

PARLIAMENTARY COMMISSION ON PHYSICAL ACTIVITY: OPEN CALL FOR EVIDENCE

Deadline: 24th January 2014

The Parliamentary Commission on Physical Activity has been established to look at ways of urgently tackling declining levels of physical activity and make direct, policy-based recommendations to tackle the crisis in the UK.

The terms of reference of the Commission are to consider and report on:

- a) the evidence relating to the impacts of physical (in)activity;
- b) lessons to be learned from best practice around the UK and across the globe in relation to increasing levels of physical activity; and to make recommendations for legislative and other action.

The Commission would welcome responses from interested organisations and individuals to the following initial questions:

1. How can we encourage more people to be physically active, on a regular basis?
2. What fundamental policy changes need to be made to increase the levels of physical activity across the UK?
3. What existing best practice is being delivered in or across Sport, Health, Transport/Urban planning and Education which addresses the issue of physical inactivity? How and why are these examples successful?
4. What are some examples of excellent initiatives that have failed and why have they been unsuccessful or not lasted?
5. In a world with limited financial resources what are the most cost-effective approaches and how can existing resources be realigned to have the greatest impact?

Making a submission

A copy of the submission should be sent by e-mail to physicalactivityevidence@fleishman.com and marked "Physical Activity Commission" then "Your Organisation", for example: *Physical Activity Commission: The Young Foundation*

Written evidence submitted should be no longer than 2,000 words in length and

- Have numbered paragraphs
- Be provided electronically in MS Word, Open Office or Rich Text format (No PDFs)
- Include (where relevant) a full, numbered list of attachments
- Contain your full contact details
- Must be submitted in the attached template. An editable version of the document is also available from www.pcopa.com

Please also note that:

- Material already published elsewhere should not form the basis of a submission, but may be referred to within a proposed memorandum, in which case an attachment of the published work should be included.
- Once submitted, evidence is the property of the Commission. The Commission will normally, though not always, choose to make public the written evidence it receives, by publishing it on the internet (where it will be searchable), by printing it or by making it available through the Parliamentary Archives.
- If there is any information you do not want to be published please let us know and we will not publish it.
- Please also note that the Commission may contact you with news, updates and information as appropriate using the email address from which you have submitted evidence.

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Are you responding on behalf of (please tick one)

- Private individual
- Private sector organisation
- Academic institution
- Public sector organisation
- √ Third sector organisation
- MP or political organisation
- Other (please write in) _____

Contact details

Please provide your contact details.

Contact name: Professor Mitch Blair

Organisation: Royal College of Paediatrics and Child Health

Email address: m.blair@imperial.ac.uk

If responding on behalf of an organisation, please indicate its primary area of work

- √ Health and social care
- Education
- Sports and physical activity/ leisure and recreation
- Urban planning and design/ architecture
- Transport
- Local/ city/ town council
- National politics
- Consultancy - please write in: _____
- Other – please describe _____

Q1 How can we encourage more people to be physically active, on a regular basis?

Q6 How can young people be encouraged to take part in more physical activity?

We are interested in suggestions across all policy areas, including those not traditionally associated with 'physical activity'.

Regular participation in physical activity offers children and young people an array of positive health and social benefits, impacting not only on physiological health and development¹, but also on psychological and social wellbeing²; for example, participation in sporting activities has been associated with reductions in social anxiety among primary school children³.

Despite the positive benefits of physical activity, over the last decade studies have consistently identified that few children and young people achieve the Chief Medical Officer's guideline for physical activity of one hour of moderate-to-vigorous physical activity every day⁴. The HBSC study reported in 2010 that 28% of boys and only 15% of girls aged 11–15 years were meeting the recommended levels.⁵ Physical activity levels also decline with age and across all ages girls are much less active than their male peers.

The lower rates of participation by girls in physical activity compared with their male peers have a complex range of causes: girls have a limited range of provision specifically designed for them, and this, coupled with negative, often subtle, gender stereotyping from peers and families, may all serve to reinforce young women's sedentary behaviours.

For the current generation of children in England a number of factors can be seen as contributing to a decline in free play. For children of primary school age, time spent in active, free play outside school (running around and playing games) can contribute a significant amount of time to their physical activity rates⁶. These include parental as well as children's own concerns over safety and a lack of appropriate green or urban spaces to play in combined with a reduced general tolerance towards children playing on the streets. If, however, parents feel that an area is safe they are more likely to let their children play outside, which also may bring a range of physical and emotional benefits⁷. For both younger children and adolescents, physical activity undertaken as part of leisure time outside school can enable children and adolescents to widen their friendship groups and participate in their local communities, thereby providing opportunities to develop social skills that help to build positive personal attributes such as self-esteem and self-confidence⁸.

