

7.2.3 Physical activity and active travel (children & young people)

Why is this issue important?

Physical activity has significant physical health benefits for children, particularly prevention of overweight and obesity and Type 2 diabetes, and improvements in skeletal health. There are also links to improved psychosocial health in terms of self esteem and tackling depression, all of which provide strong evidence for promoting physical activity amongst children and young people.¹

Within school settings increased physical activity is known to positively affect concentration and academic attainment. Young people who are more physically active at this stage are more likely to achieve high academic success, less likely to develop mental health problems and less like to start smoking than those who are more sedentary at this age.²

Nationally around four in ten children aged 5-15 years are physically inactive (boys 39%, girls 45%) and only around two in ten meet the government recommendations for physical activity levels (boys 21%, girls 16%).³ Nationally among boys, there has been a significant decrease in the percentage meeting current guidelines, falling from 28% in 2008 to 21% in 2012. Among girls the change among girls was not significant (19% to 16%).⁴ There has also been a significant decrease nationally in sport participation amongst 5-15 year olds between 2008/09 (90%) and 2014/15 (85%).⁵

According to the 2013 National Travel Survey, 42% of children reported walking to school and 2% reported cycling to school in 2013.⁶

On weekdays, few children under ten are sedentary for six hours or more, but the proportion rises steeply to 24% of boys and 16% of girls aged 13–15 years. At weekends there is a steady increase in sedentary behaviour from age 2–4 (around 10%) to age 13–15 years (around 40%)⁷.

¹ National Institute for Health and Care Excellence (NICE) guidance PH 17 <https://www.nice.org.uk/guidance/ph17> [Accessed 25/08/2015]

² UK Active 'Start Young Stay Active: Childhood Physical Literacy Report 2014

³ Health Survey for England report, 2012 Available at: www.hscic.gov.uk

⁴ HSCIC. Statistics on Obesity, Physical Activity and Diet 2015. Available at: <http://www.hscic.gov.uk/catalogue/PUB16988/obes-phys-acti-diet-eng-2015.pdf> [Accessed 27/08/2015].

⁵ Taking Part Survey (2014/15), Department for Culture Media and Sport

⁶ National Travel Survey, 2013

⁷ Health Survey for England Report, 2012 NOO Factsheet – Child Physical Activity available at: <http://www.noo.org.uk>

Key outcomes

- **Proportion of children and young people achieving recommended levels of physical activity**⁸
- **A growth in (sport) participation in the 14 – 25 age range**⁹

Impact in Brighton & Hove

Two-thirds (67%) of primary school children do two hours or less physical activity **in school** in an average week, while just 33% do three hours or more. Of the same age group, 51% do two hours or less physical activity **out** of school in an average week, with 22% doing five hours or more.¹⁰

Active travel among school children is measured in two ways by the City Council. Data from the Safe and Well at School Survey shows that, in 2014, 53% of pupils in years 4-6 walk to school on a regular basis, 1% cycle and 32% travel to their school by car. This corresponds to 63% of pupils using active means of travel. This compares to 51% of secondary school pupils using active transport to get to school with 50% walking and only 1% cycling to school. 17% of secondary school pupils travel to school by car.¹⁰

Data from the local Sustainable Mode of Travel Survey shows a similar picture with 57% of primary school children travel to school using active means, falling to 49% of secondary school pupils.¹¹

Where we are doing well

The last figures available to compare to other areas are from the 2009/10 PE and Sport Survey.¹²

According to this survey participation in Brighton & Hove (5-18 year olds participating in at least three hours of PE and out of school sport) was higher than England and the South East.

There has been a significant increase in the percentage of secondary school pupils who usually travel to school by any form of active travel

⁸ Department of Health 'Start active stay active'; 2011

⁹ DCMS. Creating a sporting habit for life. 2012

¹⁰ Brighton & Hove City Council. Brighton & Hove Safe & Well at School Survey 2014. Available at: <http://www.bhconnected.org.uk/content/surveys> [Accessed August 2015]

¹¹ Brighton & Hove City Council School Travel Team. Sustainable Mode of Travel Survey. 2014.

