable changes in fitness and therefore capturing children’s fitness levels before and after any intervention may enable us to understand better the effectiveness of physical activity initiatives and the quality and quantity of physical education in schools. It recommends measuring fitness levels as part of the National Child Measurement Programme in a way that is fun and engaging for young people.

42. There isn’t consensus on whether physical activity limits physical fitness, or whether physical fitness determines participation in physical activity. We do know that physical fitness in children (which can be assessed with standardized tests) is a function of both physical activity and non-modifiable factors such as genetics even if the relative role of either determinant is not firmly established. Furthermore, there is public health consensus that physical fitness is a more accurate predictor of overall health outcomes than physical activity. Given these facts, it is worthwhile to explore how physical fitness might be benchmarked alongside physical activity in children.

43. During the early years and for children there is a focus on physical and emotional development. However there needs to be much better links to mental and emotional health and well-being; happy children are much more likely to engage in physical activity and be less withdrawn and isolated. Clinicians, school-based professionals, policy makers and parents should encourage physical activity in children, not only for the physical health benefits, but for the positive mental health outcomes as well.^{xxvi}

44. The guidelines for the age group ‘children and young people’ need to be more holistic and more in line with the physical activity guidelines for the ‘early years’.^{xxvii} Helping parents, children and young people to see how they can make their day physically active e.g. the ‘every movement counts’ concept. Whilst these guidelines are available, their awareness could be improved. The local insight with health professionals and organisations that work with children, young people and families have highlighted that more can be done to raise awareness of physical activity guidelines for the early years. In line with national policy

development, we would advocate a national communication strategy that targets the general population, segmented groups, health professionals and organisations.

45. Guidelines do not themselves change behaviour. Communication and awareness raising needs to be matched with concerted and committed action to create supportive environments, and enabling policies that make it easier for people to be more active and less sedentary.

6. Measurement, evaluation and effectiveness of the Welsh Government’s programmes and schemes aimed at promoting physical activity of children.

46. The Transforming Health Improvement in Wales Programme (2015)^{xxviii} identified seven potential areas for action to increase the intensity and duration of physical activity in children and young people aged 3 to 18 years. Three of the areas of action were considered to have a sufficiently robust evidence base for implementation and the other four would require varying degrees of research and evaluation.

INTERVENTION	POTENTIAL IMPACT	OUTCOMES
Multi-component school-based programmes	Children and young people walk or cycle to school	Increase in young people who are active in line with guidance
Enhanced physical education lessons in school	Children and young people play out of doors on most days	
Multi-component interventions in pre-school settings	Children and young people take part in sport at school at a level beneficial to health	
Multi-component community interventions	Schools have policies and practices in place which support active lifestyles	Reduction in morbidity and mortality from physical activity related diseases and reduction in inequalities
Multi-component cycling interventions		
Active travel to school	The local environment supports active lifestyles	
Social marketing/mass media campaigns		

Note: Interventions with broken outline lack sufficient evidence for widespread implementation at the current time and are proposed for research and development.

47. However, we are unable to comment on the effectiveness of the Welsh Government Programmes aimed at promoting physical activity of children as we have not seen evaluation data. It is suggested that the Welsh Government Programmes should ensure that work aimed at promoting physical activity is outcome focused, reduce inequalities,

be informed by the latest evidence and contributes to the evidence base and adopts all of the principles of prudent health care.

48. In order to monitor the progress, a system of qualitative and quantitative data collection, analysis and feedback against a set of national indicators for physical activity should be put in place. Indicators in line with those being used internationally would allow Wales to benchmark against other UK and EU nations, and would need to reflect measurement of outcomes and progress towards outcomes. Equally qualitative approaches to evaluation and effectiveness are needed to demonstrate the differences interventions are making to people's lives.
49. Also, adapting and flexing schemes over time to suit need and demand. Programmes and schemes are often introduced with extensive funding and support which diminish over time or the programmes become out-of-date and often don't appear to be re-visited to make them more current.

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

50. We do not feel able to comment on the value for money of Welsh Government spending, however the Public Health Wales NHS Trust publication "Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales"^{xxix} suggested that "*Best buys' to increase physical activity include mass media campaigns, supporting active travel (walking and cycling), brief intervention for physical activity in primary care and promoting physical activity in workplace, schools and communities*".
51. International evidence on cost-effectiveness of physical activity programmes suggest that the least cost-effective programmes are high-intensity "*individually-adapted behavior change*" and "*social support*" programs, while the most cost-effective are point-of-decision prompts (e.g. signs to prompt stair use).
52. A Canadian report^{xxx} has identified the seven best investments that work for physical activity includes:
- 'Whole of school' programmes;
 - Transport policies and systems that prioritise walking, cycling and public transport;
 - Urban design regulations and infrastructure that provide for equitable and safe access for recreational physical activity, and recreational and transport-related walking and cycling across the life-course;
 - Physical activity and non-communicable disease prevention integrated into primary health care systems;
 - Public education, including mass media to raise awareness and change social norms on physical activity;
 - Community-wide programmes involving multiple settings and sectors and that mobilise and integrate community engagement and resources; and

- Sports systems and programmes that promote ‘sport for all’ and encourage.

53. “*Steps to Solving Inactivity*” by UKActive^{xxx} identifies gaps in the evidence between laboratory-based research studies that have proved the effectiveness of physical activity in controlled environments and the real-world delivery of physical activity interventions. Across the public sector there continues to be a speculative reliance on self-reporting of physical activity, use of crude outcome measures such as body weight and a general absence of clinically relevant data being captured to prove public health impact. This is a matter that is inhibiting the scalability and wider commissioning of physical activity programmes. It appears to be the case when compared to other public health interventions that are better evidenced and more widely invested in such as smoking cessation programmes. There is a need for further research on the effectiveness of physical activity interventions and the economic assessment of these interventions if effective.

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.

54. The evidence from the Public Health Wales NHS Trust “*Transforming Health Improvement Report*”^{xxxii} indicates the interventions that work are multi-component in nature and as a result will require partnership working and collaboration. Such a vehicle to drive change at the strategic level locally will be through the Public Service Boards, where partners have an important role to shape and create enabling and supporting environments for physical activity.

55. We agree with the statement in *Getting Wales Moving*^{xxxiii} that ‘no single agency in Wales can deliver the large scale increases in physical activity that are urgently needed in Wales’. *Getting Wales Moving* identifies actions to increase physical activity participation through the creation of Active Places and Active People. Within each of these areas for action there are specific actions for schools as a setting (Active Education) which includes:

- Ensuring all schools provide access to and opportunities for 120 minutes of high-quality, comprehensive physical education per week, embedding the physical literacy framework within their delivery;
- Seek out and implement practical ways to increase use of school and FE facilities during evenings, weekends and holidays;
- Assess the provision of good quality physical education lessons and opportunities in all Welsh school and utilise the physical literacy framework and school sport survey to demonstrate the impact of these being part of the Estyn Well-being Assessment framework;
- Fully implement and maximise the Healthy Schools Programme to drive co-ordinate action to increase physical activity in schools;
- Incorporate knowledge and understanding of physical activity across all initial teacher training;

- Pilot and evaluate a Daily Mile programme in a range of Welsh Schools; and
- As part of the Welsh Network of Healthy School Schemes require schools to regularly monitor travel to school; set goals for improvement and monitor change.

56. Physical activity levels of young children and families cannot be seen in isolation from wider parenting approaches so there is the need to consider the whole family when designing policies and interventions to enable daily physical activity. Targeting the factors that parents and children believe to be important may enhance intervention tailoring.^{xxxiv} The role of schools, parents, children and peers is also crucial during evaluative thinking processes e.g. to provide consistent, robust and honest feedback on programmes and schemes to increase physical activity. Support for parents should include maximising each contact between early years' practitioners and healthcare professionals to influence parents about the importance of early movement opportunities.

57. There are also clear actions for Public Service Boards, and Local Authorities in particularly, in relation to the physical and natural environment and the action required to create communities and spaces that will encourage and enhance physical activity participation. These include:

- Revised planning criteria that allows new regeneration and housing projects to consider the impact of their design on physical activity;
- The use of Health Impact Assessment; and
- Evidence –based best practice examples demonstrating how planners, transport planner, developers, planning committee members can contribute to the physical activity agenda.

58. With pressures on the system it is important to ensure that decisions do not result in the unintended consequence of undermining the efforts to improve physical activity levels. We advocate that all policies and programmes undertake a health impact assessment, as advocated by the Public Health Act (Wales) 2017.

Conclusion

59. The cross-cutting nature of the physical activity agenda means that successful delivery of any large-scale change in physical activity levels to improve population health and well-being are heavily dependent on the Government and public, private and voluntary sector organisations working with each other and with the public in co-productive and more outcome focused ways, at local, regional and national levels.

60. Importantly it is about the process which underpins the delivery of this agenda and the accountability for the changes needed which will require leadership, co-ordination, joint planning and performance management. In addition it will require public bodies to act and think differently in line with the vision and principles of the Well-Being and Future Generations Act 2015.

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Submission to the inquiry into physical activity of children and young people

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

1. The School Health Research Network (SHRN) collects data biennially on physical activity levels in secondary school aged children. SHRN is a partnership between Welsh Government, Public Health Wales, Cancer Research UK and Cardiff University. It aims to improve young people's health and wellbeing by (i) providing robust health and wellbeing data for school, regional and national stakeholders; (ii) working with policy-makers and practitioners from health, education and social care to co-produce high quality, school based health and wellbeing research for Wales; and (iii) helping schools, and those who support schools, to understand health research evidence and how it can be used in schools. Schools serving secondary school aged students in Wales make up the Network's membership, which currently stands at 99% of eligible maintained schools.

2. Every two years SHRN member schools undertake a Student Health and Wellbeing Survey and complete a School Environment Questionnaire. The student survey is based on the World Health Organization's (WHO) international Health Behaviour in School-aged Children Survey (HBSC), which Wales has participated in since the 1980s and is now delivered through the SHRN infrastructure. In 2015 the student survey included approximately 35,000 11-16 year olds from 87 schools. A school environment questionnaire was completed in 100 schools. Both the schools and the students within them were representative of all schools and of all 11-16 year olds in Wales respectively. Currently 192 schools have registered to take part in the Student Health and Wellbeing Survey in 2017/18, so the estimated student sample for 2017 is 90 - 100,000.

3. In 2015 a number of measures relevant to this Inquiry were included in the Student Health and Wellbeing Survey:

- a. Number of days in the past 7 days on which the student was moderate-to-vigorously physically active (MVPA) for at least 60 minutes per day
- b. Frequency of engaging in vigorous physical activity (VPA) outside of

school hours

- c. Time spent in a typical week in the last 6 months in sports or clubs that involve physical activity, both in school and out of school
- d. Usual activity during the school lunch break
- e. Use of a mode of active travel to school
- f. Hours spent in sedentary screen time per day on weekdays outside of school

4. All of the above measures, bar c and d, were also included in the 2013 HBSC survey. This also collected hours per week spent in VPA, active travel from school and journey time, and weekend sedentary screen time.

5. Government Social Research publish data from the Welsh 2013 HBSC survey. We are actively seeking funding to analyse the above measures from the 2015 Student Health and Wellbeing Survey and suggest that supporting analysis of this valuable resource should be a Government priority.

6. Measures relevant to this Inquiry included in the 2017 Student Health and Wellbeing Survey are:

- a. Number of days in the past 7 days on which the student was moderate-to-vigorously physically active for at least 60 minutes per day
- b. Frequency of engaging in VPA outside of school hours
- c. Frequency of engaging in VPA in the last summer holidays
- d. Participation in sports or clubs that involve physical activity, both in school and out of school
- e. Use of a mode of active travel to and from school
- f. Journey time to school
- g. Hours spent sitting per day on weekdays and at weekends, outside of school

This data will be available in Spring 2018.

7. All of the measures are self-reported. Most of the measures come from the HBSC survey which details their reliability and validity. The MVPA measure has been validated in accelerometer studies and undergone test-retest reliability studies; it has subsequently been recommended as a brief surveillance measure with reasonable validity and moderate reliability. The VPA frequency measure has been found to be reliable in various international studies; it has also been validated against fitness criterion measures, but not against an objective measure of physical activity. An important point to note is that the MVPA measure has been used in the HBSC survey since 2001/2002 and the VPA measure since 1997/1998, so data on these variables is available for Wales across a 15-20 year period. Whilst the self-reported nature of the measures can be criticised, this nationally representative, long-term data on trends in young people's physical activity levels is highly informative and will continue to be built on through the

Student Health and Wellbeing Survey.

8. The School Environment Questionnaire (SEQ) collects information on school policies and practices pertaining to health and wellbeing, including physical activity. In 2015 these included:

- a. Hours of timetabled physical education (PE)
- b. Availability of extracurricular PE
- c. Facilities available for physical activity
- d. Number of Sport Wales Ambassadors
- e. Promotion of active travel
- f. Presence of partnerships to promote and maintain physical activity
- g. Lunch break length
- h. School prioritisation of health.

9. Combining SEQ data with student survey data enables investigation of school level influences on physical activity. SHRN's partnership with Welsh Government enabled analysis of physical activity data from the 2013 HBSC survey and SEQ. This investigated predictors of physical activity in 11-16 year olds and considered gender, ethnicity, affluence, active travel and school characteristics such as lunch break length. Both a summary of the key findings (9a) and the full paper (9b) are available:

- a. http://www.shrn.org.uk/wp-content/uploads/2016/09/Morgan_Predictors-of-PA_final.pdf
- b. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3213-8>

10. Other cross-sectional analyses have investigated whether school- and family-level affluence have independent and combined influences on physical activity. These found that students from more affluent families were more likely to meet the physical activity target of 60 minutes of MVPA per day. They also found that family and school affluence (measured by percentage of students entitled to free school meals (FSM)) interacted, suggesting that the difference in physical activity levels between students from more and less affluent homes is greater in more affluent schools (those with low levels of FSM entitlement), i.e. that income-related inequalities in physical activity are wider in more affluent schools.

- a. <http://onlinelibrary.wiley.com/doi/10.1002/berj.3265/full>
- b. <http://onlinelibrary.wiley.com/doi/10.1111/josh.12242/full>

11. The 2017/18 Student Health and Wellbeing Survey is piloting collecting identifying information from students to enable their data to be used for data linkage and longitudinal research. Establishing a longitudinal cohort within SHRN offers a means to track student-level changes in physical activity through adolescence and identify student- and school-level factors that influence increases and decreases in physical activity. Data linkage

research, where Student Health and Wellbeing Survey data would be linked to routinely collected data, offers the means to analyse current and longer term health outcomes related to physical activity in adolescence and to investigate the relationship between physical activity and academic attainment.

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.

12. The WHO suggests that ‘role models’ could provide a mechanism for inspiring young girls to become active with the availability of community links to ensure activity levels are sustainable. Last year a pilot project (CHARMING), aiming to identify active role models for young girls (aged 9-11 years) involved two purposively sampled primary schools within Wales, one with a high proportion of children from a BME background (87% of children) and the other a high proportion of children eligible for free-school meals (e.g. 20-30%+). The study identified that 29% of girls were unsure of- or did not have a role model who inspired them to be physically active. Gathering data on facilitators to being active within the community, the study found that; the types of sports on offer, opportunities to be active with friends and having more free time were the greatest facilitators to help girls become more active. This study has completed its initial stages and is now seeking further funding to develop an active role model programme in Wales. More information can be found here: <http://decipher.uk.net/wp-content/uploads/2017/09/CHARMING-Report.pdf>

13. Our study found that the provision of structured sport and physical activity opportunities for girls (aged 9-11) in these communities was limited. Many of the local teams and clubs did not provide sessions for girls aged 9-11. One of the most challenging aspects of the project was identifying local opportunities that the girls could be signposted towards, with many resources containing outdated contact details.

14. We also draw the Inquiry’s attention to the ‘Sport, Physical activity and Eating behaviour: Environmental Determinants in Young people’ (SPEEDY) cohort study in England. This study started in 2007 with over 2000 9-10 year olds and has collected both longitudinal and qualitative data on barriers to and determinants of physical activity in young people. <http://www.cedar.iph.cam.ac.uk/research/directory/speedy/>

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

15. Through its biennial surveys SHRN offers Welsh Government a cost-effective data infrastructure that can underpin policy and programme

monitoring and evaluation. Although it has not yet been used for this in relation to physical activity, baseline data is already in place for future evaluations of population-based approaches to increasing physical activity in young people. Randomised controlled trials to evaluate new physical activity policies could also be undertaken at low cost using the SHRN infrastructure, as different areas of the country could be randomly allocated to implement a new policy. It could then be evaluated before a decision regarding national roll-out is taken.

16. The large and representative sample of students within SHRN also means that the impact of programmes and schemes on sub-groups within the population can be evaluated. For example, programmes that seek to increase physical activity in young people from minority ethnic backgrounds can be evaluated. Negative impacts of programmes, such as inadvertently widening inequalities in physical activity, can also be assessed.

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.

17. Schools have an important role in promoting physical activity, both within the curriculum and through extra-curricular activities and active travel. WHO's Health Promoting School (HPS) framework, a settings based approach which recognises the influence of the school environment (policies, practices, physical environment and culture) on student health, has been adopted globally, including Wales. Nearly all maintained schools in Wales are members of the Welsh Network of Healthy School Schemes, which supports them to improve student and staff physical, mental and social health by acting in four areas: curriculum, ethos, physical environment and community relations. A recent Cochrane Library systematic review found some evidence of a positive impact of the HPS approach on physical activity and fitness.

18. In the primary school context, findings from our focus groups with preadolescent girls in the CHARMING project indicated that primarily girls' role models consisted of family members including parents, siblings, cousins and aunties. When asked specifically about role models for physical activity, a number of them also identified family members. Teacher interviews highlighted some of the challenges schools face in providing sport and physical activity for young girls. These included a lack of school resources, such as the availability of teaching staff and facilities. The costs associated with organising and running sporting and physical activity clubs within schools were also seen as a barrier. Teachers also discussed the limited links with local sports clubs and the difficulties they faced accessing external providers to deliver active sessions in their school. Community partners involved in the research also discussed the limited links between schools and clubs and that there were no current resources to raise awareness of physical

activity and sport in the community.

19. Schools can be key innovators of approaches to increasing physical activity in young people and through its surveys and school engagement activities SHRN offers a system to identify and capture promising secondary school-level innovations, explore why they work in a particular school context and evaluate their potential for wider adoption.

PACYP 37

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan NAHT Cymru

Response from NAHT Cymru



National Assembly for Wales' Children, Health, Social Care and Sport Committee - Inquiry into physical activity of children and young people

NAHT welcomes the opportunity to submit evidence to the Children, Health, Social Care and Sport Committee.

NAHT represents more than 29,000 school leaders in early years, primary, secondary and special schools, making us the largest association for school leaders in the UK.

We represent, advise and train school leaders in Wales, England and Northern Ireland. We use our voice at the highest levels of government to influence policy for the benefit of leaders and learners everywhere. Our newest section, NAHT Edge, supports, develops and represents middle leaders in schools.

In relation to the invitation to submit evidence to the National Assembly for Wales' Children, Health, Social Care and Sport Committee, concerning the inquiry into physical activity of children and young people, NAHT Cymru will focus specifically on evidence concerning the following areas directly related to schools:

- What do we know about physical activity levels in children in Wales? How robust is the data on this issue?
- Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.
- The role of schools, parents and peers in encouraging physical activity, and the role of Sport Wales

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

1. In this submission, NAHT Cymru will focus upon the school-level perspective of the physical activity levels of children. In addition to the perceived health and well-being benefits of an increased level of physical activity, we will briefly explore the available research that attempts to establish the links between physical activity / fitness / well-being and the potential positive impact it has on academic and broader school-level pupil achievement.

2. A number of initiatives, brought into schools in Wales over the years, have sought to make use of a perceived benefit of increased physical activity and it's believed link to improved academic performance of children and young people. For example, even as far back as the 1990s many schools will have sought to utilise programmes such as Alistair Smith's 'Accelerated Learning', which itself incorporated theories of movement-based learning undertaken by Paul E. Dennison, Ph.D. Dennison developed the 'Brain Gym®' activities and programme that have been, and continue to be, used in many countries across the world, although the empirical evidence for these theories has more recently been questioned.
3. The 2015 Sport Wales 'School Sport Survey', looking at sport and personal well-being, was one of the largest of it's kind. It gathered the views of over 116,000 pupils in almost 1000 schools. Many school leaders ensured that their schools fed into this study.
The survey found the following:
 - The average amount of time spent in PE lessons in schools per week was 99 minutes;
 - The numbers of young people taking part in sport or physical activity three or more times a week had risen from 40% in 2013 to 48% in 2015;
 - 93% of children enjoyed physical education;
 - Boys (52%) were still more likely than girls (44%) to regularly participate in sport and physical activity;
 - Although an increase in regular participation had been seen across all ethnic groups, 52% of Black British or mixed race children were hooked on sport, compared to 36% of Asian and other ethnic groups;
 - 68% of pupils enjoyed sport outside school and 80% had attended a sports club outside school the previous year.
4. The survey also suggested that pupils were twice as likely to be 'hooked on sport' if they were confident individuals. This suggested a strong link between mental well-being and physical activity. The survey also suggested that positive attitudes to sport were encouraged by extra-curricular activities and when a school listened carefully to pupils about their ideas related to sport.
5. However, one of the most striking findings of the 'School Sport Survey' was that pupils were nine times more likely to enjoy P.E. 'a lot' if their ideas about school sport were listened to. This suggests that children and young people perceive that, in general, schools do not listen enough to them when it comes to physical activity in school. It could therefore be reasonably assumed that there is greater gains to be made by listening and responding positively to pupil ideas and better utilising pupil voice.

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

6. Another of the striking findings of the same survey, was the gender gap and how it appears to continue to present a stubborn challenge to schools. Anecdotal evidence suggests that national governing bodies of certain sports, most notably football and rugby, have sought to proactively encourage female participation, either through mixed team tournaments and in-school coaching, or in female only tournaments. In addition, increased media coverage of national women's team successes are more prevalent. There have also been some examples from particular sports which have incentivised the participation by girls in education through providing free resources for schools who are also prepared to set up a girls-only team.
7. Anecdotal evidence also suggests that trends in a particular sport's participation by children and young people show peaks and troughs according to a number of influences. As with other 'fashions', popularity can result from the high profile success of a particular team at a given time (e.g. Wales Football at the Euros), a popular seasonal tournament (e.g. Wimbledon) or when a significant popular figure is famous for success in a specific activity (e.g. Mo Farah winning Olympic gold). For example, the recent success of the Women's England Cricket team has apparently resulted in increased numbers of girls seeking places at local cricket sides.
8. Although much of our evidence thus far has concentrated on sport and traditional P.E. experiences, offering less traditional physical activities has often proven to encourage greater uptake by girls in terms of extra-curricular activities, in particular. Examples of pupil suggested activities – e.g. cheerleading, contemporary dance styles – frequently attract larger numbers of pupils and in many cases greater proportions of girls.
9. Pressures from a number of areas can inhibit the offer provided to pupils across all school sectors. School budget pressures, reduced numbers of staff, high level workload and other issues all impact upon the capacity of schools to offer physical activities outside P.E. sessions. Where schools have managed to mitigate against the negative affect of such pressures, they have often made productive connections with local sports / dance / national bodies and relevant clubs. In any such arrangements and to ensure they function successfully and safely, there clearly needs to be a full awareness of duties such as safeguarding and relevant insurance cover.

The role of schools, parents and peers in encouraging physical activity, and the role of Sport Wales

10. Many schools already offer a range of physical activities, both as part of the P.E. curriculum entitlement and as extra-curricular sessions. The capacity, resource and opportunity for schools to offer a range of physical activities is dependent upon the physical space and layout of the site, the confidence and skills of staff – as well as their willingness to undertake such activities on a voluntary basis – and the support of leadership, governors and parents / families. In many cases, there is an assumption on the part of the wider community, and families in particular, that extra-curricular activities will be offered despite there being no explicit entitlement or additional resource on offer to schools and staff.
11. School leaders also recognise the wider benefits of physical activity and sport both to the individual pupil and to the wider school community. The well-being of pupils is often supported with the opportunities open to represent the school in sport and in simply participating in group activities including those of a physical nature. As a part of the Healthy Schools Network, for example, schools have established high expectations and incorporated a range of initiatives including healthy eating, life style choices and regular physical activity.
12. The challenge for many children and young people can be accessing physical activities they might enjoy at school, when they are outside normal school hours. In certain instances, the activity may not be readily available in the local community, there might be family issues that present obstacles (e.g. transport, disability) and there might be a significant financial demand that cannot be met. For example, for potentially talented individuals wishing to take on and extend an interest in an area such as swimming, the financial demands of elite clubs can be significant – in addition, many of these clubs do not have the ability to differentiate cost according to ability to pay. As a result, they inadvertently exclude a proportion of the young population and this may explain a perceived relationship between physical fitness issues and deprivation. It is worth noting that once that initial interest is lost to a young person, it is incredibly difficult to resurrect it later.
13. The role of peer pressure cannot be underestimated – both as a positive and as a negative influence. If the traditional view of physical activity, and in particular sport, is that it is only for the elite performer or the individual with ‘talent’, many of the less confident individuals may feel immediately excluded and avoid participation. The challenge for schools is to be able to meet the needs of all – ensure that all children / young people are able to feel comfortable and able to access a chosen activity and stay physically active whilst also providing opportunities for elite performance and high level achievement for those that are able to reach such levels.

14. The new curriculum may offer more opportunities of such an inclusive approach – the Physical Development Area of Learning is for all and schools will need to ensure that they do all they can to communicate this inclusivity clearly to all learners and families in all school sectors.
15. The most productive approaches in schools are often supported by the relationship with external bodies, including Sport Wales. Approaches such as the 5X60 initiative, Physical Literacy and the Dragon Sports Programmes can have a significant impact. The issue for schools undertaking such programmes is sustaining them beyond the set time they are in place (particularly if they are grant funded or free at the point of delivery). The same school based resource and personnel issues outlined in paragraph 10 above still apply.
16. It is clear that where physical activity levels for children and young people are at their optimum, schools, parents and local community groups / national bodies link up seamlessly. The school is often the conduit for lighting a spark in the pupil with the assistance of a recognised external group, the parents are provided with the information, commitment and resource to support the interest outside of school and the external group is located and in a position to continue supporting the child or young person's chosen activity.
17. For this to work best, schools require access to relevant information and resources as to what is available, as well as space in the school day and an appropriate venue on site to provide the opportunities. In addition, the offer they provide to their pupils needs to meet their chosen needs with pupils having input as to what they might wish to undertake. Finally, families need to be provided with the required information in terms of locally accessible groups, they also have to have access to sufficient resources and the ability to support their children's interests outside school irrespective of any potential social disadvantage.

NAHT Cymru - September 2017

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Awdurdod Parc Cenedlaethol Bannau Brycheiniog

Response from Brecon Beacons National Park Authority

National Assembly for Wales Inquiry into physical activity of children and young people- evidence from Brecon Beacons National Park Authority- September 2017

Brecon Beacons National Park Authority welcome the opportunity to put forward evidence from our experience of policy and practice to support increasing levels of physical activity in children and young people.

Our evidence is focused around two of the areas of interest in the inquiry:

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

B. 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,

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

1. BBNPA are currently engaged with Cardiff University (with ESRC support) in a PhD research programme: "Gender, Health and Sustainability in using natural resources: A case study in two National Parks in Wales"
2. This PhD study aims to: i) examine the attitudes, preferences and behaviour of men and women (including young men and women) to understand how gender and social class shape the preference, usage and ownership of the natural environment and its conservation, particularly how the natural resource is being used for health and well-being outcomes, and ii) to highlight policy and practice that is influencing how the the National Park Authorities deliver health and wellbeing outcomes for different groups.
3. BBNPA has run for the last 2.5 years a Geocaching project funded by Sports Wales as part of their Calls for Action programme aiming to increase physical activity in young people . BBNPA's target in the Geocaching project has been young people with identified low levels of physical activity (identified through the Sport Wales School Sport Survey) living in areas of deprivation in Torfaen, Blaenau Gwent, Merthyr Tydfil and Rhondda Cynon Taff. In the last 6 months the project has been granted extension funding and now also operates with participants from Neath Port Talbot and Powys. Geocaching was identified as a means to encourage physical activity amongst young people not engaged by "traditional" sports.
4. The evaluation of the Geocaching project has included both internal evaluation and research by Cardiff University CUROP programme. Some clear gender differences in

gender-based attitudes and participation in physical activity has been identified as a result as listed below. BBNPA has sought to refine the programme to address these. Eg. The Activity Leaders offer girls the chance to lead the activity early on, boosting their confidence and participation. The project supports young peoples' groups to continue Geocaching close to home and has seen high levels of replication and extension activity. The latter including young people who had not previously engaged in sport, becoming active in sports eg. Football as a result of increased physical confidence.