Public Health England should work with local authorities, schools and relevant agencies to build on current efforts to increase participation in physical activity and promote evidence based innovative solutions that lead to improved access to existing sports facilities.

¹ WHO. Global strategy on diet, physical activity and health. Geneva: World Health Organization, 2004.

² WHO. Global strategy on diet, physical activity and health. Geneva: World Health Organization, 2004.

³ Dimech AS, Seiler R. Extra-curricular sport participation: A potential buffer against social anxiety. *Psychology of Sport and Exercise*. 2011;12:347-54.

⁴ Chief Medical Officers. Start Active, Stay Active: A report on physical activity for health from the four home countries. London: Department of Health, 2011.

⁵ Brooks F, Magnusson J, Klemmer E, Spencer N, Morgan A. HBSC England National Report: World Health Organization Collaborative Cross National Study. Hatfield: CRIPACC, 2011.

⁶ Brockman R, Jago R, Fox K. The contribution of active play to the physical activity of primary school children. *Preventive Medicine*. 2010;51:144-7.

⁷ Mainella F, Agate J, Clark B. Outdoor based play and reconnection to nature: a neglected pathway to positive youth development. *New Directions for Youth Development*. 2011;130:89-104.

⁸ Dimech AS, Seiler R. Extra-curricular sport participation: A potential buffer against social anxiety. *Psychology of Sport and Exercise*. 2011;12:347-54.

Physical activity can also be encouraged by the improvement and creation of more cycle lanes, promotion of 20mph speed limits, so that pedestrians feel safer, or other ways that make the active and healthy choice the easy choice. To facilitate this ambition, and encourage local authorities to consider the built environment's impact upon health, we want health impact assessments should be a mandatory part of local authority planning decisions.

Q2 What fundamental policy changes need to be made to increase the levels of physical activity across the UK?

We are interested in suggestions across all policy areas, including those not traditionally associated with 'physical activity'. You may also wish to consider how different populations within the UK can effectively be reached through policy change.

While the evidence concerning the causes of childhood obesity is mixed, there is increasing consensus that primary interventions that address activity levels in early life are important for later weight status and health outcomes, and that parental practices have a central role in reducing children's exposure to obesogenic environments. We recommend that further research should look into the effectiveness of primary interventions and how parents can be supported to encourage their children to participate in physical activities.

How families spend time together offers opportunities for positive interaction that builds and reinforces resilient capacities and health-promoting behaviours. Longitudinal studies have identified that parental support in terms of a good relationship, and time spent in family meals and support for extra-curricular activities have been associated with both positive mental health and educational attainment.^{9 10 11}

Family support also appears to have a significant impact on behaviour change in terms of the adoption and maintenance of healthy lifestyles by adolescents, especially physical activity¹². The HBSC study in England considered the range of activities families undertake together to give a picture of family interaction. Encouragingly, most families do find time to talk and undertake some form of leisure activity together and about half eat together every day as a family. Notably, family interaction declines with age and girls are much less likely than boys to be engaged in sporting activities with their families. Future policies should include an impact assessment on families and ensure they promote family support.

Evidence is accumulating on the types of physical activity and the programmes that deliver an increase in physical activity rates along with associated positive health and psychosocial benefits, including offering intrinsic motivation for children to sustain their physical activity levels into adolescence. Physical activity programmes in schools can have positive influences on cognitive performance, with demonstrable positive results in academic attainment, concentration, memory and classroom behaviour¹³. Analysis of the evidence should be translated into guidance for schools to adopt in their curriculum.

⁹ Roth J, Brooks-Gunn J. What do adolescents need for healthy development? Implications for youth policy. *Social Policy Report*. 2000;XIV:3-19.

¹⁰ Youngblade L, Theokas C, Shulenberg J, Curry L, Huang I, Novak M. Risk and promotive factors in families, schools, and communities: a contextual model of positive youth development in adolescence. *Pediatrics*. 2007;119:S47-53.

¹¹ Rothern C, Goodwin L, Stansfeld S. Family social support, community 'social capital' and adolescents' mental health and educational outcomes: a longitudinal study in England. *Social Psychiatry and Psychiatric Epidemiology*. 2012;47(5):697-709.

