



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

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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 physical activity 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 guidance¹²¹³, 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, Mentero 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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- ¹ Welsh Health Survey 2015-16, available from: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Welsh-Health-Survey>
- 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>
- ¹⁹ Active Living Research, available from: <http://activelivingresearch.org/>
- ²⁰ Department of Health (2011) Start active, stay active: report on physical activity in the UK
- 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
- ²⁴ Sport Wales and Public Health Wales (2017) Getting Wales Moving.
- 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.