

## Introduction

The Royal College of Paediatrics and Child Health (RCPCH) welcomes the opportunity to respond to UKactive KIDS' consultation into children's health and physical activity.

It is well documented that children and young people who partake in regular physical activity witness physical and mental benefits to their health, including maintaining a healthy weight which in turn reduces the probability of developing several non-communicable diseases such as: coronary heart disease, stroke, type two diabetes and colon cancer. Additionally, physical activity is thought to improve emotional wellbeing and reduce stress / anxiety, improving a child's overall mental health. Improvements in both physical and mental health can positively influence a children or young persons' level of life satisfaction as well lead to higher engagement with exercise as an adult, which then in turn has longer-lasting physical and mental health benefits throughout the individual's life (Boreham & Riddoch, 2001). Children who are more active and who have better health and wellbeing are likely to achieve better educational attainment - in essence, there is an association between wellbeing, academic attainment and physical activity. The RCPCH is supportive of measures that facilitate children of all backgrounds to be supported to enjoy an appropriate range of physical activities on a regular basis.

UK Governments should respond to recommendations outlined by key policy organisations to implement health strategies that promote uptake of physical activity. One of our key policy recommendations within *State of Child Health* (RCPCH, 2017, p.11) was "Each government to develop an evidence-based child health and wellbeing strategy, coordinated, implemented and evaluated across the UK, with a clear accountability framework including professionals, the public and civil society" - this would ensure that children's health is a cross-governmental responsibility.

### *Tackling childhood obesity*

Tackling childhood obesity is a major priority for the RCPCH, and while we acknowledge that physical activity is only one part of the solution, our *State of Child Health* report showed that one in five children are classified as either overweight or obese during their first year of primary school, rising to a third of children aged 10-11, demonstrating the importance of a range of actions to reduce childhood obesity, including increasing physical activity. Furthermore, evidence shows that being overweight or obese can limit the ability of young people being able to participate in physical activity, so specific attention should be paid to the needs of this group of young people who will require additional support and encouragement.

## *Mental health and wellbeing*

Children's mental health is also a key priority area for RCPCH. To inform *State of Child Health* (RCPCH, 2017), we consulted with 326 CYP who told us that mental health was a major concern as they felt they had limited knowledge on how to cope if confronted with mental distress or anxieties. Physical activity should be promoted as an important mental health promotion strategy, whilst also a potential intervention for CYP.

### **Organisations and institutions that CYP exist in and interact with**

RCPCH believes that a strategic and coordinated approach between organisations and institutions to promote physical activity in CYP is vital.

There are opportunities within the emerging models of care (i.e. Sustainability and Transformation Partnerships / [Integrated Care Systems](#) in England), physical activity levels could be improved if incorporated into their plans. However, RCPCH (2017b) has identified a need for the profile of children and young persons' health to be raised and fully integrated within these new models of care.

## *Educational settings*

Children spend a considerable amount of time within their schools and / or other educational environments. It is important that there is dedicated time for CYP to be physically active within these settings. Physical education and other physical activity programmes in schools are known to have positive influence on improved academic performance, attainment, concentration, memory and classroom behaviour (Trudeau & Shephard, 2008). Physical education should remain statutory and the national curriculum should be reviewed regularly to ensure that it meets high standards. RCPCH welcomes the possibility that revenue from the soft drinks levy will be used to support sports and physical activity programmes within schools (Foster, 2017).

Physical education should be complemented with statutory, comprehensive Personal, Social, Health and Economic (PSHE) across all age groups, to teach children the value of exercise across a range of subject areas including nutrition and mental health, as per recommendation set out in *State of Child Health* (RCPCH, 2017). PSHE plays an important role in tackling obesity, providing nutritional education and promoting physical activity, whilst fostering mental health and wellbeing. Schools can promote a positive culture surrounding physical activity, which can have long term benefits of long term engagement with physical activity. Schools should provide a range of physical activity opportunities, to ensure a level of choice amongst CYP, which also caters for CYP with additional needs, including CYP who are overweight or obese.

Furthermore, schools require appropriate spaces to enable appropriate physical education. Where there is limited space available, schools should be encouraged to increase levels of physical activity outside of schooling and during playtimes – i.e. through active travel to school programmes and playground markings that encourage games and group activities. RCPCH welcomes the [daily mile](#) initiative, which has been introduced in many schools across the UK – in Scotland, the Chief Medical Officer recently announced that this will be introduced within in all primary schools. Such initiatives highlight the important role of the voluntary sector in promoting children's health and wellbeing.

Physical activity should also be encouraged within early-years environments. The government could encourage dedicated time for physical activity and outdoor play to be incorporated into the free entitlement for early years provision. It is believed that engaging in physical activity from an early age will result in greater uptake throughout an individual's life.

#### *Community settings*

Local authorities have a responsibility to ensure that organisations children interact with (i.e. health centres) cater to all CYP. They should be accessible to all children, including those with additional health needs. Emerging models of care which link health, mental health and third sector organisations to work together to identify and plan for needs of children, provide another opportunity to improve physical activity for children (for example - the Greater Manchester Children and Young People's Health and Wellbeing Framework, 2018). Local authorities should promote child- and youth-friendly activities or clubs, providing dedicated time to help children be physically active. Additionally, *State of Child Health* (RCPCH, 2017) found that social inequality is linked higher rates of childhood obesity. Local health centres should ensure that their facilities have equitable access for all CYP - they should incentivise participation among younger years through discounted fees.