5. Some findings from the Cardiff University Social Sciences CUROP study of Geocaching project in 2016
 - For participants , expression was limited by language, and for girls a self conscious approach to engaging with the world
 - The safety provided by the (BBNPA) activity workers facilitated engagement, by overcoming what was unfamiliar
 - Girls were less likely than boys to have been active outdoors previously but this did not affect their engagement
 - Girls were more limited by confidence
 - Girls had less access to outdoor physical activity
 - Safety/ perceptions of safety were especially important for girls eg. This feedback: "Being housebound is quite a big thing with girls or younger women...either because they live in areas where they just not.. you know maybe there's a bit of bullying going on...some of them have told me look i don't leave the house. i don't live in a nice street. so imagine.. not feeling you can step out your front door without somebody, i'm guessing, shouting abuse or following you or whatever."(Activity leader with girls' group)

B.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

6. BBNPA has worked with the other 2 NPAs in Wales to develop and deliver a Social Inclusion and child Poverty Strategy and Action Plan, with the Plan including a range of programmes designed to address barriers identified . These barriers were identified through an initial audit in 2005 carried out by Cardiff University ("Social Inclusion Audit of the three Welsh national Parks"), and through subsequent consultations on further iterations of the Strategy and Action Plan. ,
7. Barriers identified re activity amongst children and young people identified include: Lack of knowledge and lack of family tradition to accessing green space for physical activity , lack of confidence amongst young people(including young people who are themselves parents) to use green space for physical activity , financial barriers for school visits from deprived areas to National Park and other green areas for activity, perceptual barriers about who the National Park is for, and need for specialized equipment.
8. As a result BBNPA has put in place a series of actions to address barriers. These include the programmes described below ,and targetted interventions eg

- the “Fairplay” programme (bus subsidies for education visits from schools with a high percentage of Free school Meal eligibility)
 - the Geo park Festival at May half term at Craig y Nos Country Park with a range of physical activities for young people to try.
 - Buggyise- a programme with health promotion partners in Ystradgynlais to introduce parents to simple workouts with a buggy in the Park (Craig y Nos), with young children accompanying and observing (and copying!) their parents engaging in physical activity.
9. More recently BBNPA has worked with the other NPAs to develop a Health and Wellbeing Position statement
http://npw.nationalparks.gov.uk/_data/assets/pdf_file/0004/890797/NPW_Health_and_Well-being.pdf This includes examples of good practice, such as BBNPA’s National Park Champions programme which built skills and confidence amongst parents, carers, youth leaders and others to use greenspace (including National Parks) for physical activity.
 10. BBNPA has applied this approach consistently building skills and confidence in “trusted intermediaries” in a series of programmes including Crossing Park Boundaries, Inspiroment and Geocaching. In essence, initial training is provided (hands on in the field) in outdoor activities targetted to be suitable to the target group, to group leaders. The group leaders then return with their group and, supported by BBNPA staff, the group enjoy an activity day. The aim is to build the skills and confidence for ongoing enjoyment and physical activity in greenspace in general, using the “safe and inspiring” setting of the National Park to inspire change.
 11. Participants have consistently fed back that 2 factors in the use of National Park setting are particularly valued :i. Inspiration ; the outstanding setting of the Park makes a difference ,particularly for trying physical activities ,and ii. Safety; of feeling safe with BBNPA leaders operating to Adventurous Activity Licencing Authority standards, and being an outdoor setting where physical activity can be tried free from worries about (perceived) urban park dangers and/or observation by peers.
 12. BBNPA has in the Geocaching project in particular sought to take the extension of physical activity replication and extension a step further by actively working with young peoples’ groups closer to their home bases to set up and utilise geocaching trails .
 13. Examples of good practice: Included below are some quotes from the group leaders who have engaged with BBNPA Geocaching project, regarding the impact on their client young peoples’ physical activity:

14. Case Study Year 1 Barnardos

From arrival three of the boys were interacting well and laughing and joking. One boy remained apart and quiet, allowing others to answer for him even as the introductions were made. As the activity developed this became more obvious. The young people remarked there was no point talking to him “he doesn’t speak”. Leaders confirmed he had barely spoken in his time with them and would not participate in activities. Eventually he warmed to the activity and agreed to read a story card to the group, very quietly. Later he read another a little louder. His peers said it was the most he had spoken all year. He continued to gain in engagement and confidence throughout the activity. On the way back from the final geocache he was walking back with the other boys, fully engaged in the group. His friends shouted

'Look we've cracked him,' as he continued to laugh and joke with them on the way home. A follow up phone call 10 weeks later revealed that he was now far more engaged in the project, and that the change had occurred during the day out geocaching: "About the boy we discussed earlier. He has become engaged in several mainstream activities since taking part in geocaching – football, a local youth club and the gym. We had been struggling to get him to take part in anything before and getting very negative responses to whatever we offered." – ID, Barnardos worker.

Case Study Year 2 J.E. Miskin Project Group Leader

1. "One young person that I worked with has an online gaming addiction. Geocaching enabled me to build a bridge through common themes represented in the game (mapping) and the outside world, and to get him out and active. Generally it has helped us to build relationships between workers and young people where we have very little in common. It has been especially engaging for those young people who have very little. Generally I offer the activity and if they don't like it they never have to do it again, but they all like doing it (Geocaching) ."
2. "One lad took up geocaching as a result of it being introduced to him. He brought the activity back the care home (where he lived) and actively encouraged his peers to take up the activity. It became so popular that the entire home with 4/5 residents were all going geocaching together, including the Carers. They ended up completing the entire Cynon valley."

Case Study Year 2 H.M. Viva Girls worker

3. "The project has enabled us to run regular geocaching sessions for children and young people with a disability. It has given our members an opportunity to increase their physical activity level and enjoy a fun activity within the outdoor environment."
4. "Many of our participants have gained confidence through the geocaching sessions. They are able to work as part of a team providing support to their peers and also increased an element of educational abilities through the use of the GPS devices, identifying numbers and distance. It has increased the activity level of the participants and developed their enjoyment of an outdoor activity."

Case Study Year 2 Llamau

5. An (Over 15yrs) Homeless Male came to the project , very isolated and disengaged- his Llamau group leader said he rarely left his hostel. After the geocaching project he started engaging with his peers and taking part in walking activities.



FAW TRUST

Health, Social Care and Sport Committee Inquiry

Inquiry into physical activity of children and young people

September 2017

Background Information

1. The FAW Trust is a registered charity, founded in 1996, and is responsible for the development of football in Wales, from grassroots to national level.

For more than 20 years, it's been our job to work with the Football Association of Wales to protect, promote and develop the game of football to achieve our joint vision of:

Football for everyone, everywhere in Wales.

2. Our mission: To grow the Game and Raise Standards by

- 1) Transforming communities through football for all.
- 2) Becoming a world class coaching nation.
- 3) Identifying, developing and preparing talented young players to support the future success of our national teams.
- 4) Living our values and delivering excellence.

Our major funding partners are:-

FAW

Welsh Assembly Government

Sport Wales

We also seek to maximise income from other sources including grants and commercial sponsorship.

3. The FAW Trust welcomes this inquiry into the physical activity of children and young people by the Health, Social Care and Sport Committee and would welcome the opportunity to give oral evidence to the committee. 1.

Our work with children and young people

Grassroots Football

4. We run a small grants programme for grassroots projects called Regional Investment Plans. We invest in delivery partners, usually grassroots clubs but sometimes organisations like local authorities or charities to deliver, on our behalf, against our five targets outlined in our growth strategy.
 - 50% of young people playing football once a week.
 - 20,000 registered female players.
 - 30% of young people playing football at least twice a week.
 - 1500 registered players with a disability.
 - 4% of registered players being from a BME background.
5. From April 2016 to March 2017 the work of the FAW Trust has been the following:
 - 63 Projects running from five areas of Wales; North, South, West, Central and Gwent.
 - 10,251 (unique participants) young people participated in football for a minimum of ten weeks via the 63 investment projects.
 - 25% of all participants were female.
 - 95 new coaches and volunteers were also recruited through these projects.
6. We intend to continue to invest in clubs to help them recruit new players and coaches to sustain and grow the game.
7. We also plan further investment in the development of new products to populate the informal pathway. An example of this is Beatball, a football and dance hybrid activity that formally launched this year.

Clubs

8. We currently have 486 junior clubs in Wales and 26,009 five to 11-year-olds and 21,302 12 to 16-year-olds are registered club participants.
9. Our ambition by 2024 is have 30% of children playing twice per week as a registered club member

Schools

10. Our Lidl 'Play More Football' programme is run in schools across Wales and is designed to maximise the appeal of the sport to young people who don't

already play. It is about young people leading the game of football and developing their own approaches, creating new playing opportunities, based not on the past but on what they see as a better future.

11. The Lidl 'Play More Football' programme will provide 30,000 pupils with the opportunity to participate in weekly skill sessions across 100 Secondary and 400 Primary Schools, giving children of all ages the chance to get active, learn new football skills, and enjoy the game. – These figures will be realised by July 2018.
12. To date we have 72 secondary schools enrolled on the programme, have trained 629 Directors of football, and engaged with 19,232 pupils.

Informal Football

13. We operate a charter mark fun football programme (McDonald's Fun Football) engaging clubs, organisations and private providers. Currently we have...
 - 20 accredited organisations
 - 5,303 individuals on average engaged per month
 - Community football days – 22 ran during the summer of 2017 across the Country hosted by our junior clubs.
 - During 2016 6,717 participants attended.

Delivery includes: extra curriculum, school holidays, community based.



Annex 1

**FAW
TRUST**

**YMDDIRIEDOLAETH
CBDC**

Ymddiriedolaeth Cymdeithas Bêl Droed Cymru
Parc y Ddraig, Canolfan Datblygu Pêl-droed Genedlaethol
Pentref Chwaraeon Rhyngwladol Casnewydd, CASNEWYDD NP19 4RA

FAW Trust
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*Chairman Cadeirydd **Peter Lee OBE**
Chief Executive Prif Weithredwr **Neil Ward***

22 September 2017

Sian Thomas
Clerk
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Sian

Health, Social Care and Sport Committee Inquiry into physical activity of children and young people.

The FAW Trust welcomes the opportunity to submit information which may assist the Committee's inquiry. The FAW Trust, working under the umbrella of the Football Association of Wales (FAW), is the body responsible for improving participation in football amongst boys and girls aged 16 years and below. The FAW and the Trust jointly endorse the more detailed evidence provided by the Welsh Sports' Association and the information which follows aims to further enhance key points made in their submission

Participation data

Sources and robustness of data on physical activity are weak, particularly when compared to inactivity. The introduction of the 'Welsh Health Survey' to replace the National Survey for Wales and the different data collection methods used, will reduce the effectiveness of future activity data. The difference in collection methods will also reduce the efficiency of data comparison from past surveys. Although we collate participation figures for affiliated players, the Sport Wales 'School Sport Survey' has been our main source of data for recreational (non FAW affiliated) players. Unfortunately, a lack of capacity within the Sport Wales insight team has prevented them from supporting Governing Bodies to extract information from the survey which could assist the sporting sector in targeting latent demand, for example young people who have indicated that they want to play football or play more football. There should be increased investment in data insight and interpretation and, in that context, Sport Wales could play a significant role.



Impact of Welsh Government policies

A significant disconnect exists between policies pursued by the Welsh Government and the level of investment, support and implementation required by local agencies and networks. One specific example is the requirement of accessible, affordable and fit for purpose facilities for communities to pursue physical activity.

Football is the largest sport in Wales, impacting significantly on the lives of many people and communities - over 50,000 young people already play football competitively in FAW affiliated league structures. It is also the most in demand sport – the School Sport Survey published in 2015 highlighted that 120,000 young people want to play more football. Football clubs sit at the heart of society across Wales and their activities extensively support community cohesion and well-being. Our future growth targets include 50% of young people playing football once per week by 2024 and to be the most popular female team sport by 2020. However these targets will not be achieved without access to more and better quality facilities.

Football generates significant demand for fit for purpose facilities to participate, yet poor grass roots facilities are the biggest challenge to the future of the game. The majority of Local Authority parks pitches and pavilions are reported to be in 'poor condition', over used, with diminishing levels of maintenance and having had no investment over the last 10 years. It is even more challenging to secure access to facilities for women and girls – the situation for the female game is much worse.

Due to consecutive reductions in funding settlements it has become increasingly necessary for Local Authorities to look at ways of achieving efficiencies. This has included significant increases in charges for facilities, as well as encouraging asset transfer or self-management models for clubs. The opening of more school facilities could play a significant role in improving community access to facilities. This is a commitment in the Programme for Government but there has been little progress on this to date.

Sport Wales funding needs to adapt to the changing landscape in facilities and target investment at supporting facilities maintenance and community asset transfer models as well as funding the development of new facilities projects. Statutory planning bodies should also be required to ensure public open space within Local Development Plans deliver safe and accessible areas which promote and encourage physical activity.

Increased cooperation and collaboration is required between the sports sector and health bodies. There have been a number of examples of successful programmes funded by Sport Wales 'Calls For Action' monies which have demonstrated improved health outcomes for beneficiaries but there has been no appetite from Health Boards or Public Health Wales to engage and pursue

such success. Football has successfully improved mental health outcomes for young people through physical activity and by using the infrastructure of clubs to overcome feelings of isolation and improvement of self-worth and confidence. However the short-term nature of such funding has meant that the continuation of such success will be short lived.

Short term funding restricts long term planning and delivery. This in turn reduces impact and return on investment in physical activity initiatives. Therefore, it is essential that publicly sponsored bodies such as Sport Wales receive longer term funding commitments.

Clarity is also required on the remit of Sport Wales and the wider sporting sector on their contribution to the physical activity agenda. One helpful means of achieving this would be a definition of physical activity and a delineation of the spectrum from active to sedentary, including motivational drivers, which would identify which sectors and organisations could contribute most to improving physical activity within that spectrum. This in turn could highlight where improved collaboration and reallocation of resources could achieve better impact.

I hope this information is of use to the Committee's Inquiry and I look forward to the publication of work and conclusions which stem from it.

Your sincerely



NEIL WARD



FAW TRUST

Health, Social Care and Sport Committee Inquiry

Inquiry into physical activity of children and young people

September 2017

Background Information

1. The FAW Trust is a registered charity, founded in 1996, and is responsible for the development of football in Wales, from grassroots to national level.

For more than 20 years, it's been our job to work with the Football Association of Wales to protect, promote and develop the game of football to achieve our joint vision of:

Football for everyone, everywhere in Wales.

2. Our mission: To grow the Game and Raise Standards by

- 1) Transforming communities through football for all.
- 2) Becoming a world class coaching nation.
- 3) Identifying, developing and preparing talented young players to support the future success of our national teams.
- 4) Living our values and delivering excellence.

Our major funding partners are:-

FAW

Welsh Assembly Government

Sport Wales

We also seek to maximise income from other sources including grants and commercial sponsorship.

3. The FAW Trust welcomes this inquiry into the physical activity of children and young people by the Health, Social Care and Sport Committee and would welcome the opportunity to give oral evidence to the committee.

Our work with children and young people

Grassroots Football

4. We run a small grants programme for grassroots projects called Regional Investment Plans. We invest in delivery partners, usually grassroots clubs but sometimes organisations like local authorities or charities to deliver, on our behalf, against our five targets outlined in our growth strategy.
 - 50% of young people playing football once a week.
 - 20,000 registered female players.
 - 30% of young people playing football at least twice a week.
 - 1500 registered players with a disability.
 - 4% of registered players being from a BME background.
5. From April 2016 to March 2017 the work of the FAW Trust has been the following:
 - 63 Projects running from five areas of Wales; North, South, West, Central and Gwent.
 - 10,251 (unique participants) young people participated in football for a minimum of ten weeks via the 63 investment projects.
 - 25% of all participants were female.
 - 95 new coaches and volunteers were also recruited through these projects.
6. We intend to continue to invest in clubs to help them recruit new players and coaches to sustain and grow the game.
7. We also plan further investment in the development of new products to populate the informal pathway. An example of this is Beatball, a football and dance hybrid activity that formally launched this year.
8. Workforce however remains a factor, with decreasing numbers of volunteers to run activities, local teams and clubs.
9. The FAW / FAW Trust is however working on the implementation of a modern web app, that captures volunteers and joins them up to clubs. Clubs can then post vacant positions, job descriptions and volunteer opportunities that are available.

Clubs

10. We currently have 486 junior clubs in Wales and 26,009 five to 11-year-olds and 21,302 12 to 16-year-olds are registered club participants.
11. Our ambition by 2024 is have 30% of children playing twice per week as a registered club member.

12. Facilities however remain an issue, in terms of the number across Wales, of a poor standard and very often with none or unsuitable changing rooms and toilets.
13. The FAW/FAW have made facilities a priority with a new Facilities Strategy. This involves the creation of local action plans to influence and strategically shape facilities for grassroots programmes and provision to benefit more people playing more of the time. We are embarking on a successful collaboration project with rugby and hockey, welsh grounds improvement and the FAW has a new 3G pitch scheme.

Schools

14. Our Lidl 'Play More Football' programme is run in schools across Wales and is designed to maximise the appeal of the sport to young people who don't already play. It is about young people leading the game of football and developing their own approaches, creating new playing opportunities, based not on the past but on what they see as a better future.
15. The Lidl 'Play More Football' programme will provide 30,000 pupils with the opportunity to participate in weekly skill sessions across 100 Secondary and 400 Primary Schools, giving children of all ages the chance to get active, learn new football skills, and enjoy the game. – These figures will be realised by July 2018.
16. To date we have 72 secondary schools enrolled on the programme, have trained 629 Directors of football, and engaged with 19,232 pupils.
17. Despite the success of this initiative, we would welcome greater influence and collaboration with schools.
18. Schools also have a role to play in promoting and encouraging young people's participation in football and physical activity. There is a need for schools to modernise their thinking towards physical activity and moving away from the stereotyping of sports ie rugby or football for boys and netball for girls.
19. The FAW Trust has been in conversation with school governing bodies on how to engage with the disengaged and hard to reach communities. Assessment needs to be made of the numbers regularly not taking part in PE lessons and what steps if any, are being taken to tackle this.
20. Approximately 85% of primary school teachers are female, creating a likelihood that football would not be explored at this early age. Primary school age is key for creating positive attitudes and experiences towards sport for girls, before they become aware of communications on body image and view sport only as a means for losing weight, rather than staying fit and healthy.
21. Football is a universal language for boys and can be used to harness relationships educational subjects and promote better engagement.
22. Together with parents and peers, schools have a role to play in creating safe, fun, inclusive environments for children to enjoy all that football has to offer.
23. More must also be done to tackle the sick note culture of teenagers, to understand the issues and to intervene to address the problems.

Informal Football

24. We operate a charter mark fun football programme (McDonald's Fun Football) engaging clubs, organisations and private providers. Currently we have...

- 20 accredited organisations
- 5,303 individuals on average engaged per month
- Community football days – 22 ran during the summer of 2017 across the Country hosted by our junior clubs.
- During 2016 6,717 participants attended.

Delivery includes: extra curriculum, school holidays, community based.

Barriers to participation

25. There are however barriers that prevent larger numbers of children and young people participating in grassroots football. Not least that football continues to be perceived primarily as a sport for boys and men, rather than girls and women. Unfortunately, stigma and assumptions around sexuality remain prevalent.
26. In many instances there are not enough facilities, or they are a poor standard and sometime with no or unsuitable changing rooms / toilets.
27. There is less provision for girls in particular as a result of accessibility issues, therefore forcing people to travel further for appropriate facilities.
28. Body image and self-esteem remain a factor. Messaging to girls is very different to boys with communications often placing a higher amount of focus on improving look and body image, as opposed to promoting mental wellness, empowerment, confidence, team playing and decision making.
29. Consideration must be given to the language and behavior that promotes and encourages young people to play football regardless of gender.
30. There are also workforce issues that prevent children and young people participating in football too, with not enough people to volunteer and run activities, teams and clubs etc.

Overcoming the barriers to participation

31. The FAW and FAW Trust have however made women and girls a high priority in order to deliver significant change in line with the UEFA goal of football being the most popular female sport team in Europe by 2020.
32. The FAW will launch a new Female Football Strategy later this year (2017).
33. The FAW Trust currently invests 70% of its small grants programme fund to developing girls football. It has established a national women and girls working group two years ago and has since been setting up regional committees to improve awareness and provision in getting more women and girls engaged and playing football.
34. This year, the FAW Trust partnered with Football v Homophobia (FvH) in hosting six regional workshops raising awareness of issues and how to tackle them.

35. Ensuring adequate facilities is also a priority for the FAW Trust with our new facilities strategy. We have local facility action plans to influence and strategically shape facilities for grassroots, programmes and provision to benefit more people playing more of the time.
36. We also have successful collaboration projects with rugby and hockey, a Welsh Grounds Improvement scheme and a FAW 3G pitch scheme.
37. We are also mindful of our communications in order to appeal and connect with people from all areas of society. The FAW Trust focus for engagement with female audience is around a level playing field (females get as much coverage as their male counterparts, the language used is positive and does not focus on body image or fitness – but on confidence, skill, empowerment, etc.)
38. The FAW Trust is working on an all-encompassing pathway from 0-100 years in response to society trends and changes, ensuring that people of any age, gender or background can access football as and when they want, throughout the different stages of life. It is also developing different formats of football against each of these key life stages for both genders, all disabilities and BME.
39. We would like to work more with schools and expand out work. The FAW and FAW Trust have the Lidl Play More Football programme operating out of 72 secondary schools providing 19232 pupils with the opportunity to participate in weekly sessions (so far). The programme has trained 629 ‘Directors of Football’ to facilitate the sessions - giving young people the opportunity to provide their peers with an experience that is fun, enjoyable and what young people would want. The ‘Directors of Football’ are evenly split between genders and so girls have as much opportunity to play as boys – this has not been dictated but is indicative of the programmes’ values.
40. In terms of workforce we use an app to captures interest from volunteers and joins them up to clubs. Clubs can post vacant positions, job descriptions, etc. FAW/FAWT volunteer opportunities are also available.
41. We also invest, through the FAW Trust small grants programme in grassroots clubs to pump prime activity and help grow a workforce.

Measuring the effectiveness of our work

42. This is done through the following means:
 - a. Monthly, quarterly annual reports
 - b. Data collection from clubs and leagues
 - c. School Sport Survey
 - d. National Survey for Wales
 - e. FAW registrations
 - f. Programme reviews (internal and external)
 - g. UEFA study visits to draw comparisons
 - h. Sponsorship renewal of contracts

PACYP 40

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Iechyd Cyhoeddus Cymru

Response from Public Health Wales



GIG
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NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

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

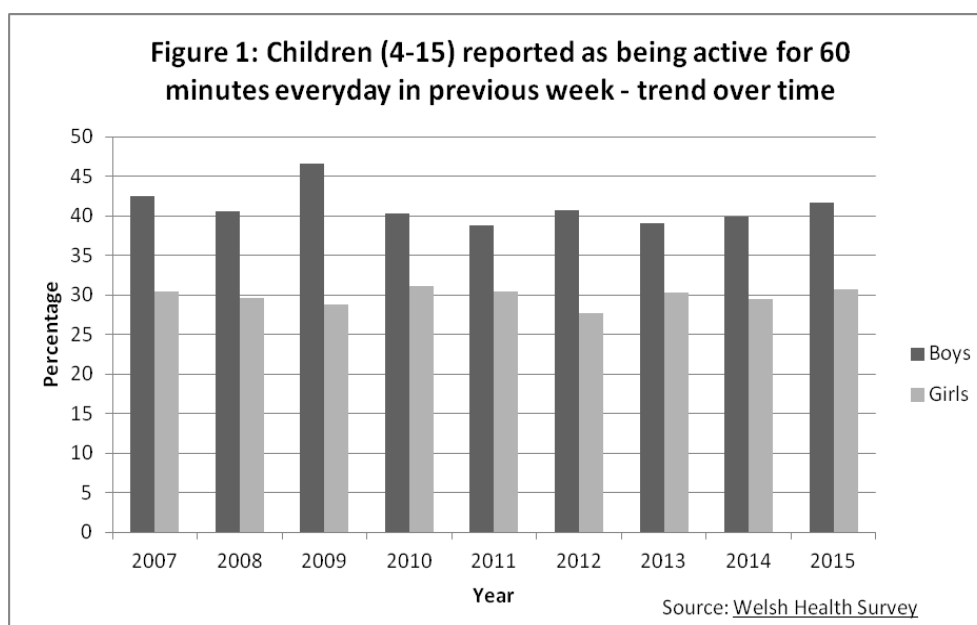
1 Introduction

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](#)

Dear Committee,

Inquiry into Physical Activity of children and young people

1. Ramblers Cymru is the representative body for walkers in Wales. We are part of the Ramblers, Britain's walking charity. We are the only charity dedicated to looking after paths and green spaces, leading walks, opening up new places to explore and encouraging everyone to get outside and discover how walking boosts your health and your happiness.
2. *Our contribution focuses on the lessons learnt from the Let's Walk Cymru scheme; the effectiveness of Welsh Governments' approach to such schemes; and on Ramblers Cymru's own insights into the potential of walking to improve physical activity amongst children and young people.*

Let's Walk Cymru – background

3. From September 2012 to its forthcoming conclusion in September 2017, we have delivered the Let's Walk Cymru Health walking scheme on behalf of Welsh Government. This highly successful scheme supported part-time scheme co-ordinators in 18 local authority areas across Wales. These co-ordinators trained and supported local people to set up walking groups and to lead programmes of short walks to help people make the first steps from inactivity to active and healthier. It also runs the Wales Pedometer challenge which encourages individuals and workplaces to challenge themselves and walk more.
4. The 140 Let's Walk Cymru health walk groups led 17,000 walkers since 2014, with an average of 130 walks taking place each week. Over 3000 people currently use the Wales Pedometer Challenge website to log their physical activity.
5. This scheme has been very popular, over-subscribed and of great preventative benefit for people's health. Using the World Health Organisation/ Europe Health Economic Assessment Tool (HEAT) tool Let's Walk Cymru benefits the population by preventing 4 deaths per year, and the economic value of the total benefits accumulated is £686,000. If the cost of replacing the volunteers for paid staff is also factored in (£1,547,864) Let's Walk Cymru saves over £2.2million a year with a cost of only £285,000.

Let's Walk Cymru – supporting Children and Young People

6. Let's Walk Cymru was developed with a 'cradle-to-grave' approach, with support available to people at all stages of life. Although it was able to work successfully with some specific groups, this was sporadic. The scheme's resources were simply spread too thinly and expansion into work with more children and young people was not possible. Examples of project with children and young people include:

- Our Scramblers initiative was part-funded by Let's Walk Cymru and is aimed at primary school children. It has piloted five family walking hubs, in partnership with the National Trust, the Canal and River Trust and Glyncoirwg Ponds. We have also produced very popular walking educational activity booklet for children to encourage which encourages them to have fun and explore when walking.
- A Carmarthenshire pilot with school children with Special Educational Needs, run by a local 5x60 co-ordinator, which encourage the children to develop their walking, and which led to improvements in their schooling.
- The 'inspire to achieve' pilot in Blaenau Gwent – a walking programme aimed at excluded young people
- The up-skilling of unemployed people through walk leader training in Torfaen, in conjunction with the job centre

Let's Walk Cymru – end of funding

7. Unfortunately Welsh Government has not committed to the long-term development of the scheme, and as of 30th September 2017 it will cease to run.
8. Ramblers Cymru are disappointed by this situation as we are firmly of the view that these types of community-based volunteer-led schemes have huge potential to improve the health of the whole population.
9. Ramblers Cymru submitted 2 detailed proposals to Welsh Government outlining options for the development of Let's Walk Cymru into a more encompassing, financially sustainable scheme. Neither of these proposals has been adopted and following a 6-month extension, the funding will end on 30th September 2017 (full briefing provided at Annex 1)
10. Welsh Government's lack of commitment to the long-term development of an established model which has been proven to deliver increased physical activity is of concern.

Ramblers Cymru's work with young people

11. Work undertaken by Ramblers Cymru over recent years has convinced us of the need to engage more children and young people in the outdoors, and walking in particular. We are an Approved Provider for the Duke of Edinburgh Award Scheme and are committed to identifying opportunities to engage young people
12. In 2013 we explored the potential of a skills training scheme with young people in Merthyr Tydfil. Bespoke tailored sessions covered the essentials of walking, including why it is so beneficial, how to plan and lead a walk, map reading, responsibilities and safety in the outdoors.
13. We have engaged pupils in physical activity as part of their Welsh Baccalaureate, in the form of path maintenance work. 120 pupils from Swansea took part in path maintenance work in the Gower in 2013. For some of the young people, it was their first visit to the Gower despite living no more than half an hour's drive away. The

project gave young people the opportunity to engage with the environment, while working towards a qualification. It had the added benefits of providing skills and leaving an improved physical environment for others to enjoy.