¹² Department for Education. PE & Sport Survey. 2009/10.

7.2.3 Physical activity and active travel (children & young people)

(walking, cycling or scooter/skateboard) from 44% in 2010 to 51% in 2014. The biggest increase has been seen in walking, from 43% of pupils to 49%. Older pupils are more likely to walk, with 48% of students aged 11-14 years walking to school and 52% of those aged 14-16 years.¹⁰

The City School Games Programme is developing increased opportunities for children & young people to play in competitive sporting events, partnerships with community sport providers and providing continuous professional development support for local teachers. In 2013/14, 29 local schools have achieved a School Games Quality Mark, an increase from three in 2012/2013.

Free swimming is offered for all young people aged 5-16 years at Council owned swimming pools (swimming is free for all children under five years). Data from March 2015, shows that 45% (14,994) of all children aged 5-16 in the city have registered to access this scheme with a further 1,495 registering from outside the city.

A large number of bespoke programmes across the city are being delivered targeted towards demographic groups known to participate less and those living in areas of higher deprivation e.g. Girls Getting Active in community settings.

The Road Safety and School Travel Teams work with many of the schools across the city to encourage and support active journeys to school. For example, a programme of free pedestrian, scooting and cycling training are offered in primary schools with hundreds of children being trained each term.

Many schools also take part in Walk to School Week (May and October) with schools receiving attractive resources to highlight the benefits of walking to school. A Bike It Officer (partnership between Sustrans and Brighton & Hove City Council's Public Health team) works with schools to encourage all types of cycling and scooting; many events are held in schools throughout the year and one school has built a bespoke 'pump track' in its grounds and holds regular cycle-cross sports days for all of its pupils.

Local inequalities

Gender: Participation rates in at least three hours of high quality PE and out of hour's school sport during the 2009/10 academic year are higher for boys (61%) than girls (57%).¹² The percentage of pupils participating in at least three hours decreases steadily from age 14 years onwards and drops off significantly from age 16 years to just 28.5% for boys and 16% for girls.¹²

Boys aged 8–11 years are twice as likely as girls that age to do more than five hours physical activity, in an average week, both in, and out of school.¹⁰ This remains the same at secondary level, with boys more likely to do more than five hours physical activity both in school (9%) and outside school (30%) than girls (5% and 15% respectively).

Active travel to school (walking, cycling, park & stride, scooter, skateboard) amongst children aged 8–11 years shows no difference between boys and girls. However, among those aged 11-16 years, boys were significantly more likely (54%) to travel to school using active means than girls (49%) and those who use another word to describe their gender (40%).

In 2014, students aged 11-16 who do not identify as the gender they were assigned at birth were less likely to use active means of travel to school (43%) than those who do (52%).

Age: Among students aged 11-14, 24% of pupils (32% of boys and 16% of girls) are doing five or more hours of physical activity out of school a week. By ages 14-16 this figure has dropped to 20% (25% for boys and 10% for girls).

Children aged 8-11 are more likely to travel using active means (62%) than those aged 11-14 (50%) or those aged 14-16 (54%). This pattern remained consistent from 2012 to 2014, with the percentage among those aged 8-11 increasing from 59% in 2012. This percentage has also increased in secondary schools: in 2012, 48% of children aged 11-14 and 51% of children aged 14 - 16 travelled to school using active means.

Ethnicity: Asian/Asian British (31%) and Black/Black British (28%) pupils were more likely to do less than an hour of physical activity outside school.

