



C3SC response to The Health, Social Care and Sport Committee inquiry into physical activity of children and young people

Introduction

0.1 Cardiff Third Sector Council (C3SC) is a registered charity and umbrella body working to support, develop and represent Cardiff's third sector at local, regional and national level. We have over 1,000 members, and are in touch with many more organisations through a wide range of national and local networks. We are a part of Third Sector Support Wales (TSSW) – a body of membership organisations constituting WCVA and Wales' CVC's; our mission is to provide excellent support, leadership and an influential voice for the third sector and volunteering in Cardiff.

0.2 C3SC is committed to a strong and active third sector building resilient, cohesive, active and inclusive communities, giving people a voice, creating a strong, healthy and fair society and demonstrating the value of volunteering and community action.

0.3 We welcome the opportunity to respond to The Health, Social Care and Sport Committee inquiry into physical activity of children and young people. This response is structured in accordance with the questions in the consultation document. This response is provided in the English Language only.

0.4 This response is drawn together following request for information from the Cardiff Children, Young People and Families Network, and information from C3SC's Health and Social Care Facilitator from experience and knowledge of related issues through their working role, and contributions from C3SC's Senior Management Team. The consultation was also promoted to our members who may have decided to respond separately.

Consultation questions

1. What do we know about physical activity levels in Children in Wales? How robust is the data on this issue?

1.1 We do not have any additional information in regards to this question which is not already in the public domain and have no comment on how robust the data is. We are cognisant of the evidence indicating a negative and declining trend in the levels of activity across the population, including for children and young people in Wales.

2. Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.

2.1 Our involvement and contact with various networks – including the Sport Wales/WCA BME Sports Cymru project - suggest that the traditional gender imbalance still exists. This can be for a range of reasons. For example, social media is used to promote a lot of the physical activity opportunities in the different parts of Wales. There appears to be an imbalance with Rugby, Football and Cricket opportunities being advertised for boys, but requests for coaches to set up opportunities at grassroot, local levels being advertised for girls. Therefore, giving the impression that more opportunities are available for boys and there are more needs to create opportunities for girls. This imbalance may not really exist, and it may be skewed by people who are using social media in comparison to more traditional routes of word of mouth, flyers and posters. Similarly, cultural barriers often have bigger impacts on girls –for example, the mainstream culture of outdoor sports being predominantly focused on boys – although this is changing – and religious restrictions impacting more on girls. The result can be that parents and peers who can frequently informally influence and model preferences are less likely to be visible for girls.

3. 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.

3.1 There are lots of evidence around health inequalities, for example the Public Health Wales report 'Making a Difference: Investing in Sustainable Health and Wellbeing for the people of Wales' 2016 (<http://www.wales.nhs.uk/sitesplus/888/page/87106>) offers research evidence and expert opinion in support of preventing ill health and reducing inequalities to achieve a sustainable economy, thriving society and optimum health and well-being for the present and future generations in Wales. Areas with the most health inequalities are those from deprived areas.

3.2 The work being carried out by the Communities First teams in promoting physical and mental health and encouraging healthy lifestyles will be missed when the Programme is phased out by Welsh Government and leave a gap in enabling people to make informed healthy choices which without funding may struggle to be filled across wide areas of deprivation.

3.3 There is a disproportionate percentage of minority communities who live in areas of deprivation and as a result are impacted negatively by the health inequalities. Whole population policies and programmes which are across Wales are required to be publicised and where possible to use English, Welsh and other languages. We agree with English and Welsh being treated equally, however, what then happens is that only English and Welsh are used which limits the accessibility of information to those from within our communities whose first language is not English and Welsh, possibly giving an opinion that this is not for them.

3.4 We welcome the programmes introduced by Welsh Government to promote physical activity, but suggest initiatives should also focus on educators and

providers – schools, Sports Wales etc. Physical education in schools is still dominated by building the skills and providing opportunities for those who are interested in competitive, traditional sports rather than focussing on developing an interest in physical activity, and this approach extends to out of school activities. An additional consequence of this is that these routes tend to be more expensive – requiring access to kits, equipment and transport – which can impact negatively on lower income households and those parts of society that are over-represented in this group. This then risks those involved in teaching and developing sport strategy coming from an overly narrow pool of people, and its lack of peers and other role models.