14. In collaboration with Youth Cymru, the *Getting Out There with Scramblers Project* aimed to create partnerships between young people and local Ramblers groups leading to meaningful volunteer opportunities for both groups. We worked with 8 young people from Alternative Curriculum setting in a local school, Gwynedd Youth Offending Service (ages 13-18) and 14 local Ramblers footpath volunteers (the majority aged 65+). The 2-day practical course brought together members of the community who may not ordinarily engage with each other on a joint environmental and physical activity which allowed shared learning and exchange of knowledge.
15. We have also worked with Turning Point, to give young adults recovering from substance misuse the chance to experience the exhilaration of physical outdoor activity and the sense of achievement completing a challenging walk can bring. Some of the participants became walk leaders, and undertook the Welsh 3 peaks challenge for charity – giving back to the local community.
16. Learning from our research and experience confirm the following:
 - Structured walking activities with a reward or challenge appeal to children and young people; future activities should be designed with this in mind.
 - What activities children and young people currently undertake around walking is controlled mainly by what they do in school and the engagement and experiences of their support network i.e. families, friends and teachers
 - Organisations need to provide challenging activities rather than focusing on the health benefits of walking and increase focus on the social aspects of walking.
 - Long term engagement of teenagers can be achieved by offering the opportunity to learn and gain a new skill or qualification that could help them in their future career.
17. In our 2015 Manifesto *Wales for Walking: the routes for success* we called for the national curriculum to ensure young people understand their rights to walk our path network and access land, and their responsibilities under the Countryside Code. They should be given the life skills and confidence to explore and understand the outdoors. We believe this is vital if they are to use their environment for physical activity.

Physical Activity – gaps in infrastructure

18. Ramblers Cymru have been discussing potential opportunities for future walking schemes with public and third sector bodies across Wales, including the potential of social prescribing. These discussions have highlighted for us gaps in the infrastructure, including the lack of a network which brings together providers and the opportunities on offer for the general public; and the lack of mentors to help people make that initial step towards becoming more physically active. For example, an individual volunteer who physically accompanies someone on their first few short

walks, or who helps someone progress to more strenuous exercise.

19. This gap could be filled by a scheme which builds on the 'Come Outside!' initiative, delivered by NRW, funded by Welsh Government and which ended in 2016. This scheme targeted people with a sedentary lifestyle, living in deprived areas. The role of the 'Come Outside!' Co-ordinators was that they "inspired and motivated the support workers (working on behalf of the inactive individuals) to join up with local outdoor providers and gave them the skills and confidence to use outdoor activities in local greenspaces".
20. We would like to see Welsh Government, Health boards, and Local authorities across Wales support the long-term evolution of a walking scheme which puts people on the path to increased physical activity. Support for walking, which is the most accessible of all types of exercise, should not only be at the heart of public bodies' Wellbeing plans, but also at the heart of communities across Wales.

Rambler's Cymru's 10-year Vision

21. The Ramblers Cymru Vision 2016-2026, has three pillars:

- To help everyone find their feet
- To put walking at the heart of communities
- A Wales designed for walking

It is a vision which has increasing physical activity levels at its core, and it is our mission to play our part in creating a Wales where everyone enjoys the benefits of accessing the outdoors on foot.

Annex 1

The conclusion of the Lets Walk Cymru scheme

- 1) Since stepping in at short notice in 2012 to take on and revitalise Let's Walk Cymru, Ramblers Cymru have, in partnership with local authorities, successfully delivered a strong and vibrant health walking scheme across Wales.
- 2) From the time of securing a 3 year grant in 2014, we have continued to innovate and deliver volunteer led health walks to over 17,000 walkers in 140 groups across Wales. The scheme has long been operating at capacity, with huge untapped potential and unmet demand.
- 3) For this reason, in July 2016, Ramblers Cymru was asked to submit an ambitious proposal to Welsh Government. This proposal outlined options for an improved, more wide-reaching scheme. By addressing issues of capacity and paving the way for financial sustainability, reliance on Welsh Government contributions would be reduced over a 4 year period.
- 4) Although sought, no feedback was received on the proposal, but a request for further information was received in November 2016. This information was provided in December 2016. A second alternative proposal was invited in December 2016 and submitted in January 2017. This submission in particular was guided by Welsh Government officials' expressed requirements, and framed in the context of the forthcoming Wellbeing Bond as representing a new way of funding due in autumn 2017. A decision was expected by mid-February 2017.
- 5) With the end of funding period approaching, Ramblers Cymru was acutely aware that the uncertainty was leading to redundancies and redeployments amongst scheme co-ordinators, weakening the infrastructure of Lets Walk Cymru.
- 6) On 30th March 2017, two days before the grant expired, an offer of 6-months extension funding was received from Welsh Government. This money was to continue the business-as-usual operation of the scheme, alongside which Ramblers Cymru was asked to further explore the potential long-term funding options. As no additional money was made available for the development work, we advised Welsh Government that without additional resources, it would only be possible to begin exploratory work on future funding options. This was agreed and understood by Welsh Government. The scope of this work was further curtailed as the deliverables from the 6 month extension were not finalised until early July, over halfway through the funding extension.
- 7) Ramblers Cymru accepted this limited extension in the expectation that the Wellbeing Bond was imminent and it was a 'bridge' to allow for continuity of what was a well-established and proven intervention. Exploration of the potential funding mix which could provide long-term stability has begun, but 6 months is only time enough to begin this work. Securing alternative funding, while concurrently managing and overseeing the existing scheme, was not realistic without dedicated resources.

- 8) No further proposal or information has been requested by Welsh Government, nor has any feedback been received on the options we laid out for Let's Walk Cymru's long-term future.
- 9) Ramblers Cymru are disappointed that the scheme will no longer operate and that Welsh Government has not committed to the scheme's long-term development. However, as a charity committed to offering walking opportunities, we will continue to help people of all ages and abilities find their feet and enjoy the excellent benefits walking brings. This is very much part of our 10 year vision for a Walking Wales.
- 10) We believe that schemes like Lets Walk Cymru still have an important part to play in empowering people to take steps towards a happier and healthier life. We will now work with our members, local authorities, third and public sector partners across Wales to explore future opportunities to help people throughout Wales walk more and gain the health benefits it brings.

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Inquiry into physical activity of children and young people

Ymateb gan Criced Cymru

Response from Cricket Wales



CRICKET WALES
CRICED CYMRU

C/o Glamorgan Cricket
SWALEC Stadium
Cardiff
CF11 9XR

Telephone [REDACTED]

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Inquiry into physical activity of children and young people

This is the brief Cricket Wales response to the above consultation. The comments here are seen as complementary to the Welsh Sports Association's Response.

Q. 1. What do we know about physical activity levels in children in Wales? How robust is the data on this issue?

- As physical activity is such a crucial determinant of what people need to intentionally do, the lack of confidence, frequency and application of data at levels where agencies can make changes, leave the government's aspirations open to no accountability or partner buy in.
- Without clarity of individual sports' buy in and understanding of their contribution to CMO guidelines, renders NGBs doing whatever that can do rather than against a national requirement or clear contribution to ensure people are sufficiently active in Wales.
- With only a small team Cricket delivers the following for young people:-
 - 7,700 young people regularly play club cricket
 - 38,000 participants engaged per year in our schools programme
 - 8,000 students benefiting from events and workshops through Glamorgan Cricket at the SSE SWALEC stadium
 - A brand new engagement level initiative which, in its first year alone, captured 2,300 new 5&6 year olds to cricket
 -

Q. 2. Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.

- Over the last decade Cricket globally has taken very significant steps to develop the game amongst women and girls. Cricket now offers a full range of playing options for both men and women. From local learn to play activities, right through to playing international cricket on the televised world stage cricket, is a sport played by women.
- Cricket Wales is confident that there is latent demand for more girls to play the sport. This evidenced by a positive growth trends in girls cricket participation. In 2017 500 new girls aged 5-7 started with cricket through the ALL stars programme which increased the junior club levels of participation by 55%, which even without ALL Stars has in itself has risen by 13% in recent years. We believe that the only barrier to accelerated participation is the capacity to nurture this projected growth.
- During 2017 Cricket Wales delivered an ECB pilot project that was devised to increase participation of Women's cricket. The focus for this activity was softball cricket festivals. These were held across Wales in areas such as Ammanford, Cresselly, Blackwood, Newbridge, Ebbw Vale, Dollgellau, Hawarden Park, Bethesda, Brymbo and Gresford. The festivals were a great success, with virtually all women involved new to the game. As a consequence more festivals will be held in 2018. In addition Cricket wales will deliver a number of new U14 girls' softball festivals using this successful model in 2018.
- Glamorgan Cricket has committed to involving girls in its elite academy which is a pathway right up to the England women's team.
- Cricket Wales believes it would be beneficial for members of the Health, Social Care and Sport Committee to view the following video
<https://www.youtube.com/watch?v=nUQuhrpCzaY&feature=youtu.be>

Q.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.

- There is no accountability as to who needs to deliver what, to ensure Wales meets CMO guidelines. Currently the health sector is orientated to treatment rather than prevention and also adopts a low risk, zero proactive engagement approach with sport. WG needs to support and help where sports are striving to make a contribution to the wider physical activity and health agenda. Alternatively WG could make clear what each major sport's contribution is for clarity.
- Cricket (as shown elsewhere) is impacting on all sectors of under representation; women and girls cricket is growing together with initiatives to support this, Black and Minority ethnic cricket programmes, we contribute to the welsh language through our support of coaches and leaders in welsh, disability cricket is another strand where cricket is making itself more accessible to all sections of the community and are connecting with the LGBT community through strong visual support to Stonewall at Glamorgan Cricket's headquarters.

Q.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.

- As well as elevating PE to the same inspected levels as numeracy and literacy, each child needs to have a greater level of self-awareness as to how they relate to the CMO guideless;
- Increasingly NGBs and sports foundations are setting out to create sport for good projects. Generating Social Return on Investment (SROI) common measures across Wales will open up the true impact of the immense range of activities that are not articulated by current KPIs.
- Sports have very limited numbers of development staff and rely on huge numbers of fragile volunteer bases with large amounts of churn. The expectation of the FGWB act though is of impact at scale across Wales, therefore the expectations and reality of capacity to deliver are both at odds with each other.
- The concept of sport participation should be broadened away from just the playing of cricket as there are also lots of other activities, preparing the pitch, coaching, training, even parents throwing a ball at their children, where people participate in physical activity. Cricket is not always given credit for these linked activities that are absolutely central to our sport. So by virtue of being an engaged parent or volunteer cricket is driving participation levels up in all areas and not just in those playing a game once a week.
- Through our All Stars Cricket we are able to encourage every new parent to bowl a few overs in the back garden with their children. Through this adults are also contributing to their own physical activity guidelines if they are engaging with a ball around for 30 minutes. Many of these adults may be currently inactive and by association through a child will now be doing an activity once a week. If some of these people are in groups that have low levels of sports participation then this becomes doubly beneficial.
- We in Cricket are very keen to explore targeted approaches towards hard to reach communities.
 - We have the tools and expertise for example reaching out to urban deprived areas on Cardiff, but not the capacity to deliver into these communities.
 - Our success in BME communities across Cardiff, Swansea and Newport has received critical acclaim;
 - In partnership with and led by Glamorgan Cricket, we have contributed to the Home Office Prevent agenda through cricket's power to bring together, inspire, and provide safe spaces for young people to consider what British values mean and how they connect with the Spirit of Cricket. By using the strong connections to British values (belonging, fair play, justice, tolerance, respect between all faiths and cultures) and the SSE SWALEC's inspirational impact which enhances the learning experience, many young people grew their awareness around intolerance of others and of themselves, appreciating the virtues of British Values and how to apply these in challenging situations. This was achieved by the exploration of British values by running three workshops across 46 sessions and 52 safe spaces. The project was enjoyed by young people with no previous interest in cricket. The students had a growing awareness of their own power to make others feel that they belong and a desire to reduce conflict and intolerance by increasing respect and acceptance. It provided their schools with a key feature of future reduction in conflict and intolerance.

- Cricket Wales believes it would be beneficial for members of the Health, Social Care and Sport Committee to view the following video
<http://www.glamorganccricket.com/playcricket/beyond.html>

Q.5. Physical activity guidelines and how we benchmark physical fitness in children.

- Sports like cricket that have the expertise in delivering within the school environment should be given credits for the hours they deliver which contribute to a child's 'hour a day' physical activity recommendation.

Q.6. Measurement, evaluation and effectiveness of the Welsh Government's programmes and schemes aimed at promoting physical activity of children AND Q.7. Value for money of Welsh Government spending to promote exercise in children.

- Having government programmes alone is not the answer to ensuring every child meets PA guidelines. A collaborative approach with key sports like cricket is essential so a range of offers is open to young people so, with teachers help, they ensure that their personal goals of reaching an hour a day, are met. The evidence of Dragon Sport and 5x60 has meant that pupils can decide to opt out, whereas if they have to find something to reach their daily goals, the presence of a varied range of sport providers means the menu will be interesting and will offer a menu of basic movement skills.


Q.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.

- The contribution of major sports like cricket to health should be viewed in terms of our impact across the whole continuum and life cycle, from primary schools into community and then onto healthy activity, volunteering, watching and following options. This means that sports like cricket offer a full range of options rather than activities which are not sustainable, not available locally and disappear from view once the school day is over. Cricket has a whole life offer from cradle to grave, from local community activity to the big ticket high performance event at Glamorgan, that means that engaging cricket as one means of helping children realise CMO guidelines is not only effective for their school days but also for life and well-being.

9. Conclusion

- As well as making a large contribution to the health of young people, cricket is determined to contribute to wider social sport-for-good activity. The creation of measures that help assess social return on investment are key to this however WG should bear in mind current activities that cricket is pursuing that go well beyond the pure 'health' agenda.
- An example of this is the growing numbers of students visiting the SSE SWALEC for educational and inspiration tours and the parallel relationship we have with the community police service, who are finding these activities to be of great service to their cadets, and to generating firmer relationships with BME communities.
- The progression from school based activities into the community and throughout the life cycle is an item that previous WG programmes have missed almost completely. The effort that goes into future sport and PA programmes for young people MUST connect strongly with community sport and PA provision to ensure whole life engagement through the vehicles of sustainable local sport clubs and associations.

- Even within our core business of cricket development there are enormous spin-off benefits such as community cohesion, the development of skills and experiences making people more employable through leadership and volunteering. The latter is provided for by a large programme of courses for volunteers in all corners of Wales. Core life skills are generated through cricket in young people such as teamwork, coping with winning and losing and communications.
- Many cricket clubs own or manage local assets which are important parts of the fabric of local communities.
- From these examples it is clear that we at Cricket Wales, in partnership with Glamorgan Cricket, are committed to use cricket for broader good, and we welcome efforts to work collaboratively so that with additional resources we could do even more.

For further information, please contact 

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Inquiry into physical activity of children and young people

Ymateb gan Sustrans Cymru

Response from Sustrans Cymru

To: Dr Dai Lloyd AM; chair; National Assembly for Wales health, social care and sport committee.

- 1.1 This short note sets out Sustrans Cymru's response to the committee's proposed terms of reference for an inquiry into physical activity of children and young people.
- 1.2 Sustrans Cymru is the all-Wales charity that makes it easier for people to walk and cycle. Our vision is of a Wales with happier, healthier people; greener, better local environments; and stronger economies and communities. Sustrans Cymru will be at the forefront of transforming how people live and travel in Wales.
- 1.3 Sustrans Cymru's Active Journeys programme, funded by Welsh Government, works with schools to engage pupils in healthy and active travel to and from school. The programme helps young people develop healthy behaviours, promote life-long well-being, and helps pupils play a fuller part in society and the economy in later life. Since the programme began in 2015, we have worked in 260 schools across Wales. In the last calendar year we reached 28,000 pupils.
- 1.4 As part of our new strategy, Sustrans Cymru has adopted the 'five ways of working' or SD principles contained within the Well-being of Future Generation Acts. We believe we are one of the first charities in Wales to do so. One core priority for us in the future will be exploring how interventions like our Active Journeys programme can lever even greater impact by working with early-years children and their parents. As a UK charity we have developed expertise in this field through our London programmes, and we are keen to explore the opportunities to bring that learning to Wales.
- 1.5 Sustrans Cymru broadly supports the draft term of references. We would encourage the committee to consider whether appropriate support is being made available to expanding walking and cycling opportunities for young people in Wales; consider the implementation of the Active Travel (Wales) Act from the perspective of child health; and evaluate the extent to which the government's 21st Century Schools Programme is reinforcing or removing existing barriers to improving child health. There are currently no mandatory requirements under the 21st Century Schools Programme for local authorities and governing bodies to consider such matters. It is our belief that how schools are designed and sited within the surrounding community can play an enormous role in encouraging more pupils to walk and cycle to school, reducing short trips in cars.
- 1.6 More information on our Active Journeys Programme can be found at:
<https://www.sustrans.org.uk/active-journeys-school-wales>.
- 1.7 Further information can be obtained from [REDACTED]

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Inquiry into physical activity of children and young people

Ymateb gan Cymdeithas Chwaraeon Cymru

Response from Welsh Sports Association



Inquiry into physical activity of children and young people

**Health, Social Care & Sport Committee
National Assembly for Wales**

Abstract

The Welsh Sports Association (WSA) is the independent umbrella body that supports and represents the sport sector in Wales, including over 60 National Governing Bodies of Sport.

The WSA understands the 'sport sector' to mean anyone involved in the business of sport and active recreation in Wales. Our role is to provide the collective voice for this sector and enable our members to become stronger, more successful and sustainable through providing a wide range of business support services.

Kate Evans, WSA Communications Manager
[REDACTED]

The WSA's vision is for a 'vibrant, active nation', and our mission is to empower our members to be stronger and more successful, contributing towards a society fit for the future. Physically active children and young people are key to ensuring this via a generational shift in attitudes towards health and wellbeing.

While we welcome the opportunity to respond to this consultation and understand the need for brevity, we feel that the response criteria do not allow us to do justice to what is a very broad topic. If you have any questions relating to our response or require further clarification, please do get in touch.

Q. 1. What do we know about physical activity levels in children in Wales? How robust is the data on this issue?

1.1. The collection of data on physical activity has become disjointed of late. While the absorption of the 'Welsh Health Survey' into the 'National Survey for Wales' means there is now a single reference point, the differences in collection methods mean that there is no comparison with previous data, and due to the volume of information, there are delays in the publication of specific data sets. For example, the latest data specifically on the participation of children and young people in sport is from 2013/14, and much is self-reported and therefore prone to error. More up to date information is necessary for accurate insights and to enable more meaningful intervention.

1.2. Physical activity in secondary school age children is currently measured via the Welsh Government's 'Welsh Health Behaviour in School Aged Children Survey'ⁱ. Despite a reasonable sample size, the authors report it is increasingly difficult to engage schools in this type of research - raising questions on how representative it is of all pupils in Wales given the school level response rate of just 46%.

1.3. The results from this survey indicate:

- Physical activity levels in children are well below the 60 mins of activity daily as recommended by the Chief Medical Officer.
- 1 in 5 young people are overweight or obese.
- 1% of children cycle and 32% walk to secondary school.
- 20% of boys and 11% of girls are physically active on a daily basis
- While there is data related to affluence, gender and health board it is not available at a Local Authority level or coterminous with Education Authorities so that interventions can be made specific to area need.

1.4. Sport Wales' 'School Sport Survey'ⁱⁱ looks at levels of sport and physical activity among school children. The last data set in 2015 achieved over 116,000 responses and showed good gains in physical activity. Formally a biennial survey, it will now be undertaken every 3 years from 2015. As it is self-reported by children from ages seven plus, it can be prone to subjectivity. In terms of additional data, National Governing Bodies (NGBs) funded by Sport Wales are also required to report on membership of under 18's. However, the collection of this data is varied between sports and our members report that there is little guidance from Sport Wales on benchmarking.

1.5. In contrast to the relative lack of availability of data on physical activity, there is a significant body of research on physical inactivity. The World Health Organisation (WHO 2017) describes the

current global levels of physical inactivity as being due in part to a combination of insufficient participation in physical activity during leisure time, and an increase in sedentary behaviour during occupational and domestic activities. It also suggests that an increase in the use of "passive" modes of transport has also been associated with declining physical activity levels (WHO 2014).

1.6. The rise in digital technology use among children is also contributing to increasingly sedentary lives, with Ofcom's report in 2016 on '*Children and Parents: Media Use and Attitudes*'ⁱⁱⁱ, revealing that internet use among children has reached record highs, with those aged 5-15 spending around 15 hours each week online – overtaking time spent watching a TV set for the first time. This is reflected in the significant increase in weekly hours spent gaming by children in the UK in recent years, with 12-15-year olds averaging 13.4 hours a week gaming^{iv}.

Q. 2. Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.

2.1 The latest Sport Wales 'School Sport Survey' shows that girls are less active than boys, with 52% of boys and 44% of girls taking part in sport three times or more a week. Overall, 73% of girls are confident trying new activities compared with 85% of boys. Older girls show much lower levels of confidence than boys. The proportion of girls who said they were 'very confident' is low – 29% of girls compared with 42% of boys, falling from 29% to 19% in secondary school^v. The survey also shows that a quarter of secondary school age girls said they would do more sport 'if I was better at sport' and the same proportion would do more 'if they were fitter'. According to Sport Wales, this equates to 19,600 girls who have the potential to get more active^{vi}.

2.2. Confidence issues can be a major barrier to participation for girls but if it can be overcome, there is real potential for growth - more than a third of girls in Years 7 to 11 (approximately 26,000 girls) say they would do more sport if they were more confident. Pupils with higher levels of confidence are twice as likely to be hooked on sport and benefit from the health and well-being outcomes that physical activity brings^{vii}.

Q.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.

3.1. As outlined by the recent Ministerial Review into Sport Wales, clarity is required on the remit of sport to help deliver the wider physical activity agenda. It must be recognised that approaches to reduce inactivity vary substantially from increasing participation amongst those already active, and sport cannot be accountable for the entire physical activity spectrum alone. This will be a real test of the 'ways of working' of the Well-being of Future Generations Act in requiring public bodies such as Public Health Wales and Natural Resources Wales to take an integrated and collaborative approach to deliver a physically active nation.

Q.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.

4.1. We believe that the "Healthy and Confident" purpose of education as outlined in 'Successful Futures'^{viii} should be inspected as rigorously as for numeracy and literacy. The school setting is the

one place where *every* child can acquire the basic physical skills needed to become healthy and resilient individuals. A fundamental shift in attitudes is needed so that the health and wellbeing of every pupil is recognised as much as their academic success.

4.2. Sport Wales' School Sport Surveys have consistently shown that participation in sport and physical activity is closely correlated with ability, confidence and enjoyment of physical activity. Therefore, it is *imperative* that a new curriculum ensures that children and young people are inspired by their experiences of physical activity within the schools setting. Embedding physical literacy in the school curriculum has the power to help build an entire generation who are healthier, more confident and more able to participate in physical activity regardless of their background. In doing so, educational leaders and teachers must be supported in developing their own confidence and ability to deliver the best educational experience for all young people. We know that where a head teacher values physical activity, it is embedded within the culture of the whole school. While schools and teachers must be given support and guidance, there also needs to be clarity with regards the role that National Governing Bodies can play in helping to support schools in producing physically literate children with the skills knowledge and motivation they need to thrive in the future.

4.3. As highlighted by the UK Government's Duty of Care in Sport Review^{ix}, while we have a responsibility to ensure that all children and young people can be physically active, we must ensure that this is within a safe environment. We look forward to Welsh Government's response to the Duty of Care Review, and we echo its call for clarification around ministerial responsibility for safeguarding and the required standards, and support for organisations - not only to understand their obligations but to deliver them effectively so that every child can be safe.

4.4. The reduction in funding for facilities is also an increasing barrier. Whilst there exists a commitment to legislate to open school facilities to the community, our anecdotal experience shows that there remains a lack of appetite to do so. Again, the sport sector is keen to work with education to support them on this and would welcome any opportunities to engage further. As part of that work, in conjunction with Sport Wales and other key partners, a Blueprint for Facilities Development^x has been created to help guide planners and developers to take a collaborative approach to designing facilities that are both sustainable and fit for purpose. We know that this approach works from our experience of NGB collaboration on artificial 3G pitch planning^{xi}.

4.3. Another significant issue is around funding - with one-year funding streams for partners, combined with the infrequent insight on target demographics, makes long term strategic planning for accurate intervention very difficult. In addition, Sport Wales' funding criteria means that NGBs are not able to deliver sport within the curriculum, or help to train teachers to do so themselves. We feel that this is a missed opportunity in sharing the considerable skills and expertise of the sector to ensure that *all* children consistently received a high quality physical education experience which would ensure sustained participation in physical activity.

Q.5. Physical activity guidelines and how we benchmark physical fitness in children.

5.1 The current curriculum does not include any formal assessment of physical education (PE) in schools, meaning that while there are guidelines on the amount of time children should spend doing PE there are no obligations on schools to do so, and no measurement of the quality of the educational experience. The number of minutes spent doing PE is captured via Sport Wales' School Sport Survey,

but again, this is self-reported and could include the time taken to get changed etc, not just the time spent undertaking physical activity. Many within the sector believe that both a child's physical fitness and physical competency should be assessed within the curriculum framework.

5.2. For the first time and without explanation or consultation, the Chief Medical Officer's guidelines on physical activity have been included within Sport Wales' 2017/2018 funding offer letters to delivery partners. However, there is no agreed measurement framework to demonstrate delivery against these guidelines, and our members cannot be expected to take sole responsibility for delivery of these guidelines within existing budgets.

Q.6. Measurement, evaluation and effectiveness of the Welsh Government's programmes and schemes aimed at promoting physical activity of children AND Q.7. Value for money of Welsh Government spending to promote exercise in children.

6.1. We have grouped these questions together as we do not believe value for money can be accurately assessed without an effective measurement and evaluation system. While there are pockets of robust assessment of delivery according to specific projects e.g. Sport Wales' Calls for Action funding^{xii}, a consistent data collection process which is aligned to accepted outcomes frameworks across Welsh Government's well-being objectives are necessary to enable accurate evaluation and value for money assessments.

6.2. In addition, we believe that more can be done to develop stronger links with our academic institutions so that we can better align their valuable research to collective public policy aspirations. For example, Wales is leading the way on developing research to understand the physical literacy journey, but there appears a disconnect between the academic and practical applications of this work. More must be done to explain the concept and benefits of physical literacy and what it means for both teachers and children.

6.3. Investment in greater insight on latent demand for sport consumption among young people is also necessary in terms of future facilities planning, and in enabling sports to develop their offer in response to emerging trends. This would provide the evidence to demonstrate the cost-effectiveness (and thus, business imperative) of collaboration across facilities providers and delivery partners, ensuring that opportunities to be physically active are optimised. This must be not just by type of activity but also by location, so that the activities in which children and young people want to participate can be easily accessible. Offers must be affordable, and where possible multi-sport to provide varied choice, and within local communities, according to demand.

6.4. The sophistication of technology has simplified the designing of measurement tools that are easy to use, such as the '*Dragon Tracker App*' developed by Sport Wales and educational experts, which can be accessed via iPhone and android platforms. A tool for practitioners to measure Physical Literacy, the latest version of the App assesses Competency as well as Motivation and Confidence, Knowledge and Understanding. Greater collaboration with the education sector would improve the understanding and applicability of resources of this type in supporting teachers and community activity delivers to provide enjoyable PE experiences for children which are measurable and easily evaluated, so that we can have a greater understanding of what works.

Q.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.

8.1. As the main deliverers of structured physical activity opportunities outside of the school environment, the WSA feels strongly that this discussion must include the National Governing Bodies of Sport – not just Sport Wales. Our members also believe that other stakeholders in the third sector such as Play Wales and Sustrans can also play a strong role.

8.2. While ‘Sport’ has now been included within the Health ministerial portfolio, we feel that our considerable contribution to delivering improved wellbeing through physical activity is not appreciated sufficiently among health decision makers, particularly given the false economies of reductions in public health spending around physical activity^{xiii}. Evidence shows the wider benefits of physical activity are that young people who participate in organised sports are less likely to smoke cigarettes and use illicit drugs^{xiv}. Research indicates that sports participants are more likely to engage in healthy nutritional choices such as the consumption of fruit and vegetables^{xv} and there exists a ‘consensus that participation in sport for children and adolescents is associated with improved psychological and social health, above and beyond other forms of leisure-time Physical activity^{xvi}’.

8.3. However, as outlined in the Ministerial Review of Sport Wales, we recognise that as a sector we must do more to evidence this wider impact, and we are currently working with Sport Wales, Welsh Government Sports Policy and other key stakeholders to examine a Social Return on Investment model which can demonstrate our wider contribution in a way which is aligned to public policy objectives.