#### *Health settings*

Depending on their health status, some children may frequently interact with health services and associated NHS organisations. RCPCH advocates that NHS professionals should 'make every contact count' to promote healthy lifestyles (including uptake of recommended levels of physical activity) as individuals are more likely to become active if they have received appropriate advice from a healthcare professional (Public Health England (2015).

### **The physical environment that CYP grow up in and interact with**

Physical spaces must be conducive to allow children to engage in physical activity. RCPCH supports NICE guideline [NG90] 'Physical activity and the environment', which includes guidance for all ages on transport, public open spaces, buildings and schools. The physical environment should allow individuals to make active and healthy decisions - such as creating more cycle lanes and promoting 20mph speed limits so that walkers and cyclists feel safer.

CYP living within urban areas may not have immediate or easy access to open, green spaces. Furthermore, parents may not allow their children to play on the streets due to safety concerns. Playing in spaces deemed 'safe' by parents has been found to have a range of physical and emotional benefits to children (Mainella, 2011).

Local authorities should consider the built environment's impact upon children's health through conducting impact assessments. The RCPCH recommends that local authorities be encouraged to examine the safety of the built environment by acknowledging the importance of promotion physical activity in childhood and adolescence (RCPCH, 2012). Directors of public health should be required to sign off local transport and spatial plans to confirm that they promote safe physical activity. Furthermore, the development of

integrated care models can identify and link the need for optimal physical environments for children, to improve health and wellbeing.

Environments should also be inclusive for children with disabilities, additional needs and long-term conditions. These groups may be unable to access exercise activities due to physical barriers and obstacles, alongside fear of social exclusion from others (Shields & Synnot, 2016).

### **The social environment that children interact with**

Physical activity is considered to have positive mental health impacts for CYP, including: building self-esteem, confidence and encouraging teamwork with other CYP (Mental Health Foundation, 2013). Importantly, physical activity can encourage children to develop positive social skills when playing or exercising with others.

Children are more likely to adopt healthy physical activity behaviours through modelling behaviour of peers and role models. Parents should be supported to encourage their children to participate in physical activity (i.e. whole family participation) as interventions early in life are important for later health outcomes. Families can foster health-promoting behaviours, such as encouraging children to take up extra-curricular activities, which can have positive mental health effects (Roth & Brooks-Gunn, 2000; Rothan *et al.*, 2012). In a recent survey, 53% of children said that their main motivation for engaging in physical activity was being able to join in with their friends (Public Health England, 2017). Given children will engage in physical activity alongside their peers, initiatives to encourage exercise should reflect each age group accordingly, recognising shifts in attitudes between ages.

CYP have told RCPCH &Us that they want physical activity to be exciting – “many young people don’t realise how fun sport can be” (RCPCH &Us Voice Bank 2016). Children suggested that they would benefit from hearing from inspirational sports athletes regarding the benefits of physical activity (RCPCH &Us Voice Bank 2016).

*State of Child Health* (RCPCH, 2017) highlighted that the prevalence of overweight and obesity in children was far higher for children living in deprived areas; in England, 25.8% compared to 18%; in Scotland, 25.1% compared to 17.1%; and in Wales, 28.5% compared to 22.2%. These rates rose across age groups, in 2015/16, 40% of children in England’s most deprived areas were overweight or obese, compared to only 27% in the least deprived areas. Therefore, it is imperative that any efforts made to promote physical activity recognise the barriers that children from deprived backgrounds may face in terms of access. Initiatives must be equitable for all groups of children across the UK.

RCPCH recommends that there is a coordinated effort to promote physical and social environments that complement each other, as they often impact each other.

### ***Additional information***

RCPCH recommends that efforts to promote physical activity should coincide with measures to limit the consumption of unhealthy foods. As such, businesses must take responsibility for promoting foods high in saturated fats, sugar and salt. RCPCH supports the banning of junk food advertising before 9pm – sedentary and physically inactive children are being targeted whilst watching television, compounding obesity problems.

Additionally, RCPCH has supported the introduction of the sugar levy and now calls for the impacts of this to be robustly evaluated and potentially extended to other sugar-sweetened products.

RCPCH recommends that UKactive - and other organisations - foster and encourage enhanced data collection on levels of physical activity among CYP, to drive further changes and recommendations.

## **About RCPCH**

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 18,000 members in the UK and internationally. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

Our key areas of work include:

- Training, exams and professional development - we are responsible for the postgraduate training of paediatrics in the UK, provide career support and run the membership (MRCPCH) and Diploma of Child Health examinations.
- Improving child health - we aim to improve outcomes through research, standards, quality improvement and policy in the UK and globally. We aim to ensure the voice of children, young people and families in our programmes.
- Member services - we support our members with a package of unique benefits. These include access to multidisciplinary educational programmes, including face-to-face courses and e-learning resources.
- News and campaigns - we engage with the media, government, NHS, charities and other stakeholders, working across the UK (Scotland, Wales, Ireland and England).

For further information please contact:

**Rachael McKeown**, Health Policy Assistant

Royal College of Paediatrics and Child Health, London, WC1X 8SH

Tel: 0207092 6092 | Email [rachael.mckeown@rcpch.ac.uk](mailto:rachael.mckeown@rcpch.ac.uk)

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