¹² Ward P, Zabriskie R. Positive youth development within a family leisure context: youth perspectives of family outcomes. *New Directions for Youth Development*. 2011;130:29-42.

¹³ Trudeau F, Shephard R. Physical education, school physical activity, school sports and academic performance. *International Journal of Behavioral Nutrition and Physical Activity*. 2008;5(10):
www.ijbnpa.org/content/5/1/10.

Participation in physical activity also appears to be an important component in creating school satisfaction and school connectedness, factors that have been associated with lower levels of participation in health-risk behaviours¹⁴. Successful school-based physical activity programmes appear to have a number of common elements: notably, they tend to create a positive culture concerning physical activity, provide long-term interventions, employ specialist PE teachers, link to the community, and avoid stigmatising those who have been inactive and instead emphasise enjoyment combined with a focus on skills development.^{15 16} They also take into account the elements that children and young people value, providing students with choice over the range of activities and sports; encouraging young people's leadership through being able to enhance the skills of other students may also increase commitment to physical activity. Successful school-based policies should be adopted more widely.

Q3 What existing best practice is being delivered in or across sport, health, transport, urban planning and education which addresses the issue of physical inactivity? How and why are these examples successful?

You may wish to consider factors such as skills, attitudes to risk and change, rules such as procurement, incentives and the degree of integration with existing or other services.

You may also choose to consider initiatives from outside these sectors which have led to an increase in physical activity (as a direct or indirect impact).

There should be a strong commitment to implementing NICE guidance PH8 *Physical activity and the environment*.¹⁷ This guidance includes a range of recommendations to promote physical activity across all age groups for transport, public open spaces, buildings and schools and for future research. We support this guidance and recommend its implementation.

Another example of best practice is Healthy Schools London which is a voluntary awards programme that recognises schools' achievements in improving pupil health and wellbeing across four areas: healthy eating; physical activity; personal, social, health and economic education; and emotional health and wellbeing. It provides information and support to all London schools via a website and local and pan-London training, and through a network of local leads. It builds on the success of the National Healthy Schools Programme (NHSP). Since the demise of the NHSP, not all London schools have had access to support and recognition for their work on pupil health and wellbeing. Healthy Schools London fills this gap. Since the Healthy Schools London launch on 25 April 2013, 224 schools have registered and 66 schools have achieved a Bronze Award. Examples of work that is being undertaken across London schools include:

- increasing active travel to school
- increasing physical activity during lunch and playtimes through playground markings and playground peer monitors
- changing the dining room environment to more family-style dining.

¹⁴ Clea A, McNeely JM, Nonnemaker J, Blum RW. Promoting School Connectedness: Evidence from the national longitudinal study of adolescent health. *Journal of School Health*. 2002;72(4).

¹⁵ Coleman L, Cox L, Rucker D. Girls and young women's participation in physical activity: psychological and social influences. *Health Education Research*. 2008;23:633-47.

¹⁶ Brooks F, Magnusson J. Physical activity programmes in high schools. In: O'Dea J, Eriksen M, editors. *Childhood Obesity Prevention International Research, Controversies, and Interventions*. Oxford: Oxford University Press; 2010.

¹⁷ National Institute for Health and Clinical Excellence (NICE) (2008) *Promoting and creating built or natural environments that encourage and support physical activity*. NICE.

Q5 In a world with limited financial resources what are the most cost-effective approaches and how can existing resources be realigned to have the greatest impact?

Play England is an adventure playground which provides a good quality play space for children to take risks, explore and experiment. The type of play an adventure playground encourages promotes the healthy development of children – physically, emotionally, mentally, socially and creatively. In the short run an adventure playground promotes children’s physical activity and social play.

It has been estimated that in the long term these short-term effects will lead to improved health and educational outcomes. Increased physical activity in childhood has been associated with higher levels of physical activity in adulthood, which in turn decreases the chances of experiencing a number of diseases including coronary heart disease, stroke, type 2 diabetes and colon cancer.

- The benefits generated by an adventure playground compared with no playground exceed the costs by £0.67 million.
- Every £1 invested in an adventure playground generates £1.32 in social benefits.
- The total cost of an adventure playground over 20 years is estimated at £2.13 million.
- The estimated present value of the long-term benefits of improved physical activity for all children attending an adventure playground is £0.31 million.
- The estimated present value of the long-term benefits of increased social play and associated improvement in educational outcomes for all children attending an adventure playground is £2.49 million