9. Conclusion

9.1. We were encouraged by the previous Welsh Government’s commitment to physical literacy, and the recommendations of Professor Donaldson’s school curriculum report for healthy and confident children. However, the pace of change of implementation appears glacial, particularly given the increasing financial burden of the obesity crisis and mental health issues on our NHS.

9.2. We are likewise disappointed at the length of time taken to publish the detail underpinning the strategies of Programme for Government. A clear direction from Ministers on how their policy priorities should be delivered is needed, as compounded by a lack defined remit for Sport Wales in the physical activity arena, we are currently risking a generation of children missing those opportunities that are so vital in instilling a sustained positive attitude to health and well-being through physical activity.

9.3. Whilst the ambitions of the Well-being of Future Generations Act are laudable, we understand that robust measurement of the objectives are yet to be put in place. Without a robust standardised assessment tool that demands effective collaboration, the pervasive silo working and budget protection culture will continue. To deliver the long-term aspirations within the Act, we need strong leadership across public bodies to enable effective partnership working which is outcomes-based, with budget planning and allocation sitting alongside this.

For further information, please contact 

ⁱ <http://gov.wales/docs/caecd/research/2015/151022-health-behaviour-school-children-2013-14-key-findings-en.pdf>

ⁱⁱ <http://sportwales.org.uk/research--policy/surveys-and-statistics/school-sport-survey.aspx>

ⁱⁱⁱ https://www.ofcom.org.uk/__data/assets/pdf_file/0034/93976/Children-Parents-Media-Use-Attitudes-Report-2016.pdf

^{iv} <https://www.statista.com/statistics/274434/time-spent-gaming-weekly-among-children-in-the-uk-by-age>

^v <http://sport.wales/research--policy/surveys-and-statistics/school-sport-survey.aspx>

^{vi} Based on School Sport Survey 2015 and Pupil Level Annual School Census Data 2015.

^{vii} <http://sport.wales/research--policy/surveys-and-statistics/school-sport-survey.aspx>

^{viii} <http://gov.wales/docs/dcells/publications/150225-successful-futures-en.pdf>

^{ix} https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/610130/Duty_of_Care_Review_-_April_2017__2.pdf

^x http://sport.wales/media/1701808/1165_sports_wales_facilities_for_future_generations_report_v8.pdf

^{xi} http://www.wru.co.uk/downloads/Executive_Summary1.pdf

^{xii} <http://www.wales.nhs.uk/sitesplus/documents/888/Clive%20Grace.pdf>

^{xiii} *Return on investment of public health interventions: a systematic review* (Masters et al 2017)

^{xiv} *How Healthy is the Behavior of Young Athletes? A Systematic Literature Review and Meta-Analyses*. Journal of Sports Science and Medicine. 11(2): 201-220 (Diehl et al 2012)

^{xv} *Sports Participation and Health-Related Behaviors Among US Youth*. Archives of Paediatric and Adolescent Medicine. 154(9): 904-11 (Pate et al 2000)

^{xvi} *A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing development of a conceptual model of health through sport*. International Journal of Behavioral Nutrition and Physical Activity, 10:98 (Eime et al 2013)



National Assembly for Wales: Health, Social Care and Sport Committee

Inquiry into physical activity of children and young people

The Welsh Rugby Union (WRU) is the National Governing Body for the sport of rugby football in Wales. Our purpose and principal activity is to promote rugby, and to encourage more people to engage with the game, more often, with more enjoyment and success.

Contact Details: Helen Adams,
Strategic Funding Manager





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

1.1 Historically, there have been several different surveys undertaken in Wales to collect information on physical activity. This can be confusing for the sector, but also makes it difficult for benchmarking, viewing trends and comparing data.

1.2 Sport Wales' School Sport Survey' examines levels of sport and physical activity amongst school children in Wales. This is completed by pupils in schools across Wales. The last survey was undertaken in schools in 2015, with 116,000 children completing it. Although, this is a large sample size, there are concerns over how it is conducted and the robustness of the data collected. Sport Wales, as the national organisation with responsibility for developing and promoting sport and physical activity in Wales use this data with partners as an indicator of levels of activity, as well as assessing unmet demand. Rugby as a sport, has traditionally been a winter sport, and as such little rugby takes place in school's during the summer months. As the school sport survey is undertaken during the summer months, the WRU has challenged the validity of the information collated in terms of who is playing rugby, and indicating unmet demand. Sport Wales use this data to inform their work and to 'challenge' partners. This is frustrating as the WRU's own insight information does not concur with the information coming out of the school sport survey.

In light of the sector 'challenging' the robustness of the data, Sport Wales has recently sought feedback on the School Sport Survey. Following feedback received, it is understood some adjustments will be made prior to the next School Sport Survey taking place, which is due during the Summer Term 2018. Key changes are improving the child-friendliness of the survey, both language and length. They have also intermated that they will consider the timing of survey fieldwork. The sharing of the raw data to national governing bodies (NGBs) would be welcomed – for their own internal use and to facilitate better understanding of further layers of behaviour (even where the sample size does not warrant statistical analysis). Local conversations at regional level indicate the desire for more detailed tracking of all Young People in School, with a Unique Reference ID Code, so sport and physical activity offers can be targeted in a more effective manner, with cause and effect type evidence around the impact of interventions and projects to be tracked more specifically – something that as an NGB we would welcome and support. Overall, the WRU would welcome these changes to have more insightful and useable results and to have greater confidence in the robustness of the data.





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

2.1 The most recent school sport survey revealed that boys are still more likely than girls to regularly participate in sport and physical activity. 52% of boys regularly taking part, as opposed to 44% of girls. Whilst overall participation has increased, the gender gaps remains 'stubborn' across the sector.

Rugby in Wales has traditionally been seen as a 'boys sport', and participation numbers in the sport reflects this. Over the last few years, the WRU has worked hard to change perceptions and to offer more opportunities for girls to play the sport – developing an infrastructure across the workforce to support this. However, unfortunately gender-based bias still exists, and more needs to be done to challenge this from an early age. Within the school curriculum, much more needs to be done to ensure that physical literacy is embedded from an early age, and both boys and girls have lots of opportunities to take part in physical activity.

The WRU has recently undertaken consultation and insight with female rugby participants engaged in the newly developed Cluster centres. This indicates that rugby is bucking the trend of the traditional adolescent drop-off – with 30% of participants sitting in the 14-15 year old age bracket. Insight from this population sample tells us that rugby is attractive to this group of girls, due to the lack of expectation 'to be good'. There is no fear of failure and they won't get compared to peers, as is the perception for other traditional 'female' sports – all of which contribute to making them feel more comfortable to take part. However, rugby (and the wider sport/physical activity sector) still has a cultural issue to address, with the majority of female participants explaining that they regularly receive negative gender stereotype feedback from their network (peers and family).

The WRU strongly believe that positive role models are required to challenge gender-stereotyping and to inspire future generations of girls to take up the sport. The WRU has developed girls only cluster clubs which provide a 'safe' environment to allow girls to take part in rugby. The emphasis is on 'stage, not age', so that girls develop their confidence in the game, which will help them to stay involved with rugby. A key part of the philosophy of the girls' cluster clubs is also to engage with players from the Wales Women's team. This allows girls to understand and witness the 'rugby pathway' at first hand. It also supports the girls with challenging gender stereotypes, and seeing these women as positive role models, not just within rugby but also within their communities.

The media has a key role to play in challenging gender-based attitudes to sport, and to help champion and showcase women's sport. Over the last few years, there has been an increase in demand for women's sport within the media. This was witnessed at the 2012 Olympics, however much more needs to be done to profile women's sport and physical activity in the media.



In relation to rugby, the recent airing of the Women's Rugby World Cup final on prime-time television was a 'gamechanger'. The New Zealand v England final was shown live on free-to air TV, with an estimated 2.6 million viewers.

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.

3.1 Historically, both Welsh Government and Sport Wales have developed policies which target particular groups/communities. These include Communities First, Calls 4 Action and several other targeted programmes. There has been little evidence of a 'joined-up' approach to these programmes, and it is therefore difficult to review data and measure the impact of these initiatives on addressing health inequalities.

3.2 Figures from the last School Sport Survey show that children from most deprived areas were less likely to take part in sport and physical activity, than those in least deprived areas of Wales. This demonstrates that more needs to be done to address health inequalities. Whilst, the School Sport Survey indicates that overall participation has increased, the deprivation gap has remained static. The Well-Being and Future Generations Act and the five ways of working need to address this agenda by adopting an integrated approach. Opportunities exist with the prospective Health Bill and Wales Well-Being Bond to address health inequalities. The WRU would welcome a more integrated approach with this being a core element of the sector agenda. Within the WRU, this area of work is now firmly embedded within the strategic priorities set for the next three years.

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.

4.1 In 2013, the Schools and Physical Activity Task and Finish Group published its report 'Physical literacy – an all-Wales approach to increasing levels of physical activity for children and young people.' This had a single recommendation of physical education becoming a core subject in the National Curriculum in Wales. The WRU agreed with this recommendation, as instigating this would be a 'game changer' by providing more opportunities for young people to take part in sport and physical activity within school. This needs to be complimented by a physical literacy programme to support young people to develop the skills and confidence to enjoy sport. To allow this to happen, the workforce needs to be developed to make sure they have the right skills, philosophy and approach to support all young people in getting involved in sport and physical activity.



4.2 In relation to workforce development, the WRU has developed an apprenticeship programme which allows young people to undertake a level 3 sports development and coaching qualification. A crucial element embedded within the apprenticeship is the development of a positive inclusive coaching environment to support young people getting engaged in sport.

4.3 The WRU, working with the education sector has invested in developing a workforce which directly supports young people in secondary schools and universities to get involved in rugby. Currently, 58 of these are located in the top 20% most deprived lower super output areas (LSOA). Over the last two years, 56,000 boys and girls have been engaged with the school club hubs programme. A recent evaluation of the programme noted several successes, with a key one being the boost in the number of boys and especially girls who play rugby (since the start of the Hub programme there has been an increase of 10,000 secondary school girls that have now played rugby on the School Curriculum). This programme highlights how, having a dedicated and skilled workforce in place can have a positive impact on increasing levels of physical activity of young people. To ensure habitual long-term participation within the sport, a significant objective of the programme is linking participants with local rugby clubs/girls cluster clubs. It is estimated that 312 rugby clubs are linked to the programme. Providing opportunities to take part in sport outside of school, especially with their peer group helps to create a positive social environment, which helps to ensure young people stay involved.

Over the duration of the Hub programme to date, we have seen a number of positive case studies across Wales, demonstrating the wider benefits of rugby, not just on the levels of physical activity, but also improved behaviour in the school environment, impacting on educational engagement, as well as increases in self-confidence and broader life skills, such as communication and team work.

An example of this is highlighted by research recently undertaken in the Ospreys region by the University of Wales Trinity St David. They undertook a focus group in a cluster primary school with 7-11-year olds. Their research concluded that 15 children had joined their local rugby club as a direct result of participating in a rugby session with the local hub officer. 69% of the respondents stated that they felt there had been an improvement in their health and well-being '...I could run further without getting tired'. 45% of them stated that rugby had had a positive impact on them within the school, citing an increase in their levels of self-confidence.

4.4 Reduced funding and stretched budgets will have a negative impact, and will increase barriers to children taking part in physical activity. The WRU, as well as other sports are being requested to do more with less. This places challenges on the sport, as there is still a requirement for us to deliver and maintain current activities to our member clubs and other partners. Having the ability to forward plan is critical, and having only a one-year funding commitment from Sport Wales does not favour long-term planning.



With the introduction of the Well-Being and Future Generations Act and National Indicators for Wales, there needs to be a longer-term view on funding, front-line focussed target setting (as opposed to 'top-down') and integrated, robust data analysis. The WRU would welcome this change in approach.

5. Physical activity guidelines and how we benchmark physical fitness in children.

5.1 The 2015 School Sport Survey stated that 48% of all pupils were 'hooked on sport', which is defined as exercising three or more times a week outside of curricular PE lessons. However, the Welsh Health Survey showed that only 36% of children were engaged in physical activities for at least one hour every day of the previous week. The difference in figures highlights some of the issues in collecting data, which have been mentioned previously. The 2011 'Start Active, Stay Active' report issued by the Chief Medical Officers states that all children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours a day. It is understood that the majority of children in Wales are not meeting this target.

5.2 The 2017/18 offer letter from Sport Wales for the first time included the indicator of 75% of young people and young adults being hooked on sport (undertaking three or more sessions per week) to monitor progress. There was no discussion with us on this prior to receiving the offer letter. No discussions have taken place on how they will capture this information. The WRU cannot be expected on its own to deliver on this target, although it is acknowledged that our programmes and work with partners will contribute to this target. The WRU Participation Insight team further challenge this notion of weekly regularity, outside of the school environment – as this is not reflective of the evidence and insight from cultural and societal norms. All futurology and generational trend data indicates that an increasing percentage of Young People, will need to experience sport and physical activity in a less traditional manner, in a more dynamic and sporadic way. This may look like an intensive 2-3 weeks of engagement, followed by more ad-hoc engagement. Sport Wales should be considering this insight when setting targets – and more importantly, consulting with frontline, operational staff who witness this behaviour and young people who demonstrate this behaviour to understand what a more effective 'Hooked *into* Sport' measure looks like.

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

6.1 This is an area that is lacking, as there is no effective measurement or evaluation in place to assess the impact of Welsh Government programmes and schemes aimed at promoting physical activity of children. Other sectors are much better at evaluating the impact of their work, and can provide robust evidence to determine the impact of their work and value for money. There is an urgent requirement to develop a robust 'system' which can measure the holistic impact of our work – to measure direct



participation, wider social benefits to participants, behaviour change of the sector, the ways of working, and the effectiveness of integration. Only then will we see real, sustained change.

6.2 A few years ago, Sported developed 'Sportworks' a shared impact measurement tool designed for sport for development organisations to deliver projects, fund programmes and make policy decisions. It quantified in monetary terms, the impact and associated cost savings of sport for development activities, which allowed organisations to effectively measure impact of their work and make a business case for investment. However, as the system is now 5 years old and they have recently made the decision to phase its use, whilst looking at the potential of developing a new improved tool.

6.3 The WRU is currently investing in a digital strategy across the business. This will support insight, customer care and analytics. In relation to the participation side of the business, robust data capture and management will be implemented to help shape our work, and measure performance against our strategy.

6.4 There is a need at a macro level, for Welsh Government and Sport Wales to work with the sport sector to agree on measures to evaluate the effectiveness of programmes/activities aimed at increasing physical activity levels. It would be beneficial to draw on expertise within the academic sector to support this work.

7. Vale for money of Welsh Government spending to promote exercise in children.

7.1 As detailed above, there is currently no system in place to measure the impact/effectiveness of Welsh Government Programmes/activities in this area. It is therefore impossible to assess the value for money of Welsh Government spending to promote exercise in children. The WRU believe that it is essential that a system is developed to measure value for money.

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.

8.1 Children and young people have a myriad of influences in encouraging them to be physically active. Research suggests that parents and peers are strong role models and influence whether somebody gets involved within a sport or physical activity. Rugby is the national sport of Wales, and the rugby club is often at the heart of most communities across Wales. Developing a positive experience from an early age is therefore key. It is important that the role of clubs and activities across sports are included within this consultation, to ensure data is captured on the breath of opportunities and influencers across Wales.



8.2 We are aware that sport is now included with the Health Ministerial portfolio, but there is little recognition of the opportunities offered and the impact of our work on well-being and physical activity. As detailed in our response to question 6 above, having a 'system' in place which measures impact would help present our case, and would quantify the impact of the sector.

Other Information

The WRU is a member organisation of the Welsh Sports Association (WSA), and as such we endorse the response to this inquiry by the WSA. We also support their suggestion of providing more detailed feedback to the inquiry by way of a round-table discussion with representatives from across the sports sector.

For further information, please contact [REDACTED]

National Assembly for Wales - Health, Social Care and Sport Committee

Inquiry into physical activity of children and young people

Fields in Trust

1. Fields in Trust Cymru is the only charity which operates throughout Wales to safeguard playing fields, recreation grounds and parks. We legally protect individual spaces as well as campaigning for better statutory protection for all kinds of outdoor sites. We also produce guidance on the provision of outdoor sport and play spaces.
2. Founded in 1925, our mission is the same now and as it was then: to ensure that everyone – young or old, able bodied or disabled and wherever they live – should have access to free, local outdoor space for sport, play and recreation.
3. Regarding this inquiry, Fields in Trust would like to emphasise the role of recreational open space in facilitating physical activity. A lack of and access to such space can be a barrier to increasing physical activity levels.

The importance of recreational open space for physical activity

4. Recreational spaces provide a free and accessible place for play, sport and healthy physical activity.
5. The role of play as a physical activity and a precursor to all subsequent physical activity needs to be recognised as children learn physical literacy through play long before they participate in any sporting activity. When it comes to where they play, children and young people have repeatedly said they prefer to play outdoors in safe but stimulating places (National Assembly for Wales, 2010; Little Voices Shouting Out, 2015; Children's Commissioner for Wales, 2016).
6. The Welsh Government's 'Fairer Health Outcomes for All' produced in 2011 stated that "*One of the most important environmental assets in communities is its green space. Proximity to, and time spent in the natural environment impacts on factors such as perceived general health, blood pressure, mental health and the rate of recovery from illness. There are also indirect benefits, such as encouraging physical activity, social contact and integration, children's play, and improving air quality. Access to green spaces is unequally distributed across society with poorer social groups having in general lower access. More equal access to green space can therefore play an important part in reducing inequities in health.*"

7. New research from Fields in Trust (Green Spaces for Good, Forthcoming) demonstrates a direct and statistically significant link between publicly accessible parks and green spaces and health and well-being. Based on new analysis of existing data, as well as new primary data (sample size 4,033) Fields in Trust has established, for the first time at the UK level, a link between an individual's use of parks and greenspaces and an improvement in health and well-being (covering General Health and the four ONS wellbeing questions - life satisfaction, sense of worth, happiness and anxiety).

This new research also highlights links between park usage and demographics; parks and green spaces are particularly important to families who are twice as likely (33%) to be users of parks than non-users (18%).

8. Fields in Trust conducted research (2017) into the users of newly opened Centenary Park in Rugby Warwickshire where there had previously been no accessible green space in the locality. The research shows that three times as many local people visit parks daily than before it opened, with 60.2% visiting once a week or more. Over 60% of park visitors reported feeling happier and better about themselves. Crucially more than two-thirds of respondents said the most important reason for visiting the new park was for physical activity. This data reinforces the view that local green space is vitally important for creating more active communities; an ambition which requires all kinds of formal and informal recreational space to be accessible. The Centenary Park case study demonstrates that despite the lack of traditional formal sports facilities the majority of respondents cite physical activity as the primary reason for visiting.

Securing sufficient recreational open space

9. In Wales, Fields in Trust protects 277 parks, playgrounds and playing fields in perpetuity totalling over 3,000 acres of formal and informal recreational land. Fields in Trust uses charity and contract law to establish binding agreements and commitments with landowners to protect valuable public recreational land for the long term. We work in partnership with landowners including sports clubs, private individuals and local authorities to achieve this protection.
10. All recreational spaces receiving funding from the Welsh Government and its various agencies should be protected in the long-term safeguarding facilities and the investment made by the public purse. Grant conditions usually include protection for 10-15 years but Fields in Trust believes this period should be far longer and with its 90-year experience as a guardian of playing fields and other spaces it will be happy to assist.
11. Fields in Trust has offered guidance for practitioners on open space provision known as the Six Acre Standard (6AS) since the 1930s. The 2008 version titled 'Planning and Design for Outdoor Sport and Play' is referenced by the Welsh Government's Technical Advice Note 16: Sport, Recreation and Open Space and is widely used by local authorities to help secure sufficient provision of recreational open space. The guidance was updated this year under the title 'Beyond the Six Acre Standard' and is available as an online resource at the Fields in Trust website in both Welsh and English language versions.

12. Fields in Trust welcomed the Welsh Government's 'Play Sufficiency' legislation. Section 11 of the Children and Families (Wales) Measure 2010 places a duty on local authorities to assess and secure sufficient play opportunities for children in their area. Fields in Trust's guidance is a useful tool in helping authorities comply with this legislation and secure sufficient play opportunities.
13. Beyond play opportunities however, there is no requirement for local authorities to provide outdoor spaces which are vital for sport and physical activity. There is disparity between areas where parks and open spaces have been secured in perpetuity – for example by a Deed of Dedication with Fields in Trust and others where no such safeguard is in place. Fields in Trust believe recommends appropriate provision of outdoor green spaces with a sufficient area for play, sport and recreation maintained to an agreed standard and available to all communities.
14. School facilities are a massive untapped resource and could address a shortfall in play and sport provision. Mechanisms should be explored to require schools in areas of shortfall to open up their facilities to the community.
15. Despite their clear value and benefit, our parks and informal recreational spaces are facing increasingly challenged futures. The Heritage Lottery Fund (2016) report 50% of park managers have sold parks and green spaces or transferred their management to others over the past three years. This is expected to increase to 59% of local authorities over the next three years; austerity measures have hit parks and playgrounds hard, councils are struggling either to maintain them or avoid the temptation of releasing their capital receipts to plug deficits elsewhere. Fields in Trust therefore calls for sufficient funding and resources to be made available to preserve and maintain our outdoor spaces.

Conclusion

16. Recreational spaces contribute to the health and wellbeing of our communities particularly our children and young people but they are undervalued and underfunded. The adequate provision, access to and funding of recreational space has a major influence on the physical activity levels of our children and young people and therefore Fields in Trust urges the Committee to explore the recommendations outlined above to help ensure our children and young people have the best chance of being active and healthy.
17. The provision of sufficient outdoor recreational spaces and green spaces will play an important role in helping public bodies achieve the objectives of the Well-being of Future Generations Act (Wales) Act 2015.

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Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Chwaraeon Anabledd Cymru

Response from Disability Sport Wales

Inquiry into physical activity of children and young people



Disability Sport Wales Response to the Health, Social Care and Sport Committee call for evidence

Fiona Reid
CEO, Disability Sport Wales

Disability Sport Wales is committed to the sector vision for sport by creating an inclusive Wales in which *every disabled person is hooked on sport* and offered real choice as to where, when and how often they are physically active, including the playing or competing in sport, and in doing this build a *Nation of (disabled) champions*. DSW believe that this approach will help to secure the sector's goal of 'more people, more active, more often'.

Disability Sport Wales are very aware that this is not achievable through our actions and vision alone, the key to success will be bringing existing, as well as new partners on the journey; and in influencing and supporting inclusive cultural change across the sector. DSW's approach is to challenge and support partners and the wider sporting landscape to accept and embrace inclusion, and in so doing provide even greater levels of activity for disabled children, young people and adults.

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

- 1.1. Activity levels of disabled children within Wales is lower than that of their non-disabled peers. The School Sport Surveyⁱ suggested in 2015 that 40% of disabled children are hooked on sport (compared to 49% of non-disabled children) (and reflected a 9% increase from 31% of disabled children hooked on sport in 2013). The nature of this data is continuously strengthening, and DSW worked closely with Sport Wales prior to the 2015 survey to ensure that a version was available in Easy Read format to better engage disabled children within mainstream education, but also to capture the experiences of disabled people within SEN schools, units and Specialist Teaching Facilities (STFs). There is still further work to be done, and the percentage representation of disabled children and young people within the data is inconsistent across localities, and low.
- 1.2. DSW KPIs (2016) identify that there are 1.475 million participation opportunities available to disabled people in Wales; with 749,151 of these available to disabled children and young people under the age of 18. DSW collect KPIs at 6-month intervals on an annual basis and the data is cross-referenced and validated.
- 1.3. DSW are aware through their partnership with Betsi Cadwaladr University Health Board (BCUHB)¹ that there remains **reduced** opportunity for disabled children and young people to participate and be included within their Physical Education lessons at secondary school; and there is frequent provision of health interventions (OT and physio sessions) provided to disabled children in primary schools in place of their PE sessionsⁱⁱ.
- 1.4. The DSW insport Series Event in Cardiff (supported by Arriva Trains Wales)ⁱⁱⁱ attracted more than 850 children and young people this year, with a large proportion of them never having experience physical activity (including sport) before. This is a showcase event for DSW highlighting the latent demand, but also reflects the pervasive lack (albeit decreasing) of inclusive opportunity in other events delivered within the sector; or that the data collected from other events does not allow engagement by disabled people to be monitored and/or evaluated.

¹ This was a Calls for Action-funded partnership which intended to create a pathway between health and physical activity (including sport) for disabled people. It focused on the creation of a signposting process from health intervention in to a physical activity (including sport) opportunity^{iv}. A Social Return on Investment study identified that for every £1 invested in work to signpost disabled people into physical activity resulted in a social return of £124ⁱⁱ.

1.5. There is a definite need to support the understanding of the sector around physical activity for disabled children and young people in schools (engaged in intra- and extra-curricular activities) through the provision of robust data, captured through inclusive methodologies.

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

2.1. DSW are aware through their 2016 KPIs of the following figure for U18's:

	Membership	Participation Opportunities
Male	7662	481,322
Female	4322	280,903
Total	12,284	749,151

2.2. Sixty-two percent of DSW's U18 membership identify as male, and 38% identify as female; with the males occupying 64% of the participation opportunities provided. Members are identified as individuals who attend inclusive (throughout the spectrum of provision (open, modified, parallel, and specific)) clubs and/or sessions within their local community. It is likely that there is a greater gap between the males and females who have an impairment than is seen within male and female populations of people without impairment; one explanation could be that there are greater numbers of disabled males than disabled females.

2.3. Further research is needed into the differences in gender-based attitudes towards participation in physical activity for disabled children, young people and adults.

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.

3.1. As outlined in the Welsh Sports Association response to this call for evidence, there is a need for greater clarity around the remit of sport to help deliver the wider physical activity agenda.

3.2. There has been an increasing focus on equity, equality, diversity and inclusion within WG policies, which has undoubtedly supported an approach to delivery which has been more reflective of particular groups. However, there is arguably more work to be done, specifically around education and the position and provision of PE within the curriculum and it being inclusive of disabled children and young people; as well as greater challenge to support the UK CMO Guidelines (2011)⁴ for the achievement of 60 minutes a day of physical activity for *disabled* children and young people aged 5 – 18.

3.3. Deliverers of physical activity (including sport) to children and young people often do not provide opportunity for disabled children and young people to engage with their activity, or it is added-on after provision has been made available to non-disabled children and young people first. This means that there is a lag in provision, and consequently physical activity levels, to disabled people; the risk of this continuing to happen is that the health inequality gap continues to grow.

Welsh Government policy needs to explicitly challenge deliverers and partners to include specific groups, and to take positive action which will then have a resultant impact on health inequalities.

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.

- 4.1. There are many barriers to children in Wales which prevent increasing levels of physical activity (which are highlighted in the WSA response to this call for evidence) but these are further enhanced and extended when the child or young person has an impairment (and further again if that child lives in poverty or social deprivation). Additional barriers to disabled children and young people include: limited availability of opportunity and choice; lack of knowledge and awareness; accessibility; perceptions of providers and parent linked to functional ability; social isolation; transport; cost; and appropriate 'care' support^{vi}.
- 4.2. DSW have led on innovative and successful examples of good practice to enhance the levels of physical activity in disabled children and young people; but the common denominator for all centre around: raising awareness of the impact (insport series eventsⁱⁱⁱ); identifying what inclusion is (insport NGB, insport Development and insport Club^{viii}); links to support, knowledge, and skills (Sainsbury's Active Kids for All^{ix}) and enhancing confidence to deliver (DSW/BCUHB HDSP^{iv}); and how to be creative in provision and format of that provision (Get Out Get Active (GOGA)^x).
- 4.3. The intersectionality associated with being a disabled child and also a member of a/other group(s) who share protected characteristics is not understood by the physical activity (including sport) sector and it is therefore essential that further insight is supported to appropriately address the "complex and multifactorial"^{vi} barriers.

5. Physical activity guidelines and how we benchmark physical fitness in children.

- 5.1. These need to be clearly challenging of providers to ensure that they are considering appropriate models and guidelines which are appropriate to the benchmarking of the physical fitness of disabled children and well as non-disabled children.
- 5.2. Physical Literacy, and physical competencies work has been carried out by Sport Wales in partnership with Swansea University^{vii} on the Dragon Challenge (and accompanying Dragon Tracker app) for non-disabled children and young people at yr6. This is intended as a measure of physical competency rather than physical fitness, but if adopted will provide insight into the physical competencies of (non-disabled) children in Wales. More recently DSW have worked to ensure that the provision is also accessible to disabled children, and whilst there is more work to do, this area of work forms an important function in understanding some of the benefits of physical activity.
- 5.3. It is essential that any work done within this area is inclusive of disabled children and young people to assess their levels of physical fitness, and to develop guidelines for physical activity, to ensure that there is not a fitness or measurement tool gap. Currently, within the vast majority knowledge and insight linked to guidelines and benchmarks, there is an assumption that the model identified for non-disabled individuals will also translate to disabled individuals. This assumption potentially means that essential considerations which would drive best practice and

high-quality engagement and provision are missed, and diverse communities (in this case disabled people) are still over-looked and not effectively provided for without additional support from agencies such as DSW.

