# The Physical Health of Children and Young People

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Better starts, brighter futures

# THE PHYSICAL HEALTH OF CHILDREN AND YOUNG PEOPLE

**This is the second of four reports setting out a practical plan for action by Government to reverse the serious decline in health and wellbeing of our children and young people**


*"Without effective co-ordinated measures led by Government, we run the risk that the next generation of UK adults will be the least healthy in living memory."*

*BARONESS FRANCES D'SOUZA*
*Honorary President, Children's Alliance*

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# 'THE PHYSICAL HEALTH OF CHILDREN AND YOUNG PEOPLE'

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## PREFACE

**Ali Franks and Paul Thompson, founder of Water Babies**

**We welcome this detailed and powerful report. It sets out many steps than can be taken to reverse the decline in the physical health of our children and young people.**

**This is the second of four reports that will set out a practical plan for action by Government to improve the health and wellbeing of children and young people. Our report on 'The Early Years' has already been published; reports on Mental Health and Family and Community are forthcoming.**

**Physical activity levels were dropping alarmingly even before the pandemic; mental health problems have overwhelmed the services available and the connection between poverty and health has been clearly established. We run the risk that the next generation of UK adults will be the least healthy in living memory.**

**The issues are so widespread and the negative trends so entrenched that only a dedicated voice in the Cabinet will have the authority needed to deliver a co-ordinated programme to address these issues.**

**We ask you all to join us in campaigning for a Cabinet Minister to take responsibility for the health and wellbeing of children and young people.**

**We would like to thank the many contributors who have made this report possible and especially lead author Helen Clark, co-author Dr. Vicky Randall, administrator Paul Wright and others behind the scenes.**

**Above all, we take this opportunity to acknowledge our husband and our friend, Steve Franks. Steve established The Children's Alliance and set it in motion. He would have been proud to see his work being built on in this way and that we and so many others are keeping his vision alive.**

**Ali Franks** **Paul Thompson**

# THE CHILDREN'S ALLIANCE: PHYSICAL HEALTH WORKING GROUP

# THE PHYSICAL HEALTH OF CHILDREN AND YOUNG PEOPLE

## INTRODUCTION

**The United Nation Convention on the Rights of the Child (UNCRC) says this:**

**'I should be supported to live and grow.'**
**UNCRC, Article 6**

**'I have the right to good quality health care, to clean water and good food.'**
**UNCRC, Article 24**

**The Covid-19 pandemic has brought to the forefront issues of children and young people's physical health that have long lain dormant in policy discussions. Paediatricians, academics and those who care for and work with this demographic have always known that physical health is the foundation for health throughout the life course, but this understanding has not been "a truth universally acknowledged".**

**Government has appeared to cede responsibility for addressing matters such as food insecurity to the awareness-raising of individuals in the public eye, whilst at the same time allowing the short-term effects of the pandemic on children's inactivity levels to be countered by programmes devised by popular celebrity profiles – with the long-term damage and potential impact on new behaviour patterns not known.**

**We now have a unique opportunity to discard pre-Covid shibboleths and build a healthier course for the post-pandemic world. This is, and should remain, an entitlement for all children.**

**What we already know is that healthy physical environment coupled with positive healthy behaviours established from birth, can forge a pathway of good health throughout life.**

**For such a beneficent outcome, optimum physical health and respect of the body are paramount. Yet the pandemic has thrown into sharp relief the fact that some groups of children and young people will embark upon their life from less than a level playing field due to the family grouping, geographical or socio-economic circumstance in which they live.**

**Growing up in poverty is now seen to be a major determinant of a pattern of ill health that establishes a grip in childhood and worsens throughout the life course. What is not so well known is the less than auspicious health prospects in store for BAME babies or in some respects the simple fact of being born female instead of male. A BAME girl born into a poor family might therefore be said to be facing the future with the health odds stacked against her.**

**A lack of consistent direction and service provision from Government has exacerbated persistent inequalities and created the conditions for an imbalance in decision-making typified by the canard that at least "something is better than nothing".**