7.2.3 Physical activity and active travel (children & young people)

Among students aged 11-16 years, Black/Black British children (28%) and children who do not know or preferred not to give their ethnicity (31%) were significantly more likely to do less than an hour's physical activity in school than other ethnic groups. Asian/Asian British (24%), Chinese children (n=40, 35%) and children who do not know or preferred not to give their ethnicity (27%) were significantly more likely to do less than an hour's physical activity both in and out of school, in the last week, than other ethnic groups. These differences between ethnic groups have not been consistent between 2012 and 2014, with no differences seen in school in 2013 and Asian/Asian British and Black/Black British more likely to do less than an hour outside school in 2013.¹⁰

Of children aged 8–11 years, in 2014, Asian/Asian British and children from any other ethnic group (both 52%) were less likely to travel to school using active means. Among students aged 11–16 years, White British students were significantly more likely (54%) to use active means than other ethnic groups. There have not been consistent patterns in the likelihood of travelling to school by ethnic group over the period 2012 to 2014 at either age.

Disability: The Safe and Well at School survey does not collect explicit information regarding disability. However, children aged 11–16 years who receive extra help were significantly more likely to do less than an hour's physical activity, both in (30%) and out of school (24%), than those who do not (20% and 16%, respectively). Among children aged 8–11 years, those receiving extra help were significantly more likely to do less than an hour's physical activity outside of school (17%) than those who do not receive extra help (22%). Children receiving extra help from a teaching assistant were less likely to travel to school using active means at both primary level (56% compared with 65% among those who do not) and secondary level (39% compared with 53%).

Data collected in the Sustainable Mode of Travel Survey in Special Education Needs schools in the city shows 11% of children all of ages travel using active means, much lower than the 57% (primary) and 49% (secondary) reported in the rest of the schools in the city.¹¹

Young carers: There is no difference in terms of levels of physical activity between children who do and do not provide care at ages 8–11 or at ages 11–16 years. Children aged 8–11 years were equally likely to travel to school via active means, however children aged 11-16 years who provide care were significantly less likely (43%) than those who do not (52%).

Sexual orientation: Among students aged 11-16 years, Lesbian, Gay and Bisexual (LGB) students were more likely to have done less than an hour of physical activity in the last week both in school (27%) and out of school (30%) than all students (21% and 17%, respectively). Conversely, LGB students aged 11-16 years were more likely to travel to school using active means (58%) than all students combined (51%).

Other: Other groups of students in secondary schools more likely to have done less than an hour of physical activity in school in the last week include: those who say they are not happy, those who have truanted, been excluded, been bullied or been a bully and those who have tried smoking, alcohol, drugs or had sex.¹⁰

Other groups of students in secondary schools more likely to travel to school using active means include: LGB students compared with the city average, those whose main language at home is English, those who have not been bullied.

Predicted future need

Funding for primary school sports has been made available through an additional grant for schools until 2020. This funding is ring-fenced for improving provision of PE and sport but individual schools will have the freedom to choose how they do this. This will need careful monitoring by the city council to ensure that there is equitable provision of PE and sport across Brighton & Hove.

Ofsted inspections from 2013 will assess primary school use of additional PE and sport funding and which may lead to support needs being identified in the city.

What we don't know

There is no longer national monitoring of the levels of PE and sport provision in primary and secondary

7.2.3 Physical activity and active travel (children & young people)

schools. This means we do not have current information for either Brighton & Hove, or, for comparison, other areas of the country.

Information on physical activity levels is not collected for children under seven years of age.

Specific information is not currently collected relating to disability and physical activity levels in schools.¹³

Key evidence and policy

The Chief Medical Officers of the four home countries have produced guidance on how much physical activity children and young people should aim to achieve for good health:⁸

Early years (under-fives) – for infants who are not yet walking: Physical activity should be encouraged from birth. All under-fives should minimise the amount of time spent being sedentary for extended periods.

Early years (under-fives) – for children who are capable of walking: Children of pre-school age should be physically active daily for at least 180 minutes, spread throughout the day. All under 5s should minimise the amount of time spent being sedentary for extended periods.

Children and young people (5–18 years): 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. Children and young people should minimise the amount of time spent being sedentary for extended periods.