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

- 6.1. Often programmes which are delivered through partner and funding agencies do not capture sufficient information regarding disabled children, young people and adults; therefore, measurements and evaluations with specific regard to disabled children and young people's experiences of physical activity (including sport) and its promotion are not readily available.
- 6.2. DSW would suggest that there is a greater demand from Welsh Government on partners to ensure that programmes aimed at promoting physical activity (including sport) for children, young people (and adults) are a) inclusive, and b) capture appropriate data which enables effective measurement and evaluation of disabled children and young people's experiences.
- 6.3. The Health Disability Sport Partnership between DSW and BCUHB is an example of a disability-focused initiative which intends to measure, evaluate and establish a pathway through which disabled children, young people and adults are encouraged to be(come) physically active. The training and resources which have been developed to support the pathway have resulted in 58% of the signposting being to children and young people; linked to this there have been notable reductions in bullying, increased involvement in and provision of opportunity for inclusion in PE, heightened levels of self-worth and identify, and creation of stronger friendship groups within the stories captured from children and young people^{xi}. This partnership is now delivered sustainably through BCUHB with partnership engagement from DSW².

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

- 7.1. It is difficult to identify whether there is value for money in Welsh Government spending to promote increased physical activity (and exercise) to disabled children and young people without robust monitoring and evaluation data (see 6.1).
- 7.2. The Welsh Government and Lottery funding invested in DSW through Sport Wales is used effectively and strategically to deliver broad-ranging and high-quality impacts; but for genuine success, inclusive delivery must be delivered, monitored and evaluated by all those who also have an integral role to play in increasing, and advocating for physical activity to disabled and non-disabled children and young people. It is essential that this includes Education, Health (NHS and Public Health Wales, and more widely than BCUHB and North Wales), and Social Care; as well as Housing Departments and Associations, Town Planning, Facilities providers, Youth Services, Play Wales, Sustrans, Public Services, etc.

² There is a proposal for National delivery within the other Health Boards across Wales, which has been delivered to the DOTHS, and the Cabinet Secretary for Health, Well-being and Sport. All monitoring and evaluation is centred around the experiences of disabled people.

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.

- 8.1. Schools, parents, families and peers are essential to facilitating physical activity to disabled children^{vi}. Therefore, it is essential that curricular and extra-curricular provision is inclusive of the disabled children and young people in the school; that community options for disabled children and young people reflect choice and assure confidence to parents that their child will be safe, welcomed and have a great experience; and that children and young people have the chance to participate with their friends. Without these elements “children with disability [*sic*] are potentially missing out on a range of opportunities to develop the skills they require to be physically active”^{vi}.
- 8.2. Sport Wales, NHS Wales, Public Health Wales all have an essential role to play in the provision of inclusive physical activity (including sport) and Disability Sport Wales are a key partner to the successful and coordinated delivery of this. However, there needs to be clear direction from Welsh Government regarding the specific areas of the physical activity continuum that SW (and the National Governing Bodies for sport in Wales), NHS Wales, and PHW will lead on and be responsible for. Similarly, resultant definitions of ‘sport’ need to be flexible and genuinely reflect formats which are inclusive of disabled people from participation through to elite competition.

9. Conclusions

- 9.1. DSW support the comments highlighted within the WSA response to the call for evidence, provided on behalf of National Governing Bodies for Sport in Wales
- 9.2. DSW would strongly call attention to the fact that there remains a significant disparity in the availability of insight and knowledge around physical activity for disabled children and young people (as well as adults), and that non-disabled paradigms are applied without consideration of the implications.
- 9.3. Investment should only be made in programmes which emphasise a genuinely inclusive (meaningful involvement) approach to the provision of physical activity (including sport).
- 9.4. It is imperative, in order to increase the physical activity levels of disabled children and young people, that:
 - 9.4.1. they are **not** excluded from their school PE sessions, extra-curricular clubs, and play-times;
 - 9.4.2. the physical literacy journey (and assessment of this) is inclusive and reflective of disabled children and featured within the (new) school curriculum for Wales;
 - 9.4.3. work continues to take place which ensures inclusive community provision is appropriately supported, advocated, championed, measured and evaluated;
 - 9.4.4. physical activity (including sport) is proactively encouraged by health professionals who are knowledgeable or aware of the sign-posts into appropriate activity locally; and
 - 9.4.5. definitions used of sport by Welsh Government and the Sector are reflective of the formats which include disabled people.

References

- i <http://sportwales.org.uk/research--policy/surveys-and-statistics/school-sport-survey.aspx>
- ii [http://whiasu.publichealthnetwork.cymru/files/5114/9554/8836/Health Impact Assessment- Health Disability Sport Partnership.pdf](http://whiasu.publichealthnetwork.cymru/files/5114/9554/8836/Health_Impact_Assessment-Health_Disability_Sport_Partnership.pdf)
- iii <http://www.childreninwales.org.uk/item/insport-series/>
- iv <http://www.wales.nhs.uk/sitesplus/861/page/72926>
- v <http://gov.wales/docs/phhs/publications/170403infographicen.pdf>
- vi <https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-016-0544-7>
- vii http://www.swansea.ac.uk/sports-science/research/documents/files/Dragon%20Challenge%20Manual_English.pdf
- viii <http://www.disabilitysportwales.com/resources/>
- ix <http://inclusivepe.org.uk/>
- x <http://www.getoutgetactive.co.uk/>
- xi <http://www.wales.nhs.uk/sitesplus/861/page/74101>

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Coleg Brenhinol Pediatreg ac Iechyd Plant

Response from the Royal College of Paediatrics and Child Health

Health, Social Care and Sport Committee inquiry into physical activity of children and young people: written evidence submitted by the Royal College of Paediatrics and Child Health (RCPCH)

1. About the RCPCH

1.1 The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales and over 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards. For further information please contact Gethin Jones, External Affairs Manager for Wales: [REDACTED] or [REDACTED].

2. Children, young people and physical activity in Wales

2.1 We welcome the focus on physical activity of children and young people by the Health, Social Care and Sport Committee.

2.2 The benefits of physical activity for children and young people are well known and well documented, from maintaining a healthy weight to higher levels of life satisfaction and wellbeing. In our State of Child Health report, we noted that social inequalities are strongly associated with both childhood obesity and with life satisfaction¹. It is essential that children from all backgrounds in Wales are supported to enjoy an appropriate range of physical activities.

2.3 The childhood obesity epidemic presents one of the greatest health threats to children and their future. The causes of obesity in childhood are complex and there is thus no “silver bullet” for solving the problem. However, interventions like the promotion of physical activity are essential in tackling the growing crisis and preventing children from becoming overweight in the first place.

2.4 Children and young people consulted by RCPCH &Us (UK-wide) on measures to tackle childhood obesity noted that “many young people don’t realise how fun sport can be”. They said that it is important for young people to hear from an inspirational person about the importance of physical activity. They felt that sporting stars could do more, such as going into schools to encourage young people to participate in sports (RCPCH &Us Voice Bank 2016).

¹ <http://www.rcpch.ac.uk/system/files/protected/page/SoCH%202017%20UK%20web%20updated.pdf>

2.5 Our policy recommendations for Wales² published alongside the State of Child Health report included the following:

- The Welsh Government should develop an evidence-based child health and wellbeing strategy covering the whole of childhood. The strategy should include a clear accountability framework setting out responsibilities for professionals, the public and civil society as well as details about resources and funding to implement it.
- The Welsh Government should develop and implement an evidenced-based childhood obesity strategy for tackling the current crisis and preventing further escalation.
- Local authorities should carry out a public health impact assessment in all planning decisions and introduce 20 mph speed limits in built up areas, to create safe places for children to walk, cycle and play.
- NHS Wales should ensure that all health care professionals can make every contact count by having difficult conversations with their patients (whatever their age) who are overweight or obese.

2.6 We are greatly encouraged that since publishing this, the Welsh Government has committed to delivering a child health plan and an obesity strategy; and the Assembly has passed the Public Health (Wales) Act which includes provisions on health impact assessments. These present good opportunities to improve the support offered to children and families to increase physical activity. We hope that the Welsh Government will set out how the requirement for HIAs should work in the context of encouraging more children to walk and cycle, building upon and working alongside the Active Travel (Wales) Act. We note that much progress has been made on implementing 20mph zones in some areas, for example in Cardiff, and reiterate our call for this to be rolled out. We also note that where 20mph zones are introduced, they must be properly implemented and enforced, with high numbers of drivers admitting to breaking these speed limits³. Sport and PE are vital for increasing the physical activity of children, but building physical activity into day-to-day living for children and families is equally important: we must continue to improve active travel rates and ensure that the environment in which children live, learn and play encourages walking, cycling and other forms of physical activity.

2.7 The child health plan and the obesity strategy should give consideration to improving levels of physical activity. We are committed to working with the Welsh Government and the National Assembly to maximise these opportunities.

2.8 We also support and endorse the document produced by the Welsh NHS Confederation and submitted to the Health, Social Care and Sport Committee which sets out a number of key recommendations for improving rates of physical activity for all children and young people in Wales.

2.9 Finally, we would encourage the Committee to take evidence directly from children, young people and families to help design services and programmes with them as well as for them in line

² <http://www.rcpch.ac.uk/system/files/protected/page/SOCH-recommendations-Wales-eng-lang.pdf>

³ <http://www.itv.com/news/wales/2017-05-10/nearly-half-of-welsh-drivers-admit-to-speeding-in-20mph-areas/>

with our State of Child Health Recommendations for Wales. Children and young people we speak to are clear that they want to be involved in shaping policy and practice, creating ownership in creating local and national solutions. Their feedback includes ensuring there is flexibility, choice and engagement where they are based (RCPCH & Us Voice Bank 2017).

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

3.1 Clinicians tell us that they feel there is “little robust evidence available” on physical activity levels in children in Wales, or on gender based attitudes and participation in physical activity with one member suggesting this could be a piece of work he would welcome from Public Health Wales.

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

4.1 This is another area where there is “little robust evidence available.” One member felt that the promotion of sports at schools should be non-gender specific e.g. everyone playing football and netball, not just the boys/girls.

5. 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.

5.1 In State of Child Health, we noted the link between socio-economic inequality and health inequality, with data showing poorer health outcomes across almost all indicators in poorer communities⁴. This is reflected in a substantial body of work in Wales and elsewhere, including a number of reports by Public Health Wales⁵. We again raise these concerns in the context of the physical activity of children and young people. As a Community Paediatric Senior Registrar told us: “In clinic I see the middle classes doing sport but the poorer people are, the less likely they are to play sport / exercise. I go to Eastern Leisure centre swimming myself quite regularly as there are nice modern, clean facilities. It is often nearly empty! This should be the hub of the community for Rhumney & Llanrumney.”

5.2 Some clinicians felt that “there is no clear strategy with resources to implement.” We repeat our call for wider policy, legislative and government frameworks to increase rates of physical activity throughout the population but particularly in poorer communities, not just in sport and schools but in day to day life and active travel.

6. 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.

⁴ <http://www.rcpch.ac.uk/system/files/protected/page/SoCH%202017%20UK%20web%20updated.pdf> p4 and throughout

⁵ <http://www.publichealthwalesobservatory.wales.nhs.uk/inequalities-and-inequities>

6.1 Clinicians have told us they support initiatives such as a daily mile for primary school children and supporting all school children to participate in sport and physical activity in school.

6.2 One Clinician stated, “Cycling feels unsafe in many communities. We have designed towns around the needs of car users. We need to redesign them if we wish to see changes in walking and cycling. 20mph zones in residential areas is a cheap start.”

6.3 The recent blog post by the Assembly’s research team notes that “if children are not sufficiently active today, it is also the case that the generations above them are not setting an example when it comes to physical activity” and quotes Public Health Wales and Sport Wales in arguing that a shift in attitudes is necessary⁶. RCPCH Members have also highlighted the need for whole-family initiatives and for key groups of adults, including healthcare professionals, to be supported to lead on this issue, demonstrate behaviours linked to good health such as physical activity and to normalise physical activity. A Senior Community Paediatric Registrar said:

“NHS Wales is a poor advert for health. Healthy eating and exercise within the NHS needs promotion & support with healthier eating options, encouragement of staff to exercise with classes etc and encouragement of the cycle to work scheme. I often cycle to work but it is not made easy as I have to find a shower in another department and there's nowhere secure enough to leave a bike.”

6.4 Children with physical disability, non physical (neurodevelopmental) disability, additional needs and long term conditions face additional barriers to physical activity. A number of studies have recognised these barriers, including [‘perceived barriers and facilitators to participation in physical activity for children with disability: a qualitative study’](#), [‘Evidence for increasing physical activity in children with physical disabilities: a systematic review’](#) and [‘Physical Activity Participation of Disabled Children: A Systematic Review of Conceptual and Methodological Approaches in Health Research’](#).

6.5 A Community Paediatric Registrar felt that opportunities for children with disabilities are limited and that “increasing funds to establish grounds for indoor physical activity would keep children active in bad weather. Indoor activity centres will promote safe areas to take children with disability as there will be access to facilities.”

7. Measurement, evaluation and effectiveness of the Welsh Government’s programmes and schemes aimed at promoting physical activity of children.

7.1 In the State of Child Health Recommendations for Wales we called for the expansion of the Child Measurement Plan for Wales to measure children after birth, before school and in adolescence. While this is not a measure of physical fitness, it would help us understand one of the key population outcomes associated with physical activity.

⁶ <https://assemblyinbrief.wordpress.com/2017/07/20/physical-inactivity-is-it-time-to-get-welsh-children-moving/>

7.2 One member told us: "Clinically we see children and young people who are overweight and we discuss healthy eating & exercise. It is very unfortunate that there is little to refer these families on to though even if they are keen to develop healthier lifestyles. MEND [Mind, Exercise, Nutrition...Do it! an obesity treatment and prevention programme for families to help them change their lifestyle through healthy eating and exercise] is sometimes funded and sometimes not but that's it."

8. Physical activity guidelines and how we benchmark physical fitness in children.

8.1 One RCPCH member has suggested that developing an easy-to-follow guide would help. Another pointed to the Start Active, Stay Active report on physical activity for health from the four home countries' Chief Medical Officers in 2011, and Public Health Wales also has '10 steps to a healthy weight' which is also promoted through the Every Child Wales website.

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

9.1 The childhood measurement programme shows increasing levels of overweight and obesity in Wales and continued levels higher than other regions within UK. Physical exercise can improve mental health and reduce the impact of obesity on a child's health outcomes into adult life.

10. 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.

10.1 One Community Paediatric Registrar suggested that schools can encourage physical activity through the Welsh Network of Healthy School Schemes; parents and peers can do so by role modelling; Sport Wales by promoting physical exercise opportunities for all children of all physical abilities; NHS Wales by promoting physical activity through health professionals undertaking 'Making Every Contact Count' training and discussing how to overcome the barriers to families becoming physically active; and Public health Wales can make continued efforts to promote physical exercise for healthy weight and also for healthy minds.

10.2 Another Community Paediatric Senior Registrar says: "There is a huge lack of physical activity among children and young people in Wales. It is not made easy for them as it is not seen as "cool" (they would rather play computer games or be on you tube etc), exercise is expensive and difficult to access. Sport needs to be promoted massively in Wales. We need to create some Sporting Champions, not put people off trying by making sport expensive and inaccessible. Sport offers children more than just physical health. It helps them understand rules, team work, social skills, confidence & build resilience - all super important for good mental health. School can start children on a good healthy & fit path through life but experience tells me that even though PE may be timetabled for twice a week, it is often cancelled for one session."

10.3 A Consultant Paediatrician points to the work undertaken by HAPPEN (Health and Attainment of Pupils in a Primary Education Network). This project, funded by the National Centre for Population Health and Wellbeing Research and the Swansea Healthy City Programme, is a network of health, education and research professionals who aim to improve child health, wellbeing

and academic achievement. They work with primary schools to assess the health of their pupils so schools can develop tailored action plans to improve health and fitness. They also collect data and aim to establish whether there is a link between better health and greater educational attainment.

PACYP 49

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Cyngor Sir Powys

Response from Powys County Council

Powys County Council

<p>What do we know about physical activity levels in children in Wales? How robust is the data on this issue?</p>
<p>Information and data is collected, collated and reported through our leisure services provider (Freedom Leisure), Sports Development and Community Development Officer teams, Schools, Youth Services, Arts & Cultural Services and also through partner organisations such as child care providers.</p>
<p>Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.</p>
<p>Leisure and sports development activities are fully inclusive with the offer of specific gender based activities where a need is identified.</p>
<p>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.</p>
<p>Policies tend to be aimed at whole populations, however targeted approaches are taken where gaps or needs are identified.</p>
<p>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.</p>
<p>Schools are under increasing pressure to ensure academic achievement which restricts the time that children can participate in physical activity. Some barriers exist due to cost of activities. Some children experience rural isolation which restricts their ability to participate. However, Council Services and partners strive to provide opportunities for physical activity to these groups where possible.</p>
<p>Physical activity guidelines and how we benchmark physical fitness in children.</p>
<p>National guidelines exist for recommended levels of physical activity per day / week. Council services and partners work with children and young people to encourage and facilitate activities to achieve these levels. The Sports Development and Community Development Officers undertake the 'School Sport Survey' from Sport Wales to record this information.</p>
<p>Measurement, evaluation and effectiveness of the Welsh Government's programmes and schemes aimed at promoting physical activity of children.</p>

Data and information is provided on a regular basis to Sport Wales. Powys finds itself at a disadvantage in terms of funding received from WG due to rurality and small areas of population, although the amount of activity provided in Powys is considerable in comparison to some other authorities.

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

There is always the potential to spend more to promote, facilitate and deliver physical exercise for children, especially with the crucial links to obesity, future generations & well-being, mental health and the preventative agenda.

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.

There is room for significant improvement for all agencies and national bodies to encourage, promote and improve levels of physical activity. It is important that all agencies work together on a shared agenda and budgets are used as effectively as possible. The preventative agenda should be given consideration and appropriate funding to reduce the numbers of children being treated for conditions that could have been dealt with earlier.



Health Behaviour in School-Aged Children

Key Findings

Prepared by Ipsos MORI on behalf of the Welsh Government

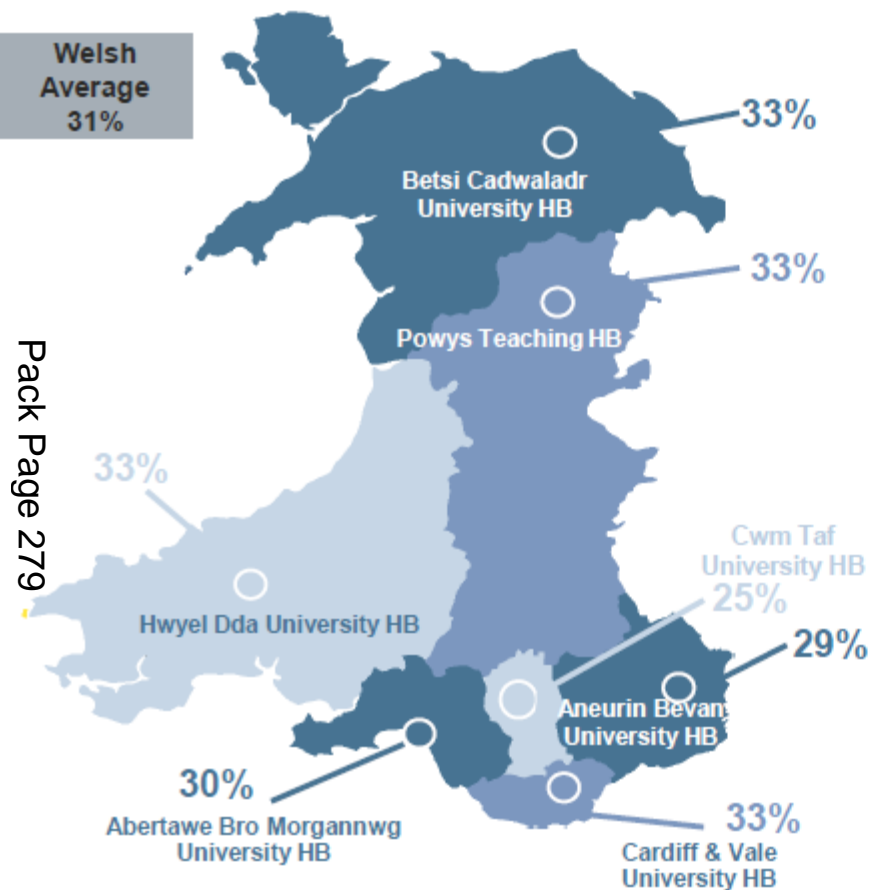
Update: The Powys Picture

Powys Public Health Team July 2016 Tessa Morgan

Eating habits by LHB: Fruit



How many times a week do you usually eat fruit?



% eating fruit once a day or more

	Boys	Girls
Abertawe Bro Morgannwg	29%	30%
Aneurin Bevan	29%	28%
Betsi Cadwaladr	30%	35%
Cardiff & Vale	32%	33%
Cwm Taf	22%	28%
Hwyl Dda	30%	36%
Powys	28%	39%

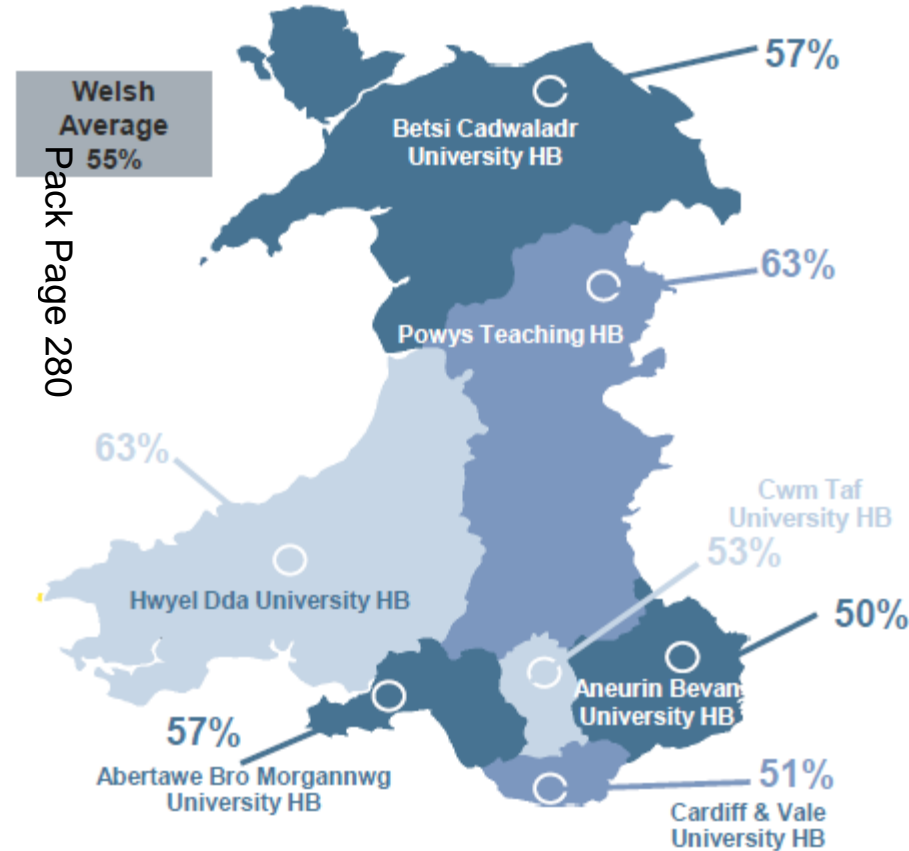
Base: All respondents aged 11 to 16 who gave an answer, surveyed between November 2013 and March 2014 (9,030)

Source: Ipsos MORI

Eating habits by LHB: Breakfast



How often do you usually have breakfast (more than a glass of milk or fruit juice) on weekdays?



% eating breakfast five days a week

	Boys	Girls
Abertawe Bro Morgannwg	65%	49%
Aneurin Bevan	57%	45%
Betsi Cadwaladr	64%	50%
Cardiff & Vale	62%	42%
Cwm Taf	61%	42%
Hwyl Dda	70%	56%
Powys	69%	56%

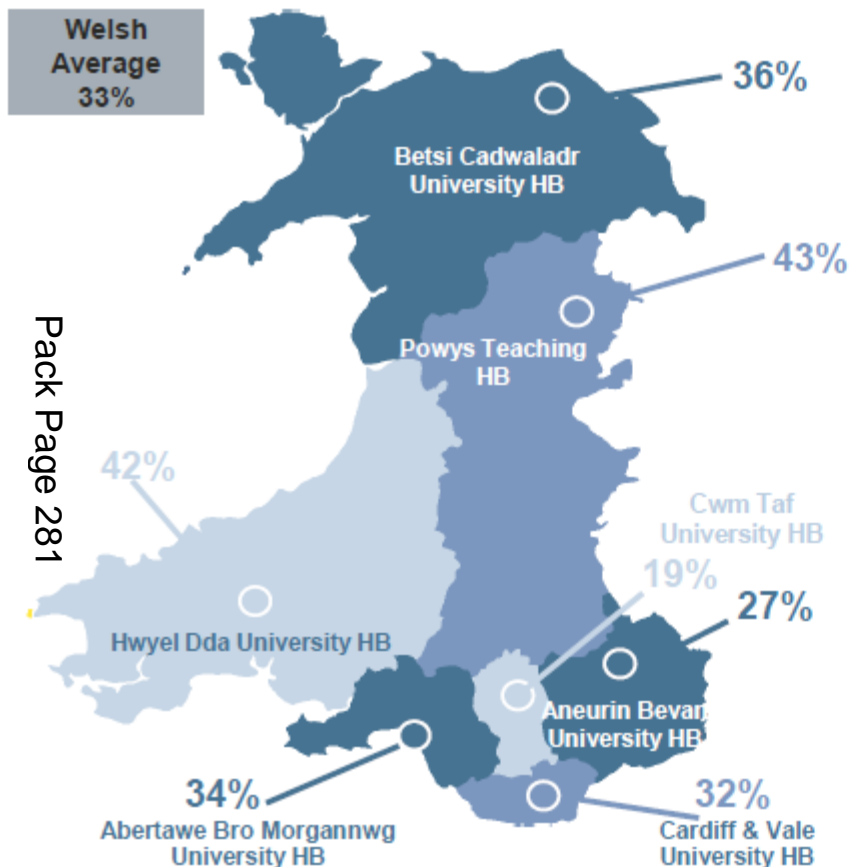
Base: All respondents aged 11 to 16 who gave an answer, surveyed between November 2013 and March 2014 (8,074)

Source: Ipsos MORI

Eating habits by LHB: Vegetables



How many times a week do you usually eat vegetables?



% eating veg once a day or more

	Boys	Girls
Abertawe Bro Morgannwg	32%	35%
Aneurin Bevan	28%	27%
Betsi Cadwaladr	33%	38%
Cardiff & Vale	30%	33%
Cwm Taf	18%	19%
Hwyel Dda	36%	49%
Powys	41%	47%

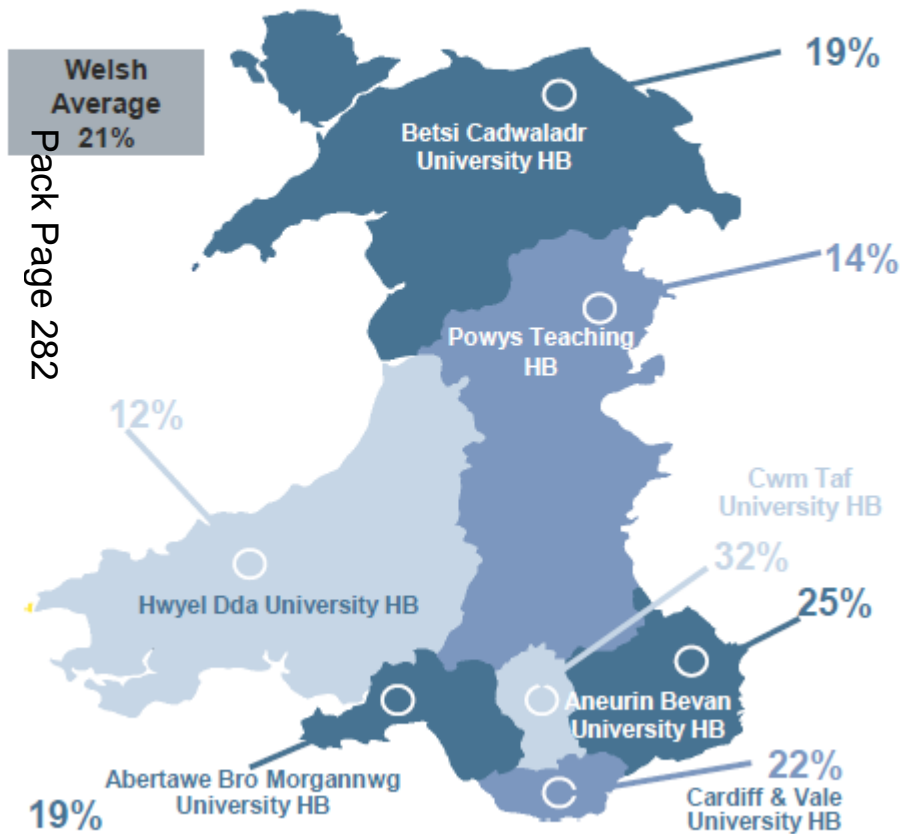
Base: All respondents aged 11 to 16 who gave an answer, surveyed between November 2013 and March 2014 (9,026)

Source: Ipsos MORI

Drinking habits by LHB: Sugary drinks



How many times a week do you usually drink coke or other drinks that contain sugar?