**Children are the foundation of our future society. They – and we – deserve better than this.**

**In recent years, the childhood obesity crisis is one such area of physical health that has dominated policy conversation; invariably over-simplifying the issue and reducing wider messages around children's physical health to simple weight measurement and physical activity levels.**

**To an increasing extent we have seen a medicalisation of children's physical outcomes denoted by activities such as: counting steps, measuring heart rate, calorie counting etc. and reducing physical activity to a series of orchestrated activities supposedly to preserve health.**

**Policy that continues to use physical activity and nutrition as a means to "fix" poor health is a failing approach. Policy must start to realise the value in the promotion of good health.**

**If we are committed to improving physical health outcomes, then an array of factors needs to be considered. As a minimum, this should include practical approaches that support families, build safer communities for children, and ensure everyone has access to nutrition.**

**Meanwhile, an emergent policy vacuum is in danger of becoming a fixed template and wider topics of child health have been remaindered. A renewed focus is needed to establish physical health as a priority policy area for present and future government, based on an acceptance that:**

- **Good physical health is an entitlement for all children and young people**
- **Children and young people respect their bodies and embrace a lifetime of health, based on nutritional security and physical activity**
- **Health policy should not merely be about addressing poor health**

**In this report we aim to shift the direction of conversation about children's physical health from one that has become crudely fixated on weight management, to one that champions positive health. We prioritise and invite discussion on crucial health matters concerning disability, illness, substance addiction, abuse, physical activity and nutrition.**

**Starting with an explicit focus not on "the first 1000 days" alone or even the nine months of a pregnancy but upon pre-conception advice as a matter of routine and in all relevant settings as a necessity, we put forward a clear message. Instilling positive healthy behaviours as early as possible in a child's life and that of their parents in preparation will provide that child with the best start in life. As we move away from a world of draconian measures, enforced by Government to protect our health (whilst at the same time**

**damaging it), we have a renewed opportunity to look at what being physically healthy really means.**

**Lead Author: Helen Clark** **Co-Author: Vicky Randall**

**Helen Clark is a Policy Consultant who has been published on a wide spectrum of issues concerning the education, health and wellbeing of children and young people.**

**Vicky Randall is a Senior Fellow at the University of Winchester where she is subject co-ordinator for Physical Education. Over the last decade Vicky has worked with national and international professional networks to promote and develop Primary Physical Education including the Department for Education-formed Physical Education Subject Advisory Group (ESAG).**

# GOING FORWARDS – A SUMMARY

**1. FIRST 1,000 DAYS AND EARLY YEARS PHYSICAL DEVELOPMENT:**

**1.1** **Strategy for preconception health to be fully integrated into primary healthcare (to include practitioner initial and ongoing training) and to be the subject of routine discussion during visits to a range of clinicians such as GPs, pharmacists, nurses, dieticians, sexual health services. Preconception health should be included as a statutory national school curriculum requirement**

**1.2** **Strategy for health in pregnancy and post-partum to put greater emphasis on physical activity including partner welfare and benefit to the unborn child as a 'family journey'. Enhanced advisory role here for family hubs and health practitioners; updating of NHS website material and signposting to other approved online resources**

**1.3** **Advice on movement and physical activity for babies to be routinely offered by relevant health practitioners together with signposting to NHS and other approved and accessible online sources of information**

**1.4** **More research needed on risk/benefit of outdoor activity for children in the first 1000 days and guidance given to nurseries/children's centres/family hubs**

**2: LIFELONG NUTRITION:**

**2.1** **Preconception nutrition information to be revised, updated and incorporated into all strategies and advice points dealing with pregnancy and the first 1000 days**

**2.2** **Consideration to be given to supplying pregnant women with free essential nutrient supplements/vitamins**

**2.3** **Young people in the 16-19 age group (who may be living independently for the first time) to be targeted with advice on making healthy diet choices. This to be available via educational routes as well as health centres and GP practices and should incorporate Further and Higher Education venues such as student housing, sexual health, welfare and advice centres**