3.5 We also believe it would be helpful if websites and other sources of information that focus on health and health issues also include links to increasing physical activity. This would also allow for a focus not only on prevention, but also particular population groups – for example, cervical cancer with messaging for women, and could also focus on activity for people with disabilities or limiting long term conditions. It will be fundamental for the imagery used to represent the diversity across the population so that messages are not lost to particular, frequently less visible groups.

4. 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.

4.1 There are barriers, some of which have been highlighted in reports and information that is available from across different parts of the UK, for example the Women's Sport and Fitness Foundations https://funding4sport.co.uk/downloads/women_barriers_participation.pdf Sport Scotland factsheet lists a number of these and recommendations to overcome them.

4.2 There are examples of barriers being overcome. Bawso have their head office in Cardiff and when it moved premises they were able to open a women only gym facility which has been designed with women in mind and most specifically for those from ethnic communities.

4.3 Street football in Wales includes young people, who are 16 or over and promotes social inclusion, personal achievements as part of a team and self-development. They are inclusive of gender and work with people who are most likely to be unsupported by mainstream provision due to homelessness. They use sport as way to access additional support, as well as being fun (<http://www.streetfootballwales.com/about.html>)

4.4 Cardiff University produced a report in January 2017 about Active Travel to School <https://www.cardiff.ac.uk/news/view/558034-active-travel-to-school>. A barrier that they identified was the need for parents to be involved and that there needed to be more opportunities for adults to use active travel which would enable and encourage their children. If a parent has to use their car to get to work and they drop the children to school on the way, then because of the

parents circumstances there are no options for the children. The Walking Bus which operates in some areas of Cardiff is one way of addressing this (<http://www.roadsafety.cardiff.gov.uk/to-school-safely/walking-bus/>) The success of this does depend on if parents can leave the children at the Walking Bus earlier enough to also make their way to work.

4.5 The Sports Wales funded BME Sport Cymru project aims to challenge under-representation at a number of levels, so not only includes direct development work with particular communities, but also seeks to train sport leaders in equality competence, and to influence young people from diverse backgrounds to consider leadership roles and employment in Sports.

4.6 There is a lot of scope for the third and community sector to facilitate reach to traditionally seldom heard groups, the groups who currently make up our staff teams, volunteers, trustees, service users, members and stakeholders – building on activity such as the examples given above.

4.7 The level of reporting between men's and women's sports in local and national press, continues to promote the outdated view that sport is mainly a male domain. There have been some recent improvements around certain international events, but these are the exceptions, and until this is addressed general attitudes will remain unchallenged.

5. Physical activity guidelines and how we benchmark physical fitness in children.

5.1 There are excellent one page infographics which are used in Cardiff and the Vale of Glamorgan as part of the Making Every Contact Count Training. These are provided by the Cardiff and Vale Public Health Team as part of the resource packs, there is one for adults and one for children. These infographics should be used more widely as they use pictures to explain the difference between vigorous and moderate exercise. These should be made more publically available to allow people to make informed choices.

6. Measurement, evaluation and effectiveness of the Welsh Government's programmes and schemes aimed at promoting physical activity of children.

6.1 No comment

7. Value for money of Welsh Government spending to promote exercise in children.

7.1 No comment

8. 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.

- 8.1 We agree that all of the above have important roles to play, with there being the need for join up for maximum benefit to be achieved, facilitated through genuinely co-productive approaches.
- 8.2 Working in partnership – the Summer Holiday Enrichment Programme in Cardiff is a good example of a partnership working to improve child health and social engagement during the summer holidays. The evidence from the Programme has led to funding from Welsh Government to develop similar programmes in other areas of deprivation where the provision of free school meals can be the only hot meal of the day.
- 8.3 There is an expectation that parents have the time to encourage their children to take part in formal physical activity, whilst this may be an aspiration for many parents the reality may be different. A single parent may not be able to get a child regularly to an activity which means that they are excluded from being part of a team. Two parent families may have both parents working and the child either stays at an after school club or is collected by a family member or friend, in these circumstances the parents may not pick the children up in time to get them to another activity and the family member or friend are unable to take them to different places to access activities. Support to enable children and young people in to formal physical activity away from schools and peers needs to look at a wider support network and not just individually at parents.
- 8.4 Research is being undertaken in England on ‘Peer power’ to address low physical activity in teenage girls. The study does not appear to have produced its report, but could be one that provides some useful information that can be applied in Wales <http://decipher.uk.net/study-to-use-peer-power-to-address-low-physical-activity-rates-in-teenage-girls/> with the potential to extend the key principles and learning to other parts of the population.