% drinking sugary drinks once a day or more

	Boys	Girls
Abertawe Bro Morgannwg	20%	19%
Aneurin Bevan	25%	26%
Betsi Cadwaladr	22%	17%
Cardiff & Vale	21%	22%
Cwm Taf	32%	31%
Hwyel Dda	14%	10%
Powys	13%	14%

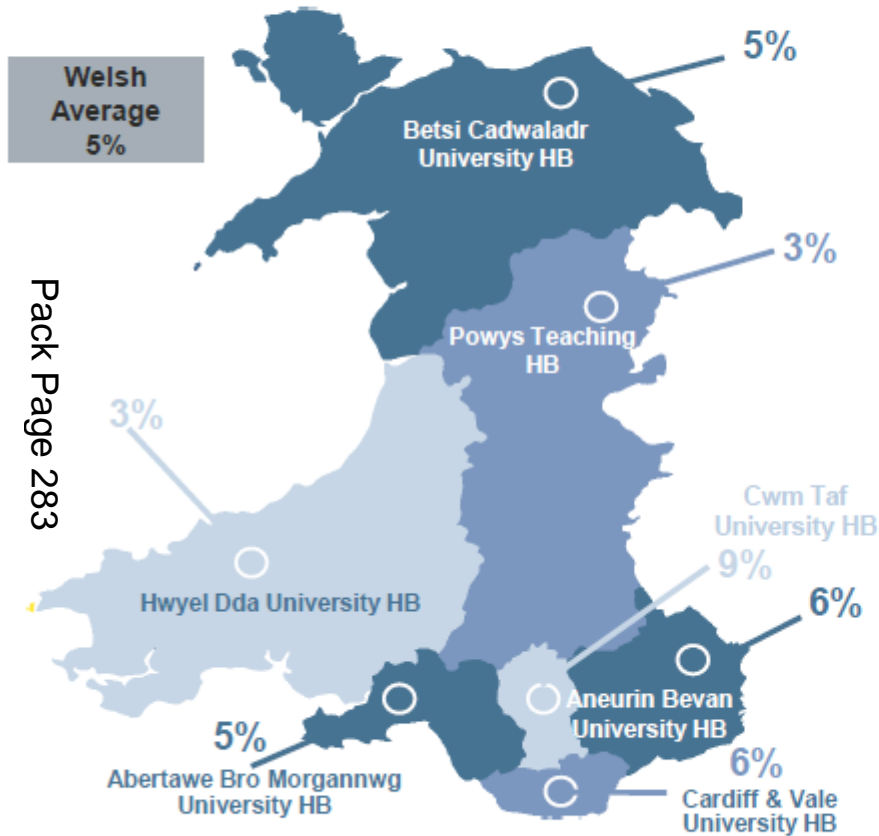
Base: All respondents aged 11 to 16 who gave an answer, surveyed between November 2013 and March 2014 (9,027)

Source: Ipsos MORI

Drinking habits by LHB: Energy drinks



How many times a week do you usually drink energy drinks (such as Red Bull, Monster, Rockstar)?



% drinking energy drinks once a day or more

	Boys	Girls
Abertawe Bro Morgannwg	7%	2%
Aneurin Bevan	8%	4%
Betsi Cadwaladr	7%	4%
Cardiff & Vale	6%	6%
Cwm Taf	10%	7%
Hwyl Dda	5%	2%
Powys	4%	1%

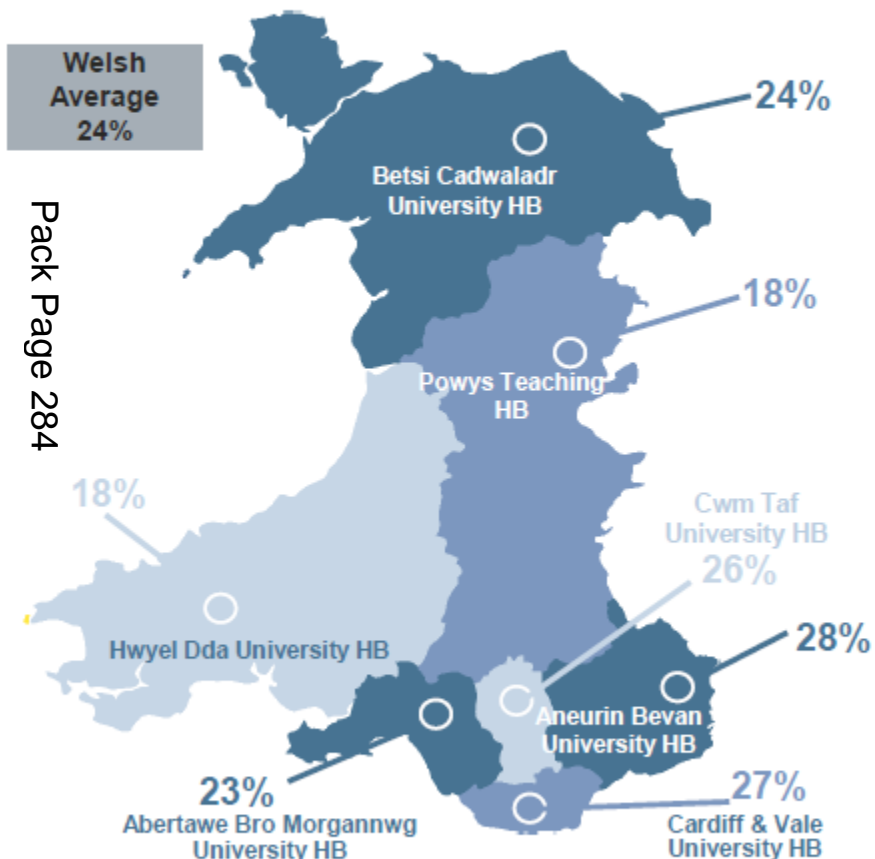
Base: All respondents aged 11 to 16 who gave an answer, surveyed between November 2013 and March 2014 (9,028)

Source: Ipsos MORI

Eating habits by LHB: Sweets



How many times a week do you usually eat sweets (candy or chocolate)?



% eating sweets once a day or more

	Boys	Girls
Abertawe Bro Morgannwg	24%	23%
Aneurin Bevan	26%	29%
Betsi Cadwaladr	23%	24%
Cardiff & Vale	26%	28%
Cwm Taf	23%	30%
Hwyel Dda	17%	19%
Powys	18%	18%

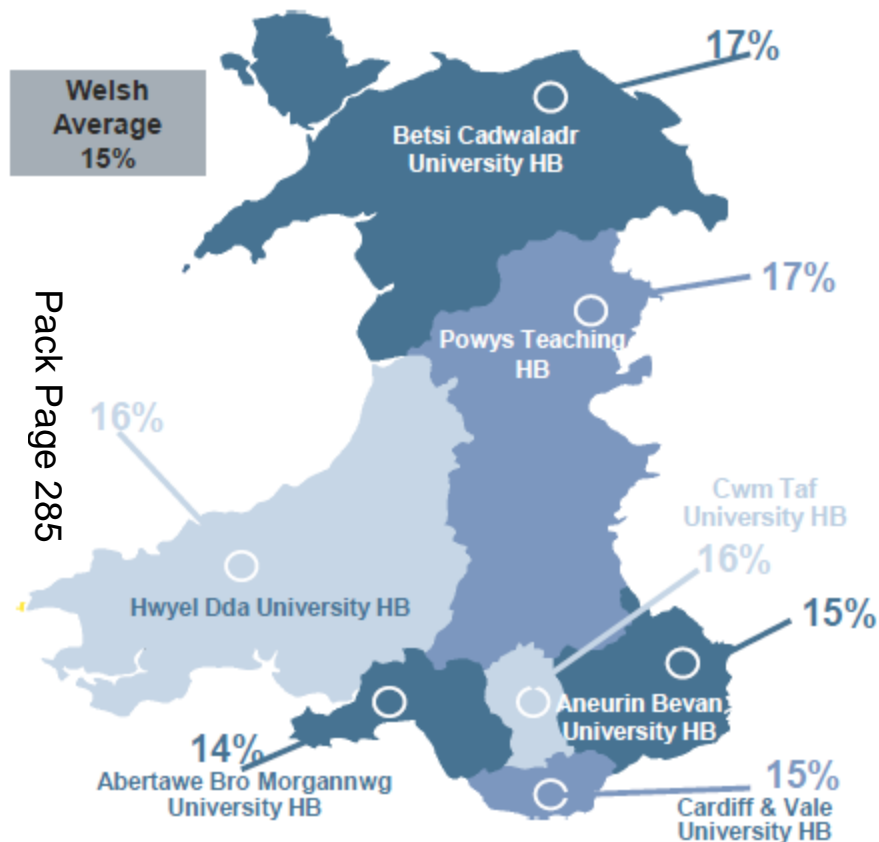
Base: All respondents aged 11 to 16 who gave an answer, surveyed between November 2013 and March 2014 (9,029)

Source: Ipsos MORI

Participation rates in exercise by LHB



Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?



% physically active 60 minutes a day every day

	Boys	Girls
Abertawe Bro Morgannwg	18%	9%
Aneurin Bevan	21%	10%
Betsi Cadwaladr	22%	11%
Cardiff & Vale	19%	12%
Cwm Taf	18%	13%
Hwyel Dda	21%	11%
Powys	22%	10%

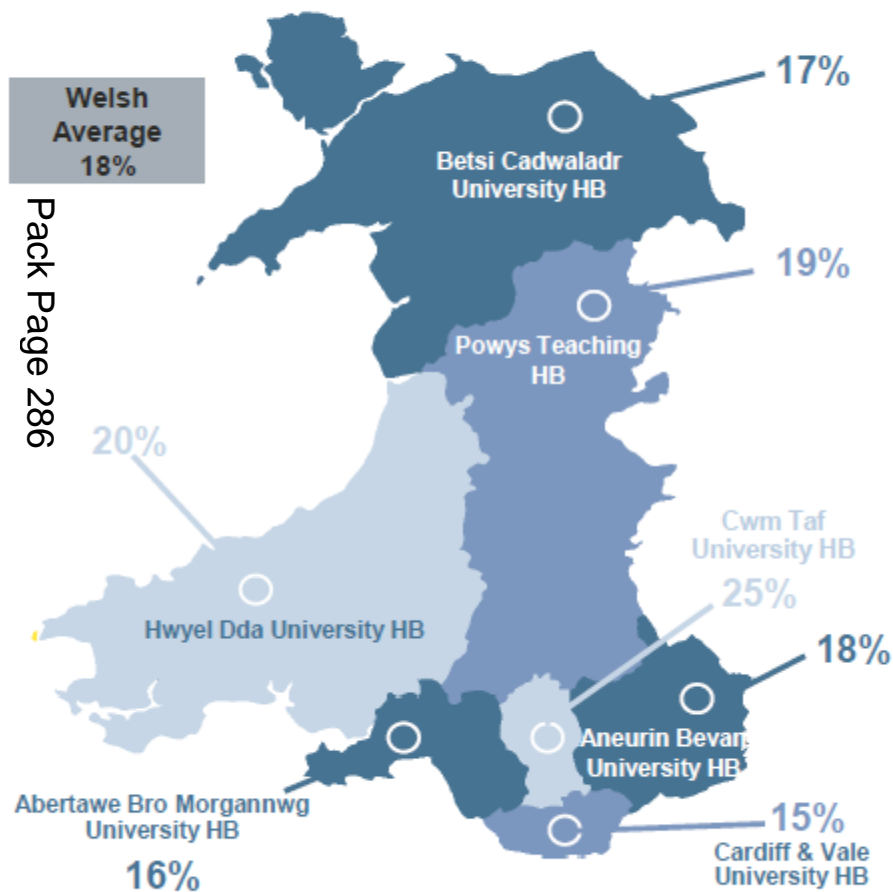
Base: All respondents aged 11 to 16 who gave an answer, surveyed between November 2013 and March 2014 (8,931)

Source: Ipsos MORI

Overweight/ obesity levels by LHB



BMI group



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% Overweight/Obese

	Boys	Girls
Abertawe Bro Morgannwg	16%	16%
Aneurin Bevan	22%	14%
Betsi Cadwaladr	18%	15%
Cardiff & Vale	15%	15%
Cwm Taf	29%	17%
Hwyl Dda	26%	14%
Powys	23%	12%

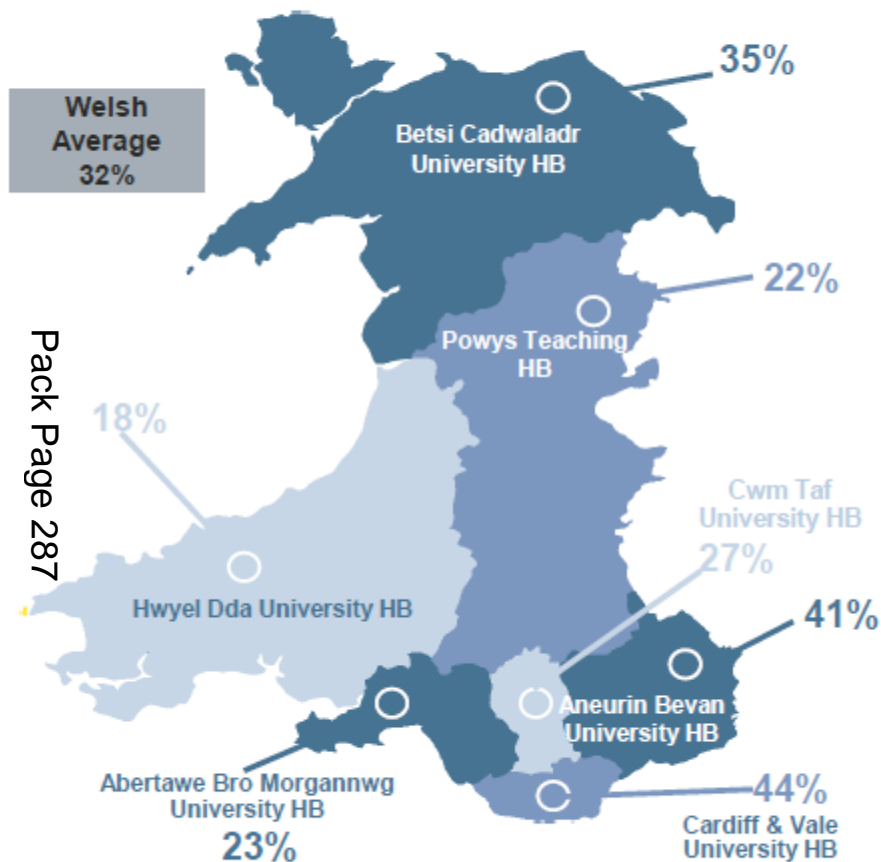
Base: All respondents aged 11 to 16 surveyed between November 2013 and March 2014 (3,617)

Source: Ipsos MORI

Proportion walking or cycling to school by LHB



On a typical day is the MAIN part of your journey TO school made by ?



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% Walking or cycling

	Boys	Girls
Abertawe Bro Morgannwg	25%	22%
Aneurin Bevan	44%	38%
Betsi Cadwaladr	36%	34%
Cardiff & Vale	48%	40%
Cwm Taf	28%	25%
Hwyel Dda	19%	17%
Powys	22%	23%

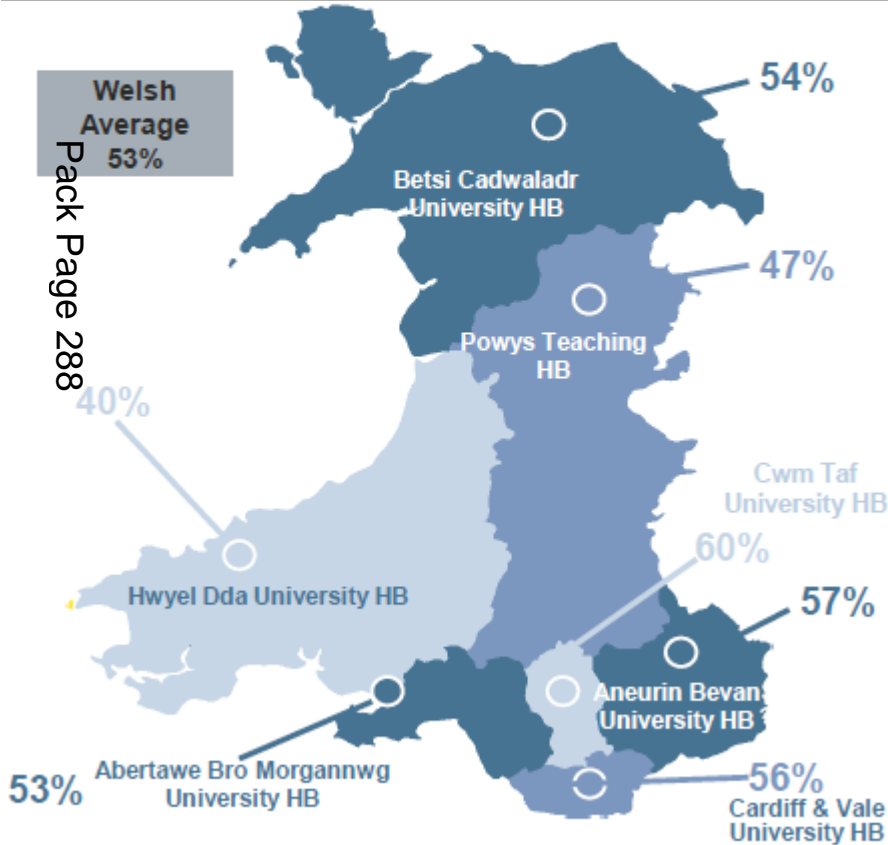
Base: All respondents aged 11 to 16 surveyed between November 2013 and March 2014 (8,754)

Source: Ipsos MORI

Proportions playing computer games by LHB



How many hours a day, in your free time, do you usually spend playing games on a computer, games console, tablet, smartphone or other device?



% computer games 2+ hours a day - weekdays

	Boys	Girls
Abertawe Bro Morgannwg	67%	41%
Aneurin Bevan	72%	44%
Betsi Cadwaladr	66%	41%
Cardiff & Vale	68%	44%
Cwm Taf	71%	44%
Hwyel Dda	50%	29%
Powys	55%	38%

Base: All respondents aged 11 to 16 surveyed between November 2013 and March 2014 (8,545)

Source: Ipsos MORI

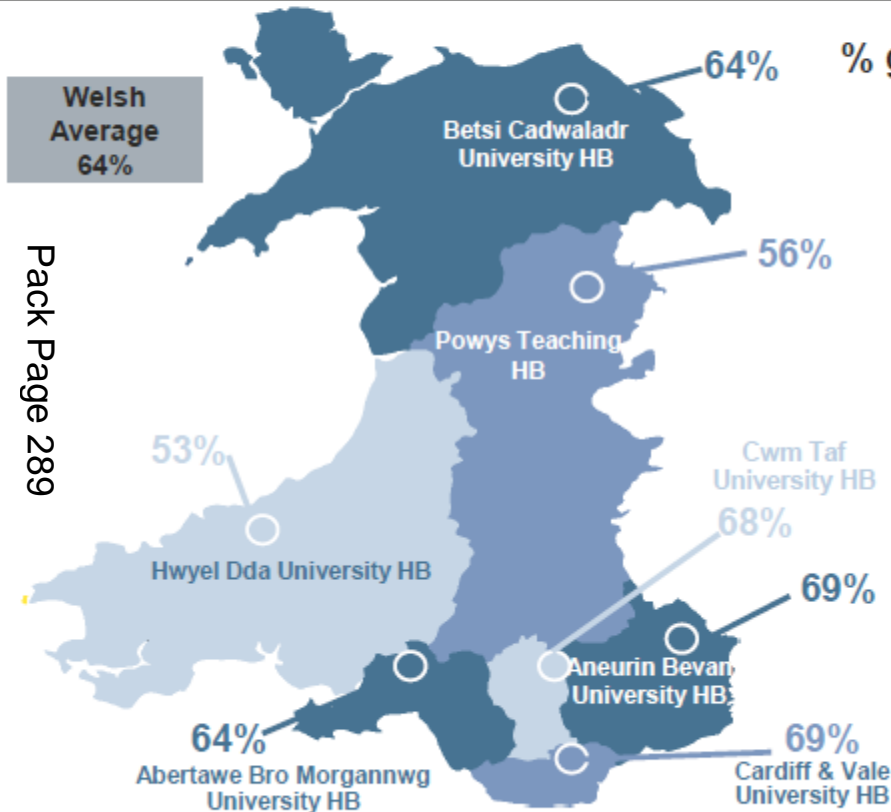
There is a statistically significant relationships between playing computer games for 2 or more hours a day and LHB

Computer usage by LHB



How many hours a day, in your free time, do you usually spend using electronic devices such as computers, tablet or smart phones for other purposes, for example homework, emailing, tweeting, Facebook, chatting, surfing the internet?

% general computer use 2+ hours a day - weekdays



	Boys	Girls
Abertawe Bro Morgannwg	63%	65%
Aneurin Bevan	67%	70%
Betsi Cadwaladr	63%	65%
Cardiff & Vale	68%	71%
Cwm Taf	65%	72%
Hwyl Dda	53%	54%
Powys	54%	59%

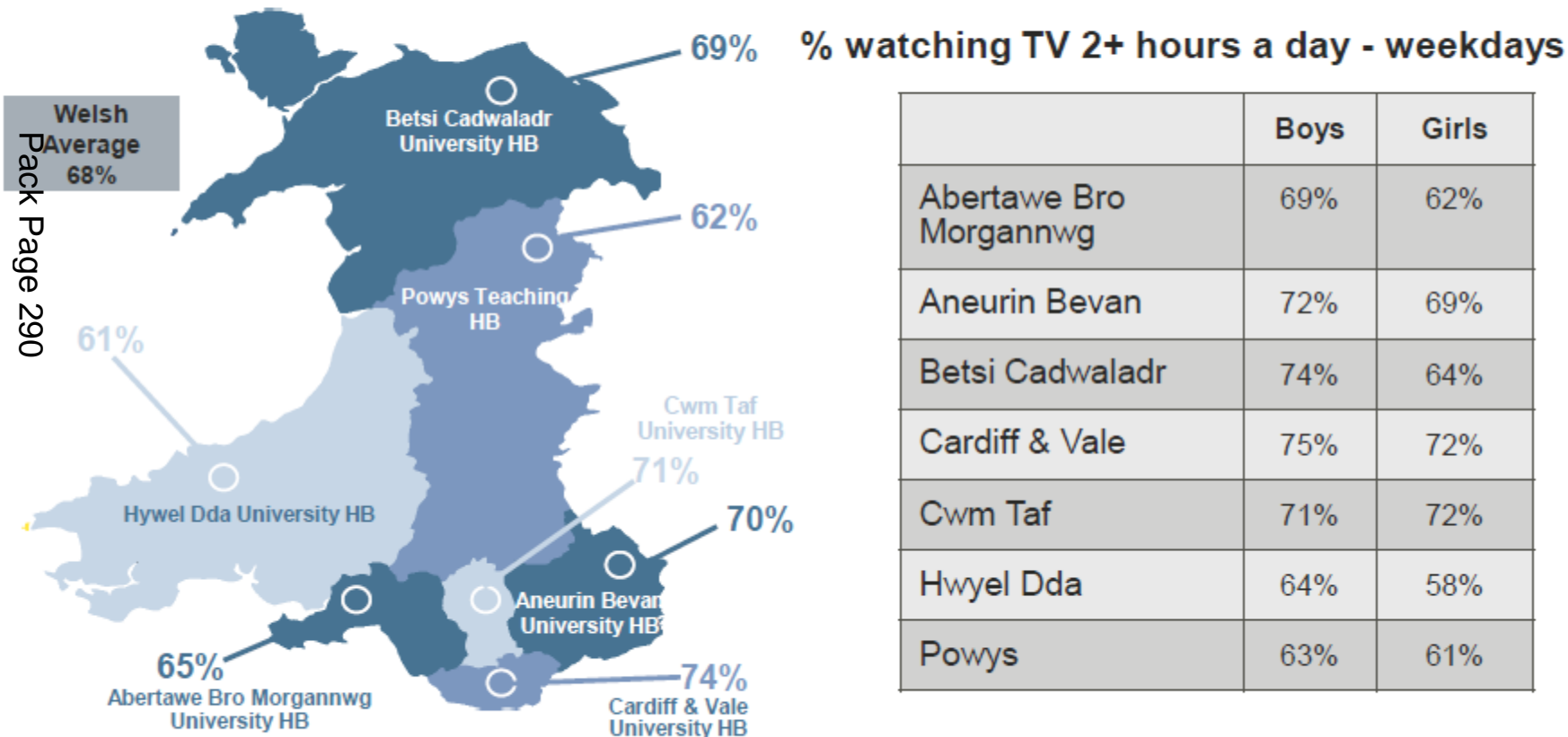
Base: All respondents aged 11 to 16 surveyed between November 2013 and March 2014 (8,553)

Source: Ipsos MORI

TV Watching by LHB



How many hours a day, in your free time, do you usually spend watching TV, videos, DVDs, and other entertainment on a screen?



	Boys	Girls
Abertawe Bro Morgannwg	69%	62%
Aneurin Bevan	72%	69%
Betsi Cadwaladr	74%	64%
Cardiff & Vale	75%	72%
Cwm Taf	71%	72%
Hwyel Dda	64%	58%
Powys	63%	61%

Base: All respondents aged 11 to 16 surveyed between November 2013 and March 2014 (8,605)

Source: Ipsos MORI

Notes

- For Obese/ overweight measurement pupils reported on their own height and weight measurements.
- Implausible values on height and weight were removed based on thresholds set in the HSBC research protocol
- BMI was calculated separately for boys and girls within each age group using age/sex specific thresholds for overweight and obesity.