**2.4** **Advice on good hydration and fluid intake to be included in Initial Teacher Training (ITT) for early years professionals, primary and secondary teachers. This should be included alongside all other nutrition advice (as above) given by the Government and 'kick-started' via a new national 'in school' hydration campaign**

**2.5** **All existing nutrition guidance to be reviewed and updated such as the food 'pyramid'/eat-well plate with a focus on accessible material educating on portion size, whole foods and how many of each item should be consumed per day**

**2.6** **Rather than concentrating on a 'children's diet' as opposed to an 'adult diet', a 'family first' approach should be advocated. Children who observe their other family members taking a healthy attitude towards food and drink will be more likely to follow suit in their own later lives**

**3: LIFELONG PHYSICAL ACTIVITY:**

**3.1** **Re-positioning the strategy around encouraging lifelong physical activity so that it is not presented solely (or predominantly) through a medical or deficit lens**

**3.2** **Ensuring that health policy has a strong concentration upon physical activity in pregnancy and during the postnatal period; equipping all relevant professionals with the relevant advisory skills and resources**

**3.3** **Cycling to be a statutory national curriculum requirement; in practice ensuring that all children achieve Level 2 Bikeability by the end of primary school**

**3.4** **A "gendered all policy areas" approach to physical activity; gender analysis and public reporting required of how budgetary allocations of public money and national lottery funding affect the physical activity opportunities of girls, boys, women and men; all media to proactively increase coverage of women's sport, thus providing girls with role models and the incorporation of equitable learning experiences which accommodate the values, motivation and aspirations of girls into programmes to develop physical literacy and Fundamental Movement skills of young people**

**3.5** **The UK Government and devolved nations to support and resource membership of the Active Healthy Kids (AHK) Global Alliance**

**3.6** **National Task Force to forge a lifelong physical activity legacy from the opportunity of staging the 2022 Commonwealth Games in Birmingham**

**4: PLAY AND ENVIRONMENTS FOR HEALTHY MOVEMENT:**

**4.1** **Future Government responses to pandemics/other emergencies to include a focus on children to include provision for children's play in all policy recommendations**

**4.2** **Provision of central and ring-fenced funding to ensure that every child in the UK has somewhere close, safe and stimulating to play. Investment in a network of high-quality play spaces as a public health measure should go hand in hand with a ban on the sale of playing fields**

**4.3** **National and local policy initiatives to tackle car dominance in towns and cities, creating safer streets and local environments and protecting children's right to play out in shared spaces**

**4.4** **Play to be included in Ofsted School Inspection and training in 'active travel safety' (including cycling) to be embedded within school curricula**

**4.5** **All children's activity providers to satisfy the requirement of an Accredited Register approved by Government with built-in re-register and inspection processes**

**4.6** **National Taskforce (including membership of children and young people) to examine how traditional/heritage/cultural resources can be made inclusive and 'playful'**

**5: CHILD POVERTY AND FOOD INSECURITY:**

**5.1** **Regular measurement of food insecurity; research and funding into good models of holiday provision. More data to be provided on the dietary health challenges that have manifested recently for British families experiencing food insecurity; giving a voice for those in need**

**5.2** **The UK Sustainable Development Goals indicated the ending of all forms of malnutrition by 2030; the attainment of internationally agreed targets on stunting and wasting in the under 5s by 2025 plus addressing the nutritional needs of adolescent girls, pregnant and lactating women. There is little/no policy to date and**

time is of the essence, 'Sustainable Development Goals in the UK Follow Up: Hunger, malnutrition and food security in the UK' Thirteenth Report 2017-2019: https://publications.parliament.uk/pa/cm201719/cmselect/cmenvaud/1491/149102.htm

