JOINT STRATEGIC NEEDS ASSESSMENT 2015/16

CHILDREN AND YOUNG PEOPLE
(STARTING WELL AND DEVELOPING WELL)

CHAPTER: Adolescence

TOPIC: Physical Activity and Fitness

Why is this important?

Physical activity

In 2011, the UK Chief Medical Officer produced new guidelines for physical activity in the United Kingdom (UK). These guidelines cover early years; children and young people; adults; and older adults and are the first UK-wide physical activity guidelines to have been produced and the first guidelines to have been produced in the UK for early years (under fives), as well as sedentary behaviour, for which there is now evidence that this is an independent risk factor for ill health (Department of Health (DoH), 2011).

The guidelines produced focus on being active everyday and spells out the recommended minimum levels of activity for each age group:

- Under-fives: 180 minutes - three hours - each day, once a child is able to walk.
- Children and young people (5-18 year olds): 60 minutes and up to several hours every day of moderate to vigorous intensity physical activity. Three days a week should include vigorous intensity activities that strengthen muscle and bone.
- Adults (19-64 years old) and older people (65+): 150mins - two and half hours - each week of moderate to vigorous intensity physical activity (and adults should aim to do some physical activity every day). Muscle strengthening activity should also be included twice a week

For children and young people, physical activity includes play, games, sports, transportation, chores, recreation, physical education, or planned exercise, in the context of family, school, and community activities (World Health Organisation (WHO), 2015).

The benefits of different types of physical activity are different at key life stages. While it is not until adulthood and older age that the increase in morbidity and premature mortality is seen, the exposure to risk through inactivity begins in childhood. Furthermore, people's lifestyles, and the role of physical activity within their lifestyles, vary throughout their lives. The benefits of a fit and active childhood cannot be underestimated, with behaviours established during childhood likely to continue into adulthood. These years are crucial in forming ideas and attitudes towards physical activity, and are where the psychosocial benefits of activity are forged for life (Chief Medical Officer (CMO), 2013).

Participation in physical activity also assists young people to:

- develop healthy musculoskeletal tissues (i.e. bones, muscles and joints);
- develop a healthy cardiovascular system (i.e. heart and lungs);
- develop neuromuscular awareness (i.e. coordination and movement control);
- maintain a healthy body weight (WHO, 2015).

The CMO report 'Our children deserve better' (2013) highlighted a number of factors that influence children and adolescents physical activity levels and participation in sports. A major factor found to influence physical activity and sport participation is the support of family. This factor was found to significantly impact on behaviour change in terms of the adoption and maintenance of healthy lifestyles by adolescents, especially in physical activity and sport. The report also identified the influence and importance of settings in developing resilience and self esteem in children, which is a protective health asset that provides children with the learning opportunities and competencies to develop a positive identity and adopt healthy behaviours. Physical activity programmes in schools were also demonstrated to have positive influences on cognitive performance, with demonstrable positive results in academic, attainment, concentration, memory and classroom behaviour. 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 behaviours.

Successful school-based physical activity and sports programmes e.g. after school clubs, appear to have a number of common elements: notably, they tend to create a positive culture concerning physical activity and sport, links to the community, and avoid stigmatising those who have been inactive and instead emphasise enjoyment combined with a focus on skills development.

For both younger children and adolescents, physical activity and sport 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-confidence (CMO, 2013),

Barriers to participating in physical activity amongst young people
For adolescents there are a number of barriers to the enjoyment of, and participation in physical activity that have been identified.

For instance body image and concerns over appearance may be barriers to physical activity; many girls note that getting 'sweaty' and messed-up hair and makeup limit their willingness to participate in PE. Adolescents are also concerned with stereotypes, bullying or teasing from their peers, and may lack sporting role models. A lack of confidence in their own ability and skill level can also inhibit participation and enjoyment.

Activities outside of school include organised sport, active hobbies and family interaction. As the popularity of sedentary behaviours, such as watching television, using the internet and video games increases, adolescents may spend more time on these, as opposed to physical activity. Other time constraints include homework or part-time work. Adolescents' access to physical activities may be limited by family structure and routine, parents' safety concerns, lack of support or inability to provide

for travel, equipment purchases and club membership fees (Women's Sport and Fitness Foundation, 2012).

As the benefits of physical activity are clear, and attitudes are shaped early on, it is imperative that individuals are encouraged to take part in, and enjoy, physical activity from a young age.

Children's Inactivity

Despite the benefits of an active lifestyle being well known, the UK has a worrying level of young children meeting the CMO (2011) recommendation of 60 minutes of moderate to vigorous physical activity each day (The All Party Commission on physical activity, 2013).

