

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 what's 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.