5.3 Review and re-set the benefits system enabling swift and appropriate responses to food insecurity. Increase benefits; more than 4 in 10 food insecure people are on Universal Credit and millions resorted to food banks in the latest evidence of food insecurity, The Trussell Trust, 29th July 2021

5.4 Greater nutritional assessment required for the quality of food provided and consumed. Many families in poverty depend on ultra-processed food; cheap but limited in nutritional value and satiety. Make child health the determinant of policy on this issue with a priority placed on the role of health visitors and school nurses

5.5 Reassess the food provision in schools for all UK children including food quality and the training of caterers. Expand the eligibility for free school meals to include every child (up to age 16) from a household where a parent/guardian is in receipt of Universal Credit

5.6 Extend the Holiday Activities and Food Programme (HAF) to all areas in England; trial a Community Eatwell Programme supporting those on low incomes to improve diets; increase the value of Healthy Start Vouchers to £4.25p per week and expand the scheme to pregnant women and households with children under 4 where a parent is in receipt of Universal Credit, 'National Food Strategy: The Plan' July 2021. p10-13

6: SOCIAL DIVERSITY, DISPARITY AND INEQUALITY:

6.1 Place race alongside poverty in policy discussions about disparity and inequality

6.2 Review the benefits system to ensure that working parents are supported in satisfying their children's material needs and are able to afford healthy and nutritious food without relying on charitable organisations such as food banks

6.3 Reassess the allocation of funding for children with long-term health issues or disabilities to ensure that they are able to access appropriate specialist provision regardless of their family's financial status

6.4 Consistent and regular paediatric 'Well Child' appointments throughout childhood and household food poverty and childhood nutrition to be included in the Government's Healthy Child Programme

6.5 Cross Departmental policy from National and Local Government to address children's health: a 'Health in all Policies' approach

6.6 In line with the United Nations Convention on the Rights of the Child, celebrate diversity by ensuring that the voices of children and those representing them are heard in policy decisions which affect them

7: PHYSICAL ILLNESS, DISABILITY, SUBSTANCE ADDICTION AND ABUSE:

7.1 National trauma strategy should be established in England (the devolved governments in Scotland and Wales have one) focused on early intervention and prevention, overseen by the Office for Health Improvement and Disparities (OHID)

7.2 All involved in the care/supervision of children and young people to receive

**comprehensive initial and ongoing professional training to recognise the prevalence of trauma and its potential role in an individual's emotional, behavioural, cognitive and physical development, presentation and wellbeing**

**7.3 Ensure that communities and specific demographic groups are supported through an equal and reciprocal relationship with public services to foster trust and encourage the growth of individual and community resilience**

**7.4 Equip Local Government agencies to identify and intervene where necessary in settings where children have suffered ACEs of any sort; involving the voluntary and community sector in the provision of safe and supportive environments for children and young people**

**7.5 Ensure that a child or young person who has a physical or mental illness has a voice in all matters that might have an impact on their education and empower parents to be equal partners with staff who are taking decisions in settings where children have a physical illness and/or disability**

**7.6 Train all school staff in the awareness and recognition of the potential impact on outcomes for children and young people whose parents (or other household member) misuse substances including alcohol and tobacco**

**8: THE NATURE AND NEEDS OF THE WORKFORCE:**

**8.1 A National Workforce Strategy for the Early Years covering requirement for graduate leadership, funding for training and CPD, attractive and transparent remuneration scales and career progression and development and expectation to facilitate a culturally diverse workforce**

**8.2 Early years practitioners to undergo regular (and updated as necessary) specialist training to understand and identify the most "at risk families" to include issues such as substance abuse, child abuse and neglect, child sexual abuse and exploitation, intimate partner violence, female genital mutilation and gang violence**

**8.3 National Strategy to increase the number of Health Visitors and to promote co-operation and partnership working with EY practitioners in matters of children's health and wellbeing**

**8.4 National Review and improvement of the content and duration of the Physical Education component of Initial Teacher Education (ITE) programmes and CPD**