NICE guidance PH 17 Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings.¹

Start active, stay active: a report on physical activity from the four home countries. Chief Medical Officers. Department of Health 2011
http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/documents/digitalasset/dh_128210.pdf

¹³ NHS Brighton and Hove and Brighton & Hove City Council. Children and Young People with Disabilities and/or Complex Health Needs Joint Strategic Needs Assessment. 2010. Available at: www.bhlis.org/needsassessments

Creating a sporting habit for life: A new youth sport strategy 2012. Department for Culture Media and Sport.

http://www.culture.gov.uk/images/publications/creating_a_sporting_habit_for_life.pdf

Short, structured programmes of health advice from health professionals have been shown to be beneficial in tackling barriers to activity participation in the UK¹⁴ as well as diversification of choice of physical activity.¹⁵

Multicomponent interventions and interventions that include school and family and community have the potential to make important differences to levels of physical activity and should be promoted. For children, some evidence of effect was shown for environmental interventions and those targeted at children from low socio-economic backgrounds.¹⁶

Recommended future local priorities

1. Create a social movement.
 - Enhance the local profile of national campaigns around physical activity such as Change for Life to promote benefits of active lifestyles alongside local campaigns such as the TAKEPART Festival.
2. Activate networks of expertise
 - Support teachers, sports coaches, social care workers health professionals and volunteers to be able to offer good practical advice on developing physical activity into children's lives.
 - Ensure school and youth workforce have the skills to deliver high quality PE and physical activity opportunities
 - Ensure children and young people are actively involved the development of new physical activity opportunities for them.
3. Create the right environment

¹⁴ Rees R et al. Young people and physical activity: a systematic review matching their views to effective interventions. Health Education Research October 13; 2006.

¹⁵ Walker Z et al. Health promotion for adolescents in primary care: randomised controlled trial, British Medical Journal Volume 325; 2002.

¹⁶ Van Sluijs EMF et al. Effectiveness of interventions to promote physical activity in children and adolescents: systematic review of controlled trials. BMJ doi:10.1136/bmj.39320.843947.BE; 2007.

7.2.3 Physical activity and active travel (children & young people)

Brighton & Hove JSNA 2015

- Implement the Sports Facilities Plan 2012-2022 to improve quality and quantity of sports facilities in the city.
 - Implement the Local Transport Plan 4 to support increased active travel in the city
 - Ensure the potential to increase physical activity is maximised in new developments and all community assets.
 - Support links between schools and community sport and physical activity providers to maximise opportunities for young people.
4. Scale up interventions that make us active
- Develop and sustain programmes and initiatives to increase participation in sport and physical activity to address known inequalities and maximise opportunities to improve health amongst inactive populations.⁷
 - Support schools to provide effective physical activity programmes and develop travel plans promoting increased active travel.
 - Follow NICE public health guidance, specific recommendations and aids to implementation. Effective implementation of NICE recommendations could lead to major positive changes in the way physical activity services are planned, implemented and managed.
 - Implement a life course approach to service commissioning and delivery; including: prevention of sedentary behaviour/physical inactivity and promotion of physical activity using the Chief Medical Officer's guidelines for all ages.²
 - Increase knowledge of current activity levels amongst children aged 6 and under in the city.
 - Ensure the Safe and Well at School survey continues in its present form and includes both physical activity questions and travel to school question.

Key links to other sections

- Green and open spaces
- Road safety
- Physical activity (adults and older people)
- Healthy weight (adults and older people)
- Healthy weight (children and young people)

Further information

Brighton & Hove Physical Activity and Sport JSNA 2012

<http://www.bhconnected.org.uk/content/needs-assessments>

Moving More, Living More: The Physical Activity Olympic and Paralympic Legacy for the Nation 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279657/moving_living_more_inspired_2012.pdf

National Obesity Observatory - Key Fact Sheet – Child Physical Activity

http://www.noo.org.uk/NOO_pub/Key_data

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