Full Report Available at:

- <http://gov.wales/statistics-and-research/health-behaviour-school-aged-children/?lang=en>



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Welsh Health Survey Healthy Weights Update: The Powys Picture

Powys Public Health Team
July 2016
Tessa Morgan

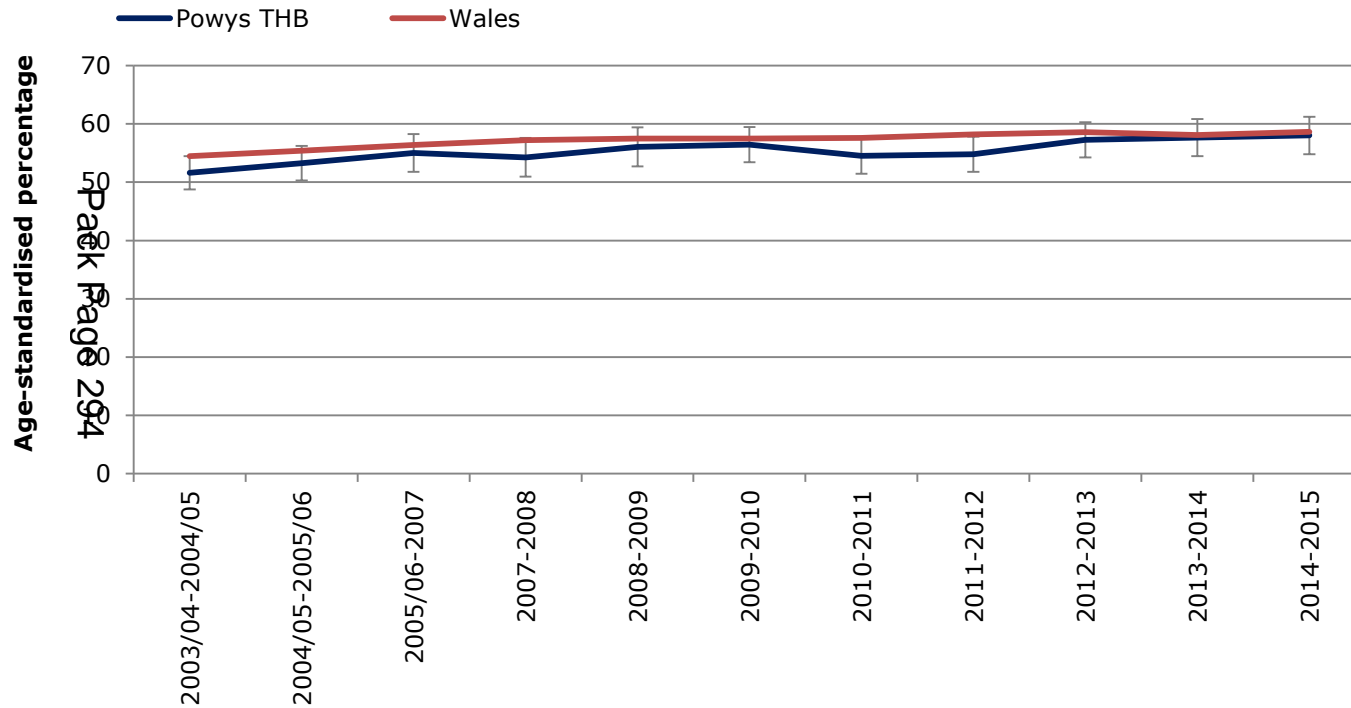
 Statistics  Surveys

Welsh Health Sur

Overweight or Obese



Overweight or obese, Powys THB and Wales, 2003/04 to 2015

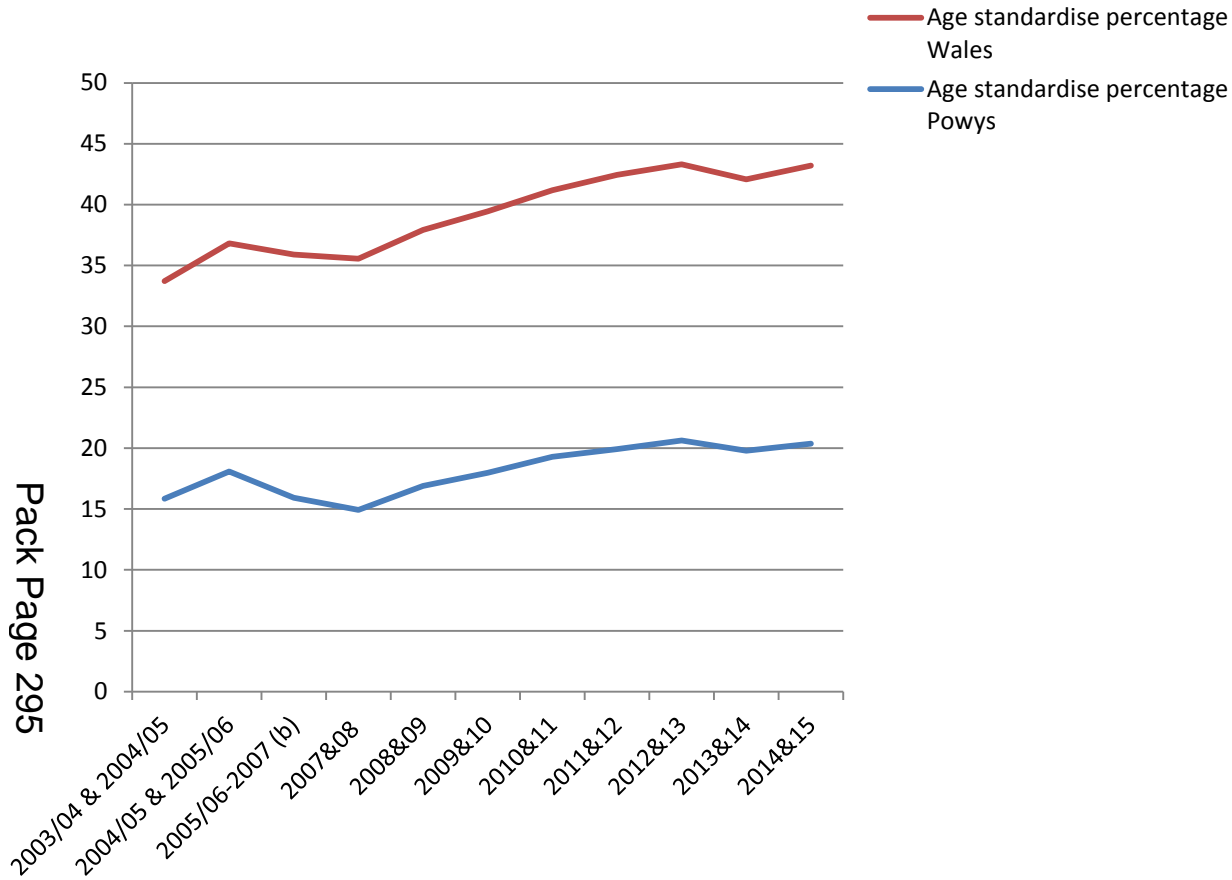


2014/15:

- 58% prevalence
- Increase of 0.4% from 2013/14
- 64,254 overweight or obese people in Powys



Obese

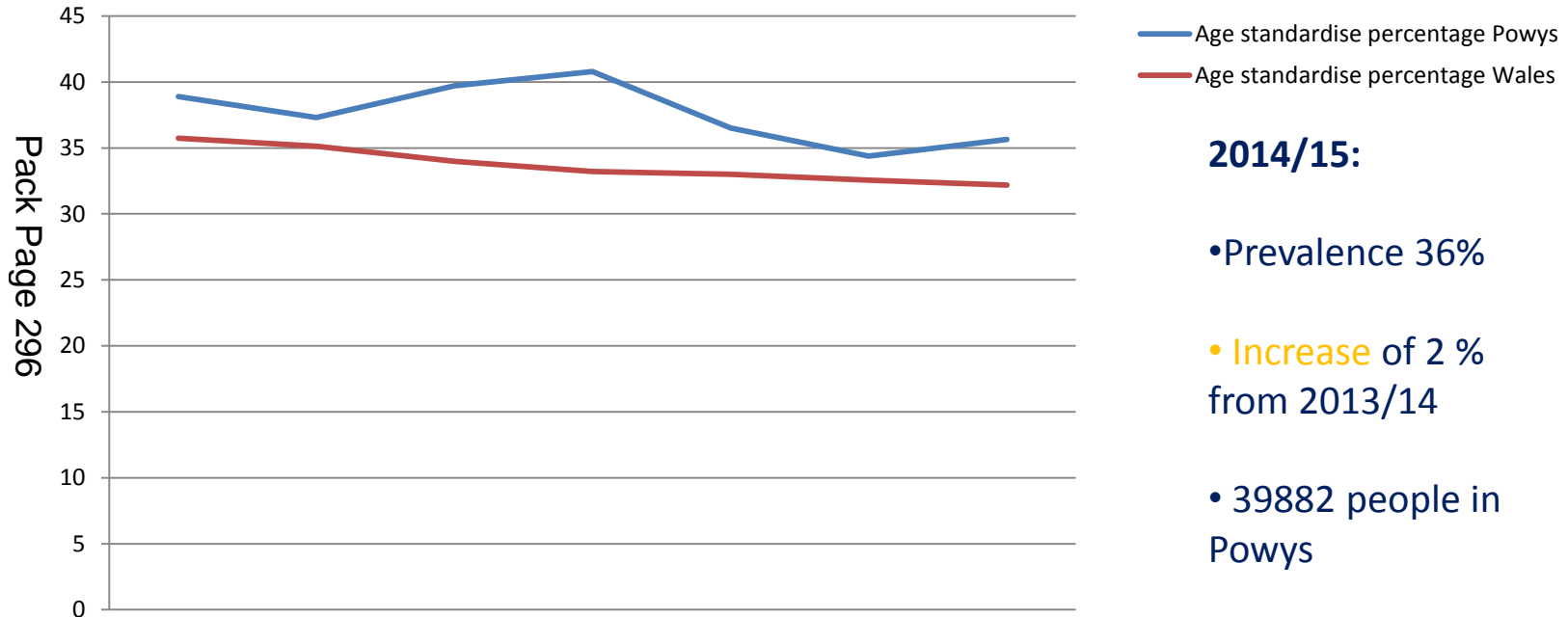


2014/15:

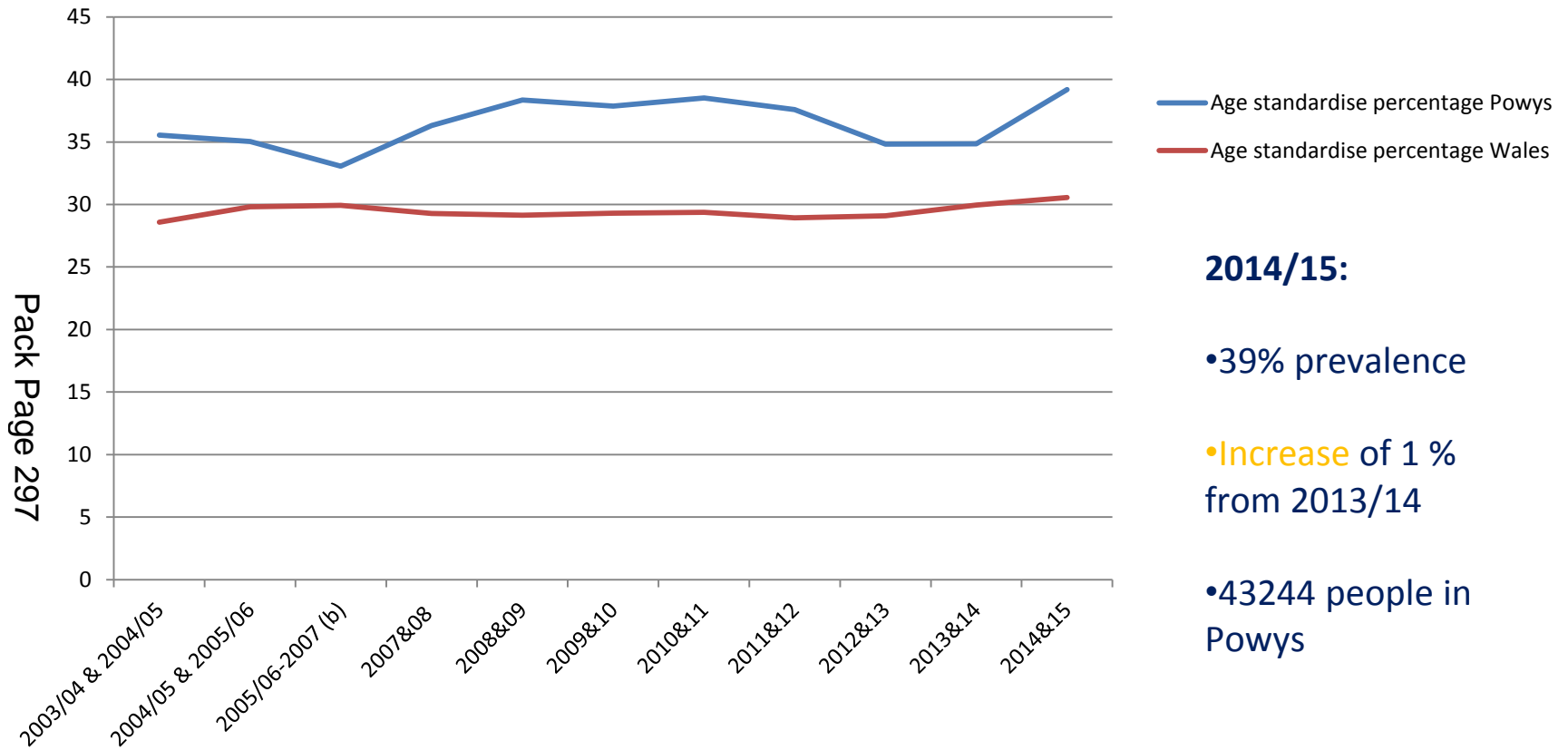
- 20% prevalence
- Increase of 1% from 2013/14
- 22,157 obese people in Powys



Adults who reported eating five or more portions of fruit and vegetables the previous day (age-standardised)



Adults who reported being physically active on 5 or more days in the past week (age-standardised)



2014/15:

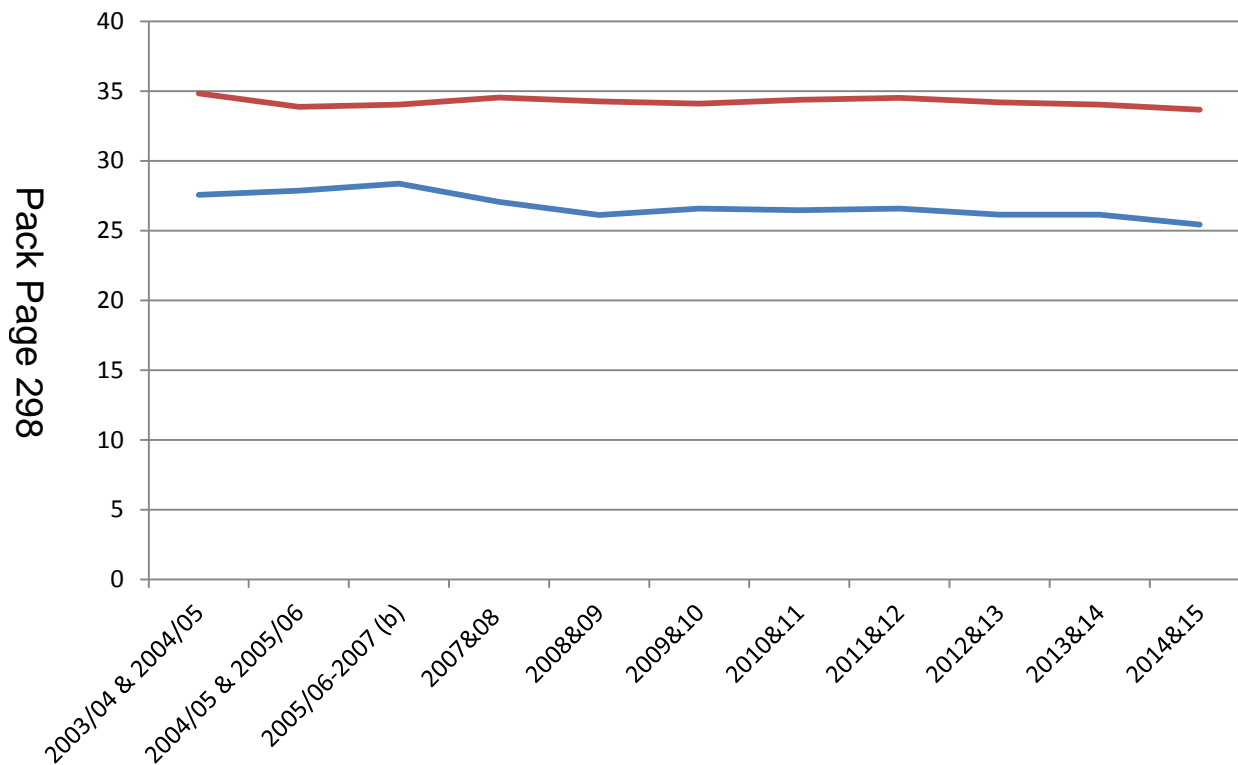
- 39% prevalence

- Increase of 1 % from 2013/14

- 43244 people in Powys



Adults who reported being physically active on no days in the past week (age-standardised)



— Age standardise percentage Powys

— Age standardise percentage Wales

2014/15:

- 25% prevalence

- Increase of 1 % from 2013/14

- 27696 people in Powys

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Annex 3

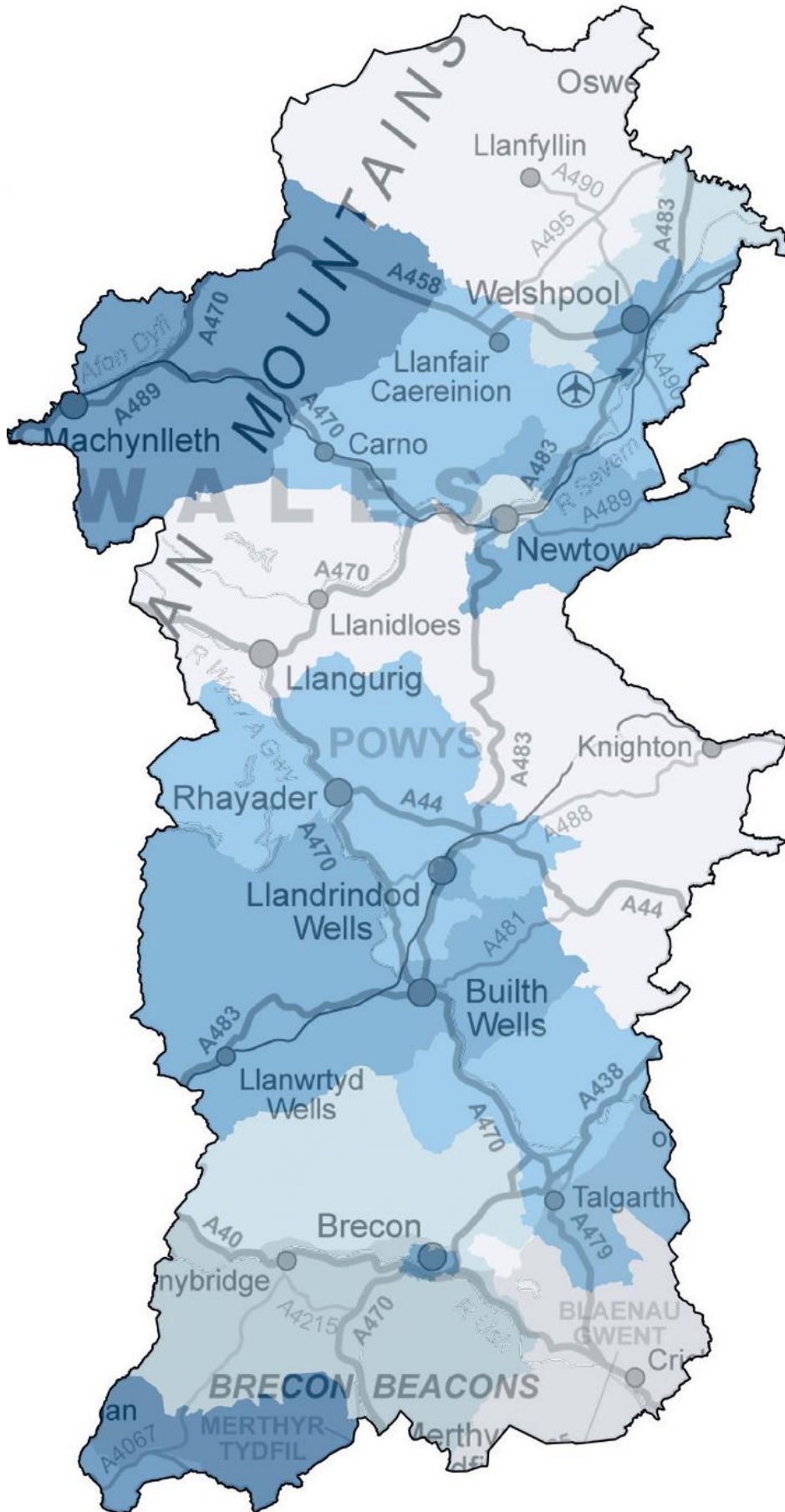
Powys Teaching Health Board

Powys is the only health board in Wales which is coterminous with a single local authority. While it is one of the largest health boards geographically, it has the smallest population of any of the health boards, and the smallest number of children (1,201) eligible to participate in the Child Measurement Programme. This is little more than a third of the number in the next smallest health board, population-wise (Cwm Taf UHB with 3,511 children). The small number of children in the prevalence categories can magnify the effect of any changes or differences, and make them appear more important than they are. Obesity prevalence in Powys has appeared to be lower than the Welsh average for the last three years (figure 17). However this is the first year (2014/15) that the difference is statistically significant.

Map 8 Percentage of children aged 4 to 5 years who are obese, Powys THB MSOAs, Child Measurement Programme for Wales, 2012/13-2014/15

Due to smaller sample sizes at MSOA level, caution should be taken when making comparisons between areas.
Produced by Public Health Wales Observatory, using CMP data (NWIS) © Crown copyright and database right 2016. Ordnance Survey 1000044810

-  13.0 to 15.0 (2)
-  11.0 to <13.0 (5)
-  9.1 to <11.0 (5)
-  7.1 to <9.1 (3)
-  5.1 to <7.1 (4)
-  Local authority boundary



Physical Literacy Project 2017-18

Physical Literacy £3,500

Outlined below is Powys Physical literacy scheme moving forward. Further discussions will be taking place with partnership organisations in the near future, as this will depend on funding, staff / qualified tutors, step by step evaluations.

Physical Literacy Parental Back Pack Scheme

Who?	Where?	Project Lead	Project description /baseline	Why – what is the evidence?	How – what is the approach?	Post project	Est. proportion of PL budget
Primary Cluster	Machynlleth	Jonathan Roberts / Lynn Benson	Roll out of PL back packs in Reception / Year 1	Based on SSS 2015 results and High Percentage of children age 4 -5 yrs are obese 11.0-<13.0 Powys on Teaching Health Board Map	A 6 week block of intervention for Foundation Phase with 10-15 bags in each school / 40/50 bags per cluster. Each officer will roll out in their cluster primary schools approx. 2-3 per term.	Parent and teacher feedback through books of positive physical activity engagement in and around the home.	AYP Budget / Healthy Schools Grant
Primary Cluster	Ystradgynlais	Martin Kelly	Roll out of PL back packs in Reception / Year 1	Based on SSS 2015 results and High Percentage of children age 4 -5 yrs are obese 11.0-<13.0 Powys Teaching Health Board Map	A 6 week block of intervention for Foundation Phase with 10-15 bags in each school / 40/50 bags per cluster. Each officer will roll out in their cluster primary schools approx. 2-3 per term.	Parent and teacher feedback through books of positive physical activity engagement in and around the home.	AYP Budget / Healthy Schools Grant
Primary Cluster	Llandrindod / Rhayader	Adam Jones / Elin Wozencraft	Roll out of PL back packs in Reception / Year 1	Based on SSS 2015 results and High Percentage of children age 4 -5 yrs are obese 9.1-<11.0 Powys Teaching Health Board Map	A 6 week block of intervention for Foundation Phase with 10-15 bags in each school / 40/50 bags per cluster. Each officer will	Parent and teacher feedback through books of positive physical activity engagement in	AYP Budget / Healthy Schools Grant

					roll out in their cluster primary schools approx. 2-3 per term.	and around the home.	
Primary Cluster	Newtown	Jonny Roberts / Kate Preston	Roll out of PL back packs in Reception / Year 1	Based on SSS 2015 results and High Percentage of children age 4 -5 yrs are obese 9.1-<11.0 Powys Teaching Health Board Map.	A 6 week block of intervention for Foundation Phase with 10-15 bags in each school / 40/50 bags per cluster. Also linking with special school in the area. Each officer will roll out in their cluster primary schools approx. 2-3 per term.	Parent and teacher feedback through books of positive physical activity engagement in and around the home.	AYP Budget / Healthy Schools Grant
Future funding for back packs will depend on further roll out.							
<u>Physical Literacy Community Workshop</u>							
Who?	Where?	Project Lead	Project description /baseline	Why – what is the evidence?	How – what is the approach?	Post project	Est. proportion of PL budget
Community Clubs Phase 1 2017	Machynlleth	Jonathan Roberts / Lynn Benson	Roll out of Physical literacy in the Community Workshop through U11 Community Sports Club settings	Based on SSS 2015 results and children between the age of 7 -11 yrs are lacking confidence trying new skills and activities. High Percentage of children age 4 -5 yrs are obese 11.0-<13.0 Powys on Teaching Health Board Map	A 3 Hour workshop, delivered in each of the clusters with mentoring visits to each club by CSDO's post course.	Clubs applying for PL equipment from Community Chest to support the delivery of the scheme. Increase in children's confidence, ability, balance and coordination. LB /KH to tutor as JR not attended any Tutor CPD.	Free to clubs, costs to cover facility hire @ £30 ph (£90) Tutor costs (LB) £150. Total £240

Annex 4

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Community Clubs Phase 1 2017	Ystradgynlais	Martin Kelly/ Lynn Benson	Roll out of Physical literacy in the Community Workshop through U11 Community Sports Club settings	Based on SSS 2015 results and children between the age of 7 -11 yrs are lacking confidence trying new skills and activities. High Percentage of children age 4 -5 yrs are obese 11.0-<13.0 Powys Teaching Health Board Map	A 3 Hour workshop, delivered in each of the clusters with mentoring visits to each club by CSDO's post course.	Clubs applying for PL equipment from Community Chest to support the delivery of the scheme. Increase in children's confidence, ability, balance and coordination LB to tutor as MK not trained as a PL tutor.	Free to clubs, costs to cover facility hire @ £30 ph (£90) Tutor costs (LB) £150. Total £240
Community Clubs Phase 1 2017	Llandrindod / Rhayader	Adam Jones / Lynn Benson	Roll out of Physical literacy in the Community Workshop through U11 Community Sports Club settings	Based on SSS 2015 results and children between the age of 7 -11 yrs are lacking confidence trying new skills and activities. High Percentage of children age 4 -5 yrs are obese 9.1-<11.0 Powys Teaching Health Board Map	A 3 Hour workshop, delivered in each of the clusters with mentoring visits to each club by CSDO's post course.	Clubs applying for PL equipment from Community Chest to support the delivery of the scheme. Increase in children's confidence, ability, balance and coordination LB /EW to tutor as AJ attended any Tutor CPD.	Free to clubs, costs to cover facility hire @ £30 ph (£90) Tutor costs (LB) £150. Total £240
Community Clubs Phase 1 2017	Newtown	Jonny Roberts / Lynn Benson	Roll out of Physical literacy in the Community Workshop through U11 Community Sports Club settings	Based on SSS 2015 results and children between the age of 7 -11 yrs are lacking confidence trying new skills and activities. High Percentage of children age 4 -5 yrs are obese 9.1-<11.0 Powys Teaching Health Board Map.	A 3 Hour workshop, delivered in each of the clusters with mentoring visits to each club by CSDO's post course.	Clubs applying for PL equipment from Community Chest to support the delivery of the scheme. Increase in children's confidence, ability, balance and coordination LB /KH/TT /EW to tutor and get signed off as an official tutor for this course. JR	Free to clubs, costs to cover facility hire @ £30 ph (£90) Tutor costs (LB) £150. Total £240

Annex 4

						not attended any Tutor CPD.	
Community Clubs Phase 2 2017-18	Builth Wells / Llanfair Caereinion/ Gwernynyfed / Brecon / Welshpool	CSDO's	Roll out of Physical literacy in the Community Workshop through U11 Community Sports Club settings	Based on SSS 2015 results and children between the age of 7 -11 yrs are lacking confidence trying new skills and activities.	A 3 Hour workshop, delivered in each of the clusters with mentoring visits to each club by CSDO's post course.	Clubs applying for PL equipment from Community Chest to support the delivery of the scheme. Increase in children's confidence, ability, balance and coordination	Free to clubs, costs to cover facility hire @ £30 ph (£90) Tutor costs (LB) £150. Total £240 x5
Community Clubs Phase 3 2018	Llanidloes/ Llanfyllin/ Crickhowell / Knighton-Presteigne.	CSDO's	Roll out of Physical literacy in the Community Workshop through U11 Community Sports Club settings	Based on SSS 2015 results and children between the age of 7 -11 yrs are lacking confidence trying new skills and activities.	A 3 Hour workshop, delivered in each of the clusters with mentoring visits to each club by CSDO's post course.	Clubs applying for PL equipment from Community Chest to support the delivery of the scheme. Increase in children's confidence, ability, balance and coordination	Free to clubs, costs to cover facility hire @ £30 ph (£90) Tutor costs (LB) £150. Total £240 x 4
Other Organisations 2018-19 and beyond	Nursery / Cylch's etc	CSDO's to work with established tutors after they have rolled out Phase 1 of Community Clubs settings	Roll out of Physical literacy in the Community Workshop through other young people's settings	Based on SSS 2015 results and children between the age of U11's yrs are lacking confidence trying new skills and activities.	A 3 Hour workshop, delivered in each of the clusters with mentoring visits to each setting by a CSDO's post course.	Settings applying for PL equipment from Community Chest to support the delivery of the scheme. Increase in children's confidence, ability, balance and coordination	Free to settings, costs to cover facility hire @ £30 ph (£90) Tutor costs (LB) £150. Total £240 2 x DMSS bag @ £270 x13 clusters = £7,020.00 based on 2 settings per

Annex 4

							cluster. Would have to source funding
Other Organisations 2018 and beyond	Brownie's / Scouts	Future planning needed.					Funding needed
Other Organisations 2018 and beyond	Libraries	Future planning needed					Funding needed to be sourced.