**8.5 A holistic approach to Physical Education provision and teaching in school to be part of Ofsted Inspection with discouragement of the outsourcing of provision to external coaches and automatic supply and use of non-Physical Education specialist "teaching aids"**

**8.6 A National Play Strategy for England and Play to be part of Ofsted Inspection**

## CHAPTER 1: FIRST 1,000 DAYS AND EARLY YEARS PHYSICAL DEVELOPMENT

**The current Government have committed to ensuring that all children have 'The Best Start for Life' HM Government:**
**https://www.gov.uk/government/publications/best-start-in-life-and-beyond**

**The strategy recognises that service quality and access throughout England is uneven and recommends improvement in many aspects of communication combined with the re-fashioning of existing programmes such as Start for Life. However, there is no clear indication of how physical activities are (or should be) implemented into these programmes.**

**'The Best Start in Life' understands the importance of a child's first 1000 "critical" days.**

**Yet to begin the strategy with a pregnancy may be to miss the earliest opportunity to set children upon an auspicious course. Public Health organisations in the UK and globally now acknowledge the unique impact of the preconception period on the physical development and health of the next generation, Stephenson, J. et al (2018) 'Before the beginning: nutrition and lifestyle in the preconception period and its importance for future health' The Lancet 391(10132) pp.1830-1841 and Public Health England (2018) 'Making the case for Preconception care':**
**https://www.gov.uk/government/publications/preconception-care-making-the-case**

**Communication and policy initiatives will stand the best chance of success if both prospective parents are encouraged to engage with an agenda on which the future health, prosperity and resilience of society depends.**

**This requires a change in mind-set among the health community and the public, with preparation for a healthy pregnancy becoming a normal part of life. Engagement with school students, such as LifeLab Southampton programme 'Me, my health and my children's health' can improve the capacity of young people to make healthier lifestyle choices and be more critical of their health behaviours, Woods-Townsend et al (2021) 'A cluster-randomised controlled trial of the LifeLab education intervention to improve health literacy in adolescents' PLoS One,16(5)p.e0250545.**

**Preconception factors recognised to impact offspring outcomes adversely include maternal and paternal overweight/obesity, under-nutrition and assisted reproductive treatments such as in vitro fertilisation, Fleming et al (2018) 'Origins of lifetime health around the time of conception: causes and consequences' The Lancet, 391(10132) pp.61-73. To these can be added environmental toxins, stress, maternal smoking, iron and folic acid deficiency and excessive alcohol consumption.**

**However, pregnancy preparation is not the norm even in high-income countries where almost 40% of pregnancies are unplanned and only 30% of women take the recommended folic acid supplements beforehand, Stephenson et al (2019) 'Preconception health in England: a proposal for annual reporting with core metrics' The Lancet, 393(10187) pp2262-2271. Preconception programmes need messages beyond weight loss**

**alone and should include the social determinants of health, sleep, nutrition and support for mental wellbeing.**

**The first trimester of a pregnancy is a 'critical period' during which biological, socioeconomic and environmental factors can have lasting and profound impact upon the child's early years physical and mental development, Hanson et al (2017) 'Interventions to prevent maternal obesity before conception, during pregnancy and post partum' The Lancet: Diabetes & Endocrinology, 5(1) pp65-76.**

**However, interventions to promote a child's healthy physical development during the first 1000 days should begin with prospective parents because many will only consult healthcare providers later in a pregnancy. This particularly applies to adolescent women, those without English as a first language, women presenting as overweight/obese, smoking or subjected to domestic violence, Stephenson (2019), as above.**

**During pregnancy, the benefits of movement and exercise are widely recognised and include easing constipation, lessening back pain, decreasing the occurrence of gestational diabetes, pre-eclampsia and caesarean section delivery, promoting a healthy pregnancy weight and overall fitness and strengthening heart and blood vessels, Gustafsson, M. Stafne, S. et al (2015) 'The effects of an exercise programme during pregnancy on health-related quality of life in pregnant women: a Norwegian randomised controlled trial' BJOG; An International Journal of Obstetrics & Gynaecology, 123(7) pp 1152-1160).**

**The NHS also envisages longer term benefits post-partum:**

**'The more active and fit you are during pregnancy, the easier it will be for you to adapt to your changing shape and weight gain. It will also help you to cope with labour and get back into shape after the birth'**
**NHS (2020) 'Exercise in pregnancy':**
**https://www.nhs.uk/pregnancy/keeping-well/exercise**

**Healthcare professionals with whom the woman is in regular contact are best placed to convey this message because a reluctance to engage in, and continue with, exercise is often complex and invariably dependent upon a range of factors, Groth, S. and David, T. (2008) 'New Mothers' Views of Weight and Exercise' MCN: The American Journal of Maternal/Child Nursing, 33(6) pp364-370.**

**Recent research has also aligned an inactive pregnancy to a lowering of lung function in babies which can lead to an increase in asthma in children around age of 10, Haland, G. Carlsen, K. et al (2021) 'Reduced Lung Function at Birth and the Risk of Asthma at 10 Years of Age' New England Journal of Medicine, 355(16) pp 1682-1689 and keeping active after a birth is helpful in alleviating tiredness and depression in women, Kolomanska, D. Zarawski, M. & Mazur-Bialy, A. (2019) 'Physical Activity and Depressive Disorders in Pregnant Women – A Systematic Review' Medicina, 55(5) p 212.**

**Children from birth are keen to explore the world around them.**

Mid-20th century paediatrician Emmi Pikler (1902-1984) pointed to a large variation in time when individual infants master a particular physical position or sequence skills and motor achievement; alongside concern and anxiety from carers when a child does not meet officially set developmental 'milestones.'

A balance is therefore needed between carers "pushing" a child to "achieve" a milestone prematurely and alternatively, adopting a completely "hands off" approach which can be damaging of itself; especially in today's era of high technological aids and resources such as car seats and out-facing pushchairs that significantly reduce physical movement during the first 1000 days:
http://www.parentingworx.co.nz/fantastic-reading/emmi-piklers-8-guiding-principles/

In line with Piklerian theory, carers should be encouraged to facilitate an infant's self-awareness, confidence and competence in relation to themselves and their environment via assuming a dual role of attentive and respectful care and non-interference in supporting infant motor development. For practitioners employing a Pikler approach, the consensus is that:

'We observe from a place of respect rather than a place of worry that the child may not succeed or needs 'propping up' to quicken their development':
https://www.magonlinelibrary.com/doi/full/10.12968/nuwa.2017.5.23

Child development will entail acquiring 'the basic movements traditionally associated with human activity', Grove, J. (2021) 'What are fundamental movements skills?' Active for Life: https://activeforlife.com/fundamental-movement-skills

These are:

- Body management skills: where the body is controlled when it is still or when moving eg balance, rolling, stretching
- Locomotor skills: where the body is transported from one point to another eg jumping, running, skipping, swimming
- Object control skills: skills which require the control of an object with a part of the body eg catching, passing, striking, kicking

From the beginning, 30 minutes of daily "tummy time" help to build the muscles that a baby needs for sitting and crawling and over the first weeks of life as muscles strengthen, the baby will start to support their own head. Paediatric consensus today advocates encouraging a child to explore their own environment, factoring in rest and sleep together with opportunities for them to move freely both indoors and outdoors as they become increasingly more mobile:
https://www.froebel.org.uk/uploads/documents/Froebel-Trust-Research-Where-Are-The Babies.pdf

While the practice of placing babies in unnatural positions in restrictive indoor 'bouncers' is no longer favoured, there is agreement around the need to balance safety requirements with the encouragement of free movement. The Froebel Trust research project (above)

**concluded that there was a need for further discourse around infants and 'outdoors' activity; in particular sensory stimulation, sleeping and movement.**

