

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.