The millennium cohort study (MCS) (2008), which is the first UK-wide study of children's objectively measured physical activity, found that only half of 7 year olds are meeting the CMO (2011) physical activity guidelines, with girls being significantly less likely to meet the daily guidelines (38 per cent) than boys (63 per cent). The study revealed that half of all UK 7-year-olds are sedentary for 6.4 hours or more each day.

Physical activity participation decreases further as children enter their teens, with just over one in ten girls at age 14 currently meeting official guidelines for physical activity and half the number of boys at the same age. This results in two million fewer active girls than boys. This inactivity which establishes itself in adolescence continues into adulthood.

Children's physical activity levels are influenced by factors such as gender, socio-economic status and ethnic background. The Physical Education (PE) and Sport Survey (2013/14) found schools where a high percentage of pupils took part in three or more hours of PE and out of hour's school sport were more likely to have low numbers of pupils on free school meals, which is often linked with deprivation.

The study also revealed that schools with greater numbers of children from an ethnic minority background or with special educational needs were amongst those with the lowest participation in three hours of PE and out of hour's school sport (PE and Sport Survey, 2013/14).

Deprivation

The Health Survey for England (2008) showed that while there is some evidence of a social gradient in participation in total physical activity, the pattern is different for men and women. For men there was little variation with income in the top four quintiles, while men in the lowest income quintile were least likely to meet the recommended levels of physical activity (31%). For women the proportion meeting the recommended levels was highest in the top quintile (34%), and there was little variation in the lowest four.

This measure of total physical activity includes activities carried out through work, including manual occupations. When work activity is excluded, there appears to be a stronger relationship between physical activity and income among men (but not women). The relationship may also be influenced by patterns of active transport

(walking and cycling), as people on lower incomes may walk or cycle more due to lack of access to a car or public transport (HSE, 2008).

Physical Inactivity
Inactivity is the fourth largest cause of disease and disability, and directly contributes to one in six deaths in the UK.

The Academy of Royal Medical College (2015) states that physical activity is a "miracle cure" and is able to treat, prevent and manage up to twenty different lifestyle conditions such as many cancers, diabetes and heart disease, as well as support mental health and wellbeing and the prevention of the onset of dementia.

The Government's Moving More, Living More (2014) publication cited that the estimated direct and indirect costs of inactivity in the UK total £20bn a year.

Sedentary Behaviour
It is important to acknowledge the growing body of evidence in addressing sedentary behaviour. Some research suggests that sedentary behaviour is independently associated with all-cause mortality, type II diabetes, some types of cancer and metabolic dysfunction. Sedentary behaviour is not simply a lack of physical activity but is a cluster of individual behaviours where sitting or lying is the dominant mode of posture and energy expenditure is very low.

The Manchester Picture

A recent survey called 'Health behaviours in young people - What about YOUth' (2014) has been completed to provide local authority level estimates for several topic areas, based on what 15 year olds themselves said about their attitudes to healthy lifestyles and risky behaviours (self-reported), including diet and physical activity, smoking, alcohol, use of drugs, bullying and wellbeing. This survey identified that only 11.9% of 15 years olds in Manchester are physically active for at least one hour per day, 7 days a week and that 72.3% have a mean daily sedentary time in the last week over 7 hours per day (http://fingertips.phe.org.uk/profile/what-about-youth).

The Child and Maternal Health Intelligence Profile data 2010 showed that Manchester was above the England average for children taking part in three hours of sport and school PE, but did not allow for a detailed breakdown or analysis. This figure does not correlate to the inequalities in physical activity participation identified amongst children living in Manchester, such as poverty and the percentage of children on free school meals.

This demonstrates that within the school environment activity has generally been measured simplistically in terms of hours of PE, while outside of school activity has

often been viewed as participation in sports.

There is no adequate method of data collection for children and young people's actual inactivity levels and /or the types of activity in addition to structured sport and PE that children participate in, which would provide a greater understanding as to the habits, needs and choices for children and young people and the barriers they may face in accessing their desired choice of activity.

Greater Manchester
Increasing participation in physical activity is one of Greater Manchester Health and Social Care Devolution seven 'early implementation priorities' for 2015-2016.

What would we like to achieve?

In Manchester we want to increase the activity levels amongst Manchester's children, young people and families by targeting activity effectively in an evidenced based way, throughout the life course beginning at pre-conception and pregnancy and continuing throughout early years and during the school years (Fair Society, Healthy Lives, 2010); and by partnering with all local activity and sports providers to deliver a local ambition of a one per cent reduction in inactivity year-on-year for the next five years.

In order to evidence an increase in physical activity it is important to develop a robust data collection and monitoring tool to determine the actual physical activity levels of Manchester children. The data would enable services and interventions to be targeted at wards with the least activity participation and those children most at need.