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Maths –

PL in Comm. £90 facility hire / £150 tutor costs = £240

£240 x 13 clusters £3120.00 (+ travel costs (£380) = £3,500

Above is based on 4 tutors being signed off. (Lynn Benson, Tricia Turner, Katie Hamer & Elin Wozencraft).

Questions;

When will Sport Wales offer future tutor training for officers?

Will Community Chest support U11 clubs applying for DMSS bags?

PACYP 50

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Ysgol Basseleg

Response from Bassaleg School

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

We know through research conducted by Sport Wales through the bi-annual school sport survey and the national active healthy kids-Wales report card 2016.

The school sport survey 2015 found that 48% of pupils in Years 3-11 are hooked on sport and take part in extracurricular or community club sport on three or more occasions per week. In 2013, the figure was 40%. Similar proportions of primary and secondary pupils are hooked on sport – 49% of primary pupils in Years 3-6 and 48% of secondary pupils in Years 7-11. The 2015 survey has shown increases in participation levels amongst pupils in Wales in Years 3-11. Long standing differences in participation levels continue to be observed, with female pupils and older pupils taking part less frequently in PE and sport.

The data collected for the school sport survey has become far more robust since 2011. The data collection process has been simplified for all schools and the level of pupil participation has now grown to 116,00 pupils which gives a more accurate sample size and findings. The survey now also takes into account pupil voice.

The active healthy kids Wales report 2016 found overall Physical Activity Levels 15% of children and young people aged 11-16 years met the recommendation of at least 60 minutes of MVPA every day of the week. In another survey, 35% of children aged 4-15 years participated in MVPA for at least 1 hour every day. This analysis implied that Wales is succeeding with less than half of children and adolescents (20-39%).

This data collected from the active healthy kids Wales report card 2016 has limited research available for children across the age range. This needs to be addressed through systematic robust data collection methods. The effect of interventions to increase physical activity and improve physical literacy needs to be quantified.

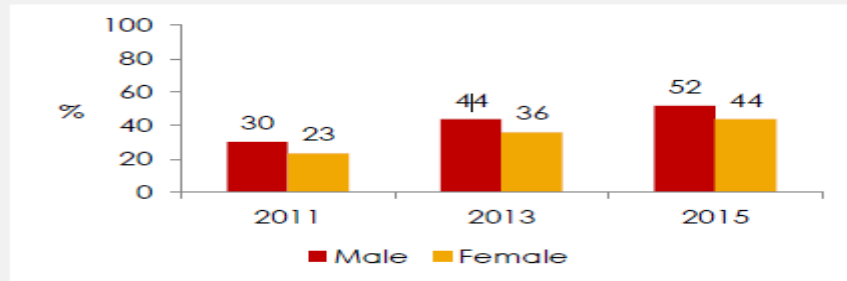
Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.

Results from the 2015 school sport survey have highlighted there remains a gender difference in participation levels. 52% of boys compared 44% of girls are hooked on sport. The recent data has suggested that both genders have increased their levels of participation.

Sport Wales have reacted to the information collected to closing the gap for girl's participation through 'us girls' campaign to increase awareness and aspiring role models. The WRU have HWB school rugby officers promoting and growing the levels of participation of girl's rugby in Wales.

We have to use the responses from the school sport survey to drive change. We have already utilised the evidence from our pilot projects at the school to listen to learner voice and implement the good practice in to increasing girl's participation and enjoyment of physical wellbeing. We feel that this could be further developed in other areas outside the school setting.

Figure 2: Hooked on sport by gender from 2011 to 2015



What sports are pupils taking part in?

Extracurricular sports

Table 1 shows the top ten activities most likely to be participated in across Year groups 3 to 11, by gender, and the corresponding percentage of pupils who took part in 2013 and 2011.

Table 2: Extracurricular sports most likely to be participated in: pupils in Years 3-11

Sport/Activity	Girls			Sport/Activity	Boys		
	2011	2013	2015		2011	2013	2015
Netball	28.6	32.0	31.9	Football	41.4	51.3	56.7
Swimming	11.8	20.5	22.1	Rugby	31	35.1	35.1
Athletics	16.1	17.5	22.1	Athletics	18.1	20.3	23.8
Rounders	17.7	19.6	21.9	Dodgeball	n/a*	22.1	23.4
Football	14.5	17.4	21.5	Running/jogging**	n/a	n/a	21.8
Dance	22.9	22.0	21.0	Swimming	11.7	20.9	
Running/jogging**	n/a	n/a	19.0	Cricket	18.3	19.2	20.9
Gymnastics	10.3	11.6	14.9	Rounders	14.2	18.6	20.5
Dodgeball*	n/a*	13.0	14.9	Tennis	17.5	20.6	20.5
Tennis	12.5	14.0	13.9	Basketball	14.6	19.5	18.7

*Dodgeball was not included in the 2011 survey **Running and jogging added to survey in 2015

There has been little change in the sports that appear in the top ten extracurricular activities in the last three surveys. The option 'running or jogging' was a new addition to the survey in 2015, to reflect activities asked about in the Active Adults Survey and to have a wider measure of activities that have seemingly increased in

We have to improve the provision of these activities for all young people in schools and communities to improve their overall participation levels over the longer term.

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.

The key to increasing levels of physical activity is through educating them on the benefits, which they perceive, will help them in the short term. Young people do not see the bigger picture of the longer term benefits at a young age. We have to provide stimulating programmes that they tell us through pupil voice and provide facilities to deliver these ideas (please refer to the pilot project evidence attached)

Settings and Influences on Physical Activity and Health	
<p><u>Family and Peer Influence</u></p> <p>31% of adults reported being active for at least 30 minutes on 5 or more days a week ^[2]. 41% of the adult population take part in sport ^[8]. 27% of mothers, 36% of fathers, 39% of brothers, 31% of sisters, 35% of other family members and 64% of peers take part in sport ^[3]. There is an increased probability of children being 'hooked on sport' if their parents or friends are also involved in sport ^[3].</p>	D+
<p><u>School</u></p> <p>60% of primary & 80% of secondary schools provide a wide variety of extracurricular sport and dance opportunities to all pupils ^[3]. 70% of primary & 62% of secondary schools agree that the school has sufficient access to facilities and 73% of primary & 71% of secondary schools agree that they have access to sufficient equipment, to provide quality PE and sport ^[3]. 77% of primary & 85% of secondary schools reported teachers are confident in delivering quality PE lessons ^[3].</p>	B
<p><u>Community and the Built Environment</u></p> <p>54% and 38% of parents with a child aged 1-10 and 11-15 years, respectively, were satisfied with the play facilities in their local area ^[6].</p>	C

One major factor in hard to reach groups is deprivation and the cost of provision. We believe that schools are the centre of the community and should be better available to service the community through the facilities being available through the week so that this issue can prove to be cost and time effective. The results from the active healthy kids report above demonstrate that this is an area that could be developed with family participation and improved facilities for the community having a positive effect on participation.

Physical activity guidelines and how we benchmark physical fitness in children

We have included two examples of good practice we have completed with the backing of sport Wales and University of South Wales that have been developed to improve participation, engagement and provision for target groups in 11-15 year olds.

The use of the Dragon testing as a measure of physical literacy is prohibitive due to the cost and availability of specialised outside agencies.

We have developed a system, with the cooperation of our physical literacy officer at the school, to use the dragon testing protocol as a basis for which we can identify pupils that require ongoing individual support to become physically literate through their school life and beyond. This requires the support of the parents/guardians currently in implementing this plan. We would like to support parents/guardians on being more responsible for their children's physical literacy through regular reporting on their child's physical literacy journey, reporting on areas of strength and areas that need to be improved.

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.

Through the use of fitness trackers and the results from our pilot we see there is a great amount of potential and implementing this on a greater scale for identified target groups (refer to fitbit alternative act CS)

It has already been identified in the school sport survey that children are more likely to participate in physical activity if their peers and family members are physically active themselves. Children are a captured audience for 18% of their time in school, the remaining 82% spent with parental or family members. We need as multi agencies to improve this time spent at the central hub of the community, the school site, where the facilities and expertise could be made available to give the children, their peers and family members time using facilities to improve their physical, mental and social wellbeing.

This would require financial backing, but if all agencies were to pool some of their resources and create these physical literacy and well being hubs we feel this would have a long lasting effect to get the young people of Wales to the improved levels of physical literacy we are all striving to achieve.

Annex 1

Dragon Challenge Case Study

This projects outcomes are to *reduce the gap in physical competency amongst year 7 pupils*. To gather baseline data, I used the services of Happy Healthy Education to run the Dragon Challenge for all year 7 pupils. From these results I can identify pupils that could benefit from intervention to increase their physical competency. After intervention, these pupils will then run the Dragon Challenge again to compare their results, and hopefully see improvements in their scores.

Unique Pupil No.	Score Oct 16	Unique Pupil No.	Score Oct 16
06	21	58	18
08	20	63	24
09	25	68	15
13	21	74	21
29	15	76	25
92	20	139	22
105	14	153	24
110	22	225	22
119	18	236	23
121	24	253	20016
123	24	255	24
130	18	263	20
131	20027		
181	21		
194	39996		
195	21		
210	16		
214	20		

The 30 pupils above were selected to take part in the Dragon Challenge (DC) case study after scoring 25 or less in the challenge carried out in early Oct 2016. The pupils highlighted were injured or had an error during data input (119, 130, 131, 253). After discussion with PE staff about the pupils, and observations made by myself it was suggested that they also be a part of the DC group. Pupil 194 in green took part in the challenge, however is severely autistic and is statemented at the school, requiring a constant one to one. When suggested that he take part in the DC group, staff discouraged this idea as they were waiting on an assessment from OT to establish what intervention he would be able to take part in.

Letters and messages were sent to the parents/guardians of all the pupils above able to take part, informing them of the process and case study. The original plan was to remove pupils during their PE lessons to take part in alternative sessions with myself. However, this proved problematic as there were limited facilities in which the session could take place. With numerous lessons on at the same time and exam period effecting space, sessions were unable to go ahead.

I then decided to run the club as 'additional' activities in an after school club. This way, I have been able to support pupils during their lessons as well as providing additional activities after school. This has worked well for the most part; however, I have experienced some issues. The after school club required parental consent, trying to achieve this resulted in a number of pupils unable to attend after school clubs for a number of reasons, as anticipated. I did receive 18 responses allowing pupils to attend. On one or two occasions, the club had to be cancelled, again due to lack of space within the school during exam period.

However, when sessions were able to run, and pupils could attend they were very productive. Pupils were organised into three bands, already set in school, over a two-week timetable as seen below. Initially giving some information to the pupils of what we would be doing together over the next few weeks, to provide an understanding. Then, for each session, we focussed on individual fundamental skills. For example, travel movements and patterns, rolling and throwing balls, throwing and catching, balance etc. In some cases, I was able to give the pupils choice of what they would like to work on in the session which again proved beneficial. Although sessions were successful, attendance levels did suffer due to the sessions being after school. With pupils struggling with arrangements to get home and also remembering to attend as it is after school.

WEEK 1	Mon	Tues	Weds	Thurs	Fri
	BAND A	BAND C			BAND B

WEEK 2	Mon	Tues	Weds	Thurs	Fri
			BAND A	BAND C	BAND B

Dragon Challenge Feb 17

For the re-run of the Dragon Challenge, all pupils identified from the first run were invited to take part in the re-run. This included pupils who had not been able to attend the sessions after school, but had receive support during lessons from me. Out of the 28 able to take part and invited, 17 turned up to take part. I received notes from parents excusing pupils from the challenge and also had pupils point blank refuse to take part, along with absent pupils. However, out of the 17 pupils that took part, the data showed that 13 of them had improved their scores, as shown below.

Unique Pupil No.	Score Oct 16	Score Feb 17	Score Change
06	21	25	+4
08	20	37	+17
09	25	22	-3
13	21	32	+11
29	15	34	+19
92	20	18	/
105	14	18	/
110	22	18	/
119	18	18	/
121	24	36	+12
123	24	42	+18
130	18	18	/
131	20027	18	/
181	21	18	/
194	39996	18	/
195	21	20	-1
210	16	18	/
214	20	16	-4

Unique Pupil No.	Score Oct 16	Score Feb 17	Score Change
58	18	25	+7
63	24	37	+13
68	15	22	+7
74	21	32	+11
76	25	34	+9
139	22	18	/
153	24	22	-2
225	22	18	/
236	23	18	/
253	20016	30	+
255	24	32	+8
263	20	18	/

Pupils have shown improvements through the evidence above. I and other staff have noticed increase in confidence from pupils during lessons. Whilst working with pupils during lesson time, all again showed increases in performances throughout the course of the PE block of lessons. Other pupils who perhaps didn't show increase in the DC re-run, have been involved in lessons and other clubs within school.

Limitations

As discussed there have been a number of limitations to the case study. I feel that offering 'additional' sessions as opposed to 'alternative' sessions have worked better for the individual pupil. They are fully involved with their national curriculum lesson, with my support when required, as well as attending the after school sessions focussing on particular fundamental skills. But, the attendance to these sessions have been poor, due to pupils and parent's commitments outside school preventing them from attending, or pupils forgetting. Again, another issue has been facility/space for the club to run. Within a busy secondary school there are several other clubs both within PE and Music, as well as exam period take up all the facilities on offer. This had a direct effect on the number of sessions that were able to go ahead. But, as mentioned I have had access to pupils on a regular basis within lesson time.

Annex 2

Fitbit Case Study

The outcomes for this case study were to select a target group, provide a means of tracking activity and offering alternative activities for them to participate in. After discussion with 2 female members of staff, we were able to identify 14 girls in year 10. This group included a number of able pupils, pupils who brought kit but lacked motivation, and pupils who very often don't bring kit and are disruptive in lessons.

We had also decided on using Fitbits to track the activity of the pupils during this project. The devices can track all the activity and a number of other pieces of data that can contribute to the project. The pupils would be given the device for the duration of the project to track all activity. With this device, once an account is created pupils will receive a weekly summary of their activity, and can also use the phone app to monitor their own activity. There is also an option for pupils to join/create groups via the app to add some competition to process who would like it, and allow myself to monitor their progress.

The alternative activity on offer will be from 'U Do It Dance' company, who will lead the girls PE lessons with the rest of the girls not in the project in the lesson. The other option is to work with myself, leading an option of activities during the lesson for those who are not interested in the dance lessons.

Using the Fitbits

Letters of agreement and consent to take part in this project were issued to the 14 pupils on 5/1/17. The following day, the girls were to sign up and create accounts online. 2 of the girls decided not to take part in project resulting in 12 girls taking part, however, another pupil was unable to take part due to absence whilst setting up the devices and accounts. In agreement with the school, and data protection, it was agreed that the girls used their own school email accounts to create their profiles to use with the devices and apps via their phones. The 11 girls all successfully signed up to Fitbit and created accounts, in preparation to receiving the device first thing on Monday 9/1/17.

Pupils were given the devices on the Monday, and take part in a 'normal' PE lesson and week. This would create the baseline data to which all other data could be compared against. However, there was a problem that had occurred regarding the emails. Unfortunately, even though it was agreed to use the school emails, these emails were blocking all correspondence from Fitbit. With the help of the ICT co-ordinator at the school, we looked at several avenues on how to get around this problem. However, we were unable to work around this issue. This then prompted me to design a questionnaire for both pupils and staff to gauge the impact of the fitbits as well as the alternative intervention.

Alternative Activities

As previously mentioned, the main alternative activity on offer to the group, and all the girls in the lesson, was the dance session lead by U Do It Dance, and primarily street dance. The majority of the girls were more than happy with his new alternative, but I had a small group of girls who suggested other activities. This group in particular included 3 girls who very rarely brought kit or took part in lessons.

During the first lesson of alternative activity, the girls decided that they wanted to do some running. So, together we agreed on a run course, times, rest periods and had planned a running sessions for them to take part in, and myself merely facilitate and help with timings. The next few sessions included activities such as football and tennis, and the use of the fitness equipment indoors. All the sessions were positive, and girls active and had a say in what they wanted to do. The use of the fitness equipment became a popular option. Two of the girls were very reluctant to use the treadmill, but with my help, gained confidence to use it by themselves. Another girl, by our last fitness session, had pre planned a session she wanted to do herself, again with me just facilitating. I feel that this doesn't only show an increase in participation in activity, but also the confidence and motivation to take part in physical activity. Feedback from the female members of staff during the street dance was also positive, with all girls showing enthusiasm.

Questionnaire

Both questionnaires, for pupils and staff, were designed via Google Forms, as this was an easy option to distribute and collate the questionnaire/responses. In total, all 11 pupils were questioned and 6 PE staff.

The pupil's questionnaire was split into 3 sections, before Fitbit use (for norm data), using the Fitbit and alternative activity. It included a number of closed and open questions, providing data that can be easily compared along with data providing reasons and opinions for particular closed questions. This questionnaire can be accessed here <https://goo.gl/forms/TR2XVaFpQg7ixvgr2> .

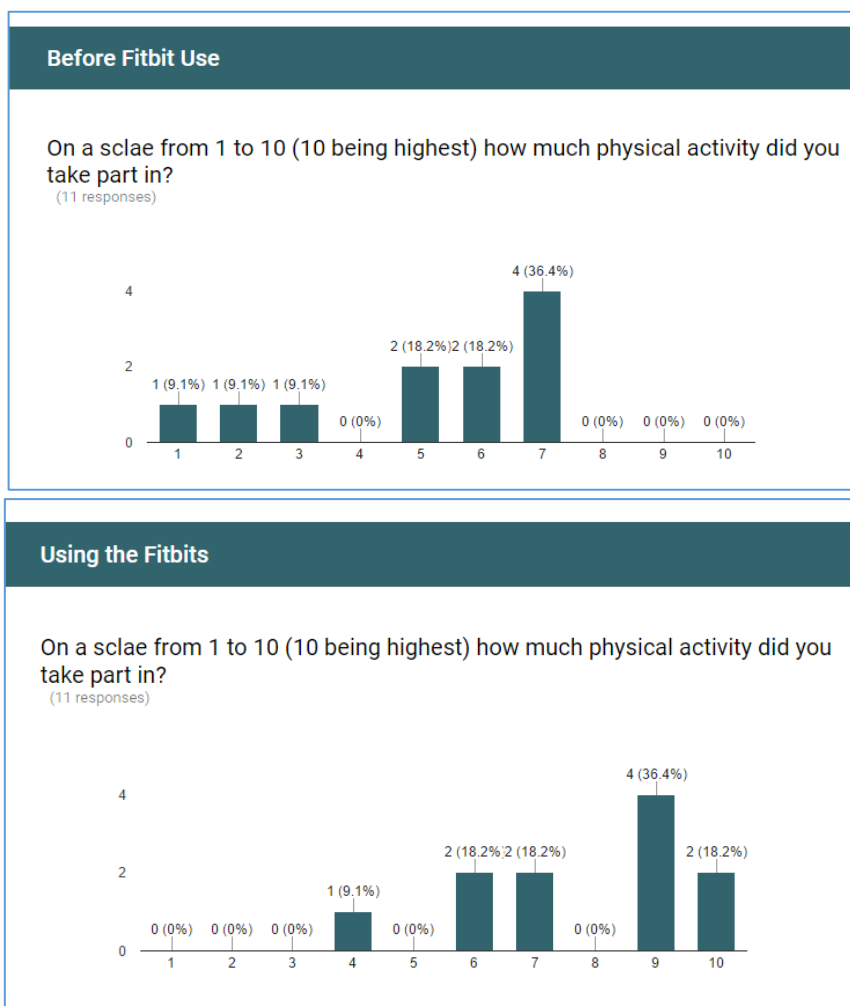
The staff questionnaire was one small section, this aimed to question them of the use and impact of the Fitbit devices in all their lessons, and the effectiveness of the alternative activities/support from myself. This questionnaire can be accessed here <https://goo.gl/forms/XXLhsS0wOclMP1o13> .

The questionnaire for the pupils took place at the end of the project, after their final PE lesson with alternative activity on Monday 13th February. The staff also completed their questionnaire during the same week.

Results and Findings

Pupils Questionnaire

The same question was asked at the start of two sections, asking the pupils to rate their PA level on a scale from 1-10. This was asked for before the use of the Fitbit and alternative activity and during. Below are the screen shots of the results from these two particular questions.

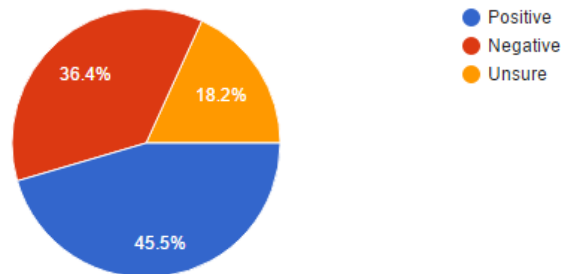


As shown in the above tables, there has been an increase in perceived physical activity levels whilst using the Fitbits and during the time of alternative activity. With 6 pupils rating their activity levels at a 5 or more before intervention, and then with 10 pupils scoring themselves at 6 or higher during the intervention.

The next question in section one (Before Fitbits/intervention), asked about their attitudes towards their PE lessons.

Which would best describe your attitude towards physical activity?

(11 responses)

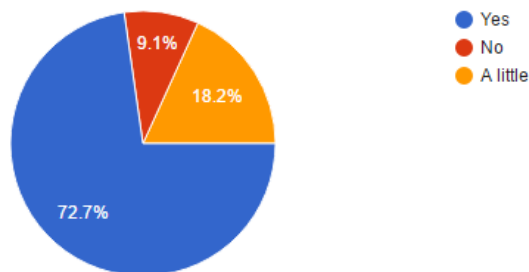


Over half of the pupils were unsure or held negative views to their 'normal' PE lessons. The follow up question asked to explain their reason for this answer. Responses suggested that the PE lessons were boring, girls didn't like doing in it in front of large groups and that the options were poor. Some responses did show a positive attitude on the other hand, but these came from the 'more able' pupils within the group.

In contrast to this, a similar question was asked in section 2 (During Fitbit/intervention).

Has the use of the Fitbit changed your attitude/motivation to take part in physical activity?

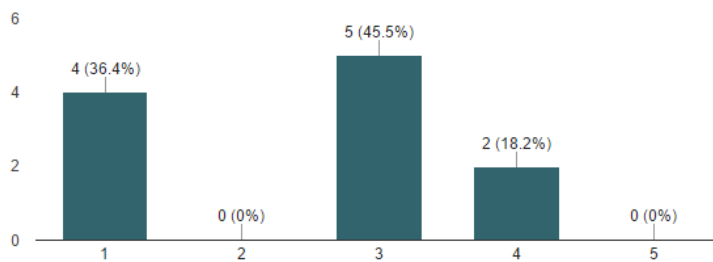
(11 responses)



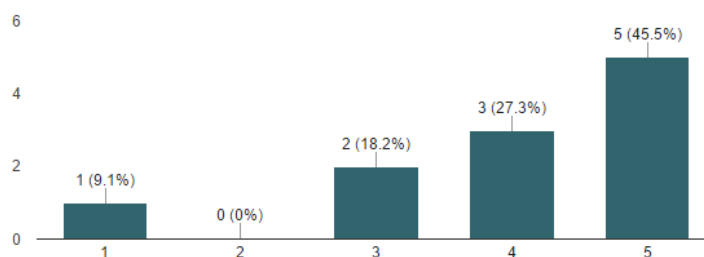
With nearly 75% saying it had changed, and less than 10% saying it hadn't, the follow up explanation question offered supporting responses. Things such as being in a smaller group and with friends made them feel as though they were taking part in more PA. Many commented on the effect of the Fitbit, in terms of competing against each other and getting their target number of steps up.

In section 3 pupils were questioned about the alternative activities, be it the street dance or sessions with me. Again, comparative questions were asked to highlight any difference between 'normal' PE lessons and the alternative activities available in terms of enjoyment, these graphs show this below.

In terms of enjoyment, how would you rate your 'normal' PE lessons?
(11 responses)



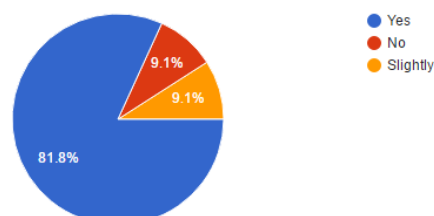
In terms of enjoyment, how would you rate your PE lessons with alternative activities?
(11 responses)



Pupils were asked to give a star rating for the two questions, 1-5 stars with 5 being the best. As evident from the graphs, over half of the group gave the normal PE lesson a rating of 3 or less, whereas the alternative activities received 10 of the 11 responses as 3 stars or more. Showing that during the intervention, pupils clearly enjoyed the option or alternative activities as opposed to their normal lessons.

Pupils were also asked if they felt their activity levels had changed during the intervention, results below.

Has your activity/participation levels changed since the change to alternative activities in lessons?
(11 responses)



Again, this question was followed up by an explanation question to provide reasoning's for their answers. Please see the screenshot below.

Please provide a brief explanation to the previous question. (11 responses)

normal lessons

I still hate games.

yes they have because i never used to do anything.

I did more interesting things with the fit bit

i motivates me to bring in my PE kit

we chose what we would like to do..

more fun

i never used to take part much before i was entered into this fitbit challenge

i found that the lessons are more enjoyable with alternative activities

I took part a lot more as we did dancing and I do dancing as a hobby so I did enjoy it but some lessons were quite boring but I still put effort in. I wouldn't of wanted to take part if it was an activity such as netball or hockey and even if I did take part, I wouldn't of wanted to!

If I didn't have the Fitbit on then I don't think I would have enjoyed the street dance so much. It helped me to put more effort into it but if I didn't have the Fitbit on then I don't think this would have been the case.

As we can see from the responses above, the majority of the pupils felt the alternative activities were positive, and had effected their participation and enjoyment levels. During a later question, when asked would they like to continue the set-up of alternative activities and options, 81% replied with yes and the reaming with maybe, depending on the activity.

Staff Questionnaire

The staff questionnaire looked at their professional opinion of the effect of the Fitbit devices in all their lessons, and also any impact the alternative activities or my influence has had on lessons and pupils.

Since the devise were brought into school, staff have used them in a large number of lessons, and also a variety of lessons in terms of topics and age ranges. When asked if they had noticed a change in pupils when using the fitbits, 83% answered yes and the remaining with some. When asked to expand on this answer they gave the following responses.

pupils are more motivated and competitive about how far they have travelled and calorie burning

Pupils work harder to achieve higher steps/ calories etc...

many enjoy going outside using them

Pupils are more engaged within the lesson as the fitbits allow pupils to compete against each other and individually

Pupils are excited to use them. They are intrigued by the data that they generate but don't quite understand it well enough to be motivated by it within individual lessons yet.

they like to compare data against each other

When asked if they found the devices had been useful in lessons, all staff replied with yes, and provided these answers.

Please provide an explanation to your previous answer. (6 responses)

they have provided objective data on how well pupils have achieved and the tracking of their activity levels

Motivates pupils

The girls enjoy monitoring their progress but many still need structured courses/ tasks set as the less able can sometimes use it as an easy option

It allows the pupils to take more accurate readings of HR and distance

Very useful and valid way of teaching about heart rates and short term effects of exercise. It also helps with lessons on calories. With older groups (KS4) it has allowed provided motivation and focus for those pupils not normally engaged in team games to walk around the site.

competition and fitness awareness

Finally, staff were asked about the impact that the alternative activity or my intervention had had on their lessons and pupils, including those not involved in this case study.

What impact, if any, has any alternative activities and/or assistance from Mr Lang had on your lessons/pupils?

(6 responses)

Mr Lang has enabled the target pupils to achieve greater progress through one to one teaching/support, focusing on specific areas to improve both in curricular and extra curricular activities

Removing a small group of very extroverted able girls in year 11 has had a massive impact on the rest of the group who found this group intimidating

The girls really enjoy Mr Langs' support in the lesson and many seem motivated to learn

Mr Lang has been useful in providing pupils with extra assistance during lessons. He allows all pupils to make progress throughout the lesson.

Having a PE specialist to support lessons has been hugely beneficial to the progress of pupils. It means that specialist jobs can be delegated and target groups can be worked with.

supports staff in developing fitness in challenging and less able pupils.

Summary

Overall, the use of the device along with the intervention proved successful in positively effecting pupil's physical activity levels, as well as their motivation to take part in lessons. Although there was an issue with the Fitbit profiles and email accounts, the alternative activity set out what it aimed to achieve, and encouraged the girls to do more and become more active, and even plan their own sessions showing confidence. Giving the pupils the choice of what they can do as a PE lesson has a great influence on their motivation to take part, thus their activity levels. Obviously there are restrictions at KS3 PE in terms of choice, however at KS4 this could be an option.