**From a positive viewpoint, 'outdoors' can mean a space full of potential with outdoor provision being flexible, varied and multifaceted to fully support the holistic nature of infant development. Natural features of the outdoors are considered valuable in encouraging quality opportunities for infants; reliance on expensive equipment is unnecessary and engaging in natural spaces combined with enthusiastic and engaged carer interactions promotes healthy development.**

**From enjoying a walk with a newborn in a pram to pushing a toddler on a swing, the outdoors allows an infant to embrace the freedom and space to use their own body through movements such as shouting, jumping and running, hopping and skipping. It affords an exciting sensory experience with the chance to explore different spaces and touch natural objects:**
**https://www.nct.org.uk/baby-toddler/games-and-play/benefits-outdoor-play-for-children**

**Early years provision such as nurseries can align themselves by being involved at an early stage to support development:**
**https://www.teachearlyyears.com/a-unique-child/view/child-development-why-the-first-1000-days-of-childrens-lives-matter-most and this can be of benefit to the whole family.**

**Whilst physical activity is vital in the development of muscles and bodily strength, it also contributes to the overall health of the individual including their cognitive function, mental health and lessening potential susceptibility to chronic heart disease in future life, Shonkoff, J. et al (2010) 'Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health are Deeply Intertwined' National Scientific Council on the Developing Child, Centre on the Developing Child at Harvard University pp 1-24.**

**Although specific environmental and biological factors will continue to impact adversely upon individual child development, there is much that could and should be done by way of intervention and strategy to support parents and carers as they attempt to lead children towards lifelong physical health and wellbeing.**

**Going Forward:**

**1.1 Strategy for preconception health to be fully integrated into primary healthcare (to include practitioner initial and ongoing training) and to be the subject of routine discussion during visits to a range of clinicians such as GPs, pharmacists, nurses, dieticians, sexual health services. Preconception health should be included as a statutory national school curriculum requirement**

**1.2 Strategy for health in pregnancy and post-partum to put greater emphasis on physical activity including partner welfare and benefit to the unborn child as a 'family journey'. Enhanced advisory role here for family hubs and health practitioners; updating of NHS website material and signposting to other approved online resources**

**1.3 Advice on movement and physical activity for babies to be routinely offered by**

relevant health practitioners together with signposting to NHS and other approved and accessible online sources of information

1.4 More research needed on risk/benefit of outdoor activity for children in the first 1000 days and guidance given to nurseries/children's centres/family hubs

## CHAPTER 2: LIFELONG NUTRITION

A study conducted between 1970–1992 found that around a third of obese pre-school children become obese adults and around half of obese school-aged children were subsequently obese in adulthood:
https://pubmed.ncbi.nlm.nih.gov/8483856/

Yet this study concluded its findings almost 30 years ago and since then (until relatively recently) the fact that the number of obese children increases with every generation has almost become a "given". A need to make amends for decades of complacency is now imperative because children "living with obesity" are also embarked unbeknownst to them, on the pathway to an array of diseases lying in wait including:

- Cardiovascular disease
- Musculoskeletal disorders; in particular, osteoarthritis
- Endometrial cancer
- Prostate cancer
- Liver cancer
- Gallbladder cancer
- Kidney cancer
- Colon cancer

It is time to change direction.

The stark imperative for more fundamental measures to prevent child obesity is illustrated by recent findings from the National Child Measurement Programme:
https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year

Disparities in child obesity rates have been progressively widening since 2006/7, but have sharply worsened during the Covid-19 pandemic.

The gap between the most and least deprived areas for severe obesity prevalence in Year 6 children was 7.3 percentage points in 2020/21 compared to 5.3 percentage points in 2019/20. In 2020/21 obesity prevalence was 16.6 percentage points higher in children in the most deprived areas (32.1% compared to the least deprived 15.5%). A similar sudden widening in disparities in child obesity rates has been seen in Reception children.

Compelling research findings have shown that nutrition during preconception, pregnancy and infancy has a prolonged impact on children's physical development and major implications for their