In Manchester we would like to achieve greater access, opportunities and choice of activity provision within mainstream leisure, sport and activity providers and have a built environment that supports free activity provision e.g. walking/cycling, safe streets, parks etc.

What do we need to do to achieve this?

In order to achieve an increase in the activity levels amongst Manchester's children, young people and families, improve data and access to physical activity we need to:

Develop and implement a Physical Activity Strategy, which is developed in partnership, and includes all of the core components as detailed in the National Institute for Health and Care Excellence (NICE) guidance:

- Physical Activity in the workplace
- Children and Young People

- Training for Physical Activity
- Transport and Physical Activity
- Active Travel
- Encouraging People to be more active
- Exercise and Fitness
- Play
- Sport

Commission physical activity provision that addresses and tackles physical inactivity and targets those most in need. Also ensure commissioned services record, analyse and evaluate the users of their facilities and the effectiveness of their programmes.

Influence the Greater Manchester Moving Strategy and Devolution Manchester to ensure tackling inequalities and the wider physical activity agenda are embedded as core to achieving the desired outcomes.

Utilise national and local marketing and communication plans that are aimed at increasing physical activity participation.

Influence proposed planning that affects the built environment / accessible spaces and infrastructures, so as not to impact negatively on the ability to be and remain independently physically active.

Ensure that green spaces are developed in partnership to make them safe and accessible whilst integrating them into leisure and physical inactivity strategies.

Develop a data collection tool to measure children and young people's physical activity levels, in addition to structured sport and PE.

Generate a better understanding amongst a wide range of professionals of what activities children and young people want to engage in, and understand better the barriers to physical activity amongst this group.

Invest in evidence-based programmes that overcome the barriers to physical activity participation and engage inactive groups.

Maximise the impact education and schools can have on increasing activity participation throughout the school day, with pupil choice at the heart of decision making and activity provision.

All activity, leisure and sport providers in the community working in partnership to promote the benefits of activity and increase physical activity participation amongst families, children and young people, especially in areas of biggest need.

What are we currently doing?
Reviewing the Public Health funded Physical Activity Services to ensure best value for money and maximise service impact.

Working to ensure the new indoor leisure contract has a core focus on tackling inequalities and addressing physical inactivity amongst families, children and young people.

Ensuring that the Manchester Public Health Team influences Manchester and GM level School Sports and PE Boards, the GM Head Teachers Alliance and working groups and boards for national governing bodies.

Working in partnership with other sport and leisure providers to increase participation in physical activity amongst those most in need.

Community and Stakeholder Views

Residents were consulted on options for Public Health Funded Physical Activity Services as part of the budget consultation that was held between November 2014 and January 2015.

In terms of ranking where the services should be delivered the majority of respondents stated that their preference was for it to be delivered in community based settings, with parks and open spaces being second choice.

References and Links

What About Youth Study, Health and Social Care Information Centre (2015)
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Public Health England - What about YOUth?
http://fingertips.phe.org.uk/profile/what-about-youth

Health Select Committee Report (2013)
http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/general-medical-council-2013/

Moving More, Living More (2014)
https://www.gov.uk/government/publications/moving-more-living-more-olympic-and-paralympic-games-legacy

PE and Sport Survey (2015)
https://www.gov.uk/government/collections/pe-and-sport-survey

Healthy Lives, Healthy People; Strategy for Public Health in England (2010)
https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england

Start Active, Stay Active (2011)
https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers

NHS Let's Get Moving - Physical Activity Care Pathway (2010)
http://www.bhfactive.org.uk/sites/Exercise-Referral-Toolkit/downloads/resources/lets-get-moving-guide.pdf

UK physical activity guidelines - CMO Recommendations (2011)
https://www.gov.uk/government/publications/uk-physical-activity-guidelines

Chief Medical Officers Annual Report (2012) – Our Children Deserve Better
https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

National Institute for Health and Care Excellence (NICE) www.nice.org.uk

ukactive - Turning the tide on inactivity (2013)
http://www.ukactive.com/turningthetide/about-the-project.asp

ukactive - Steps to solving inactivity (2014)
http://www.ukactive.com/policy-insight/steps-to-solving-inactivity-report

ukactive - Generation Inactive (2015)
http://www.ukactive.com/policy-insight/generation-inactive

Everybody Active, Every Day – A framework to embed physical activity (2014)
https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life

Women's Sport and Fitness Foundation (2012) www.womeninsport.org

The Millennium Cohort Study (2008) www.cls.ioe.ac.uk

World Health Organisation (2015) www.who.int

Youth Sport Trust www.youthsporttrust.org.uk

Other JSNA Topics that this links to
Childhood Obesity, Healthy eating and weight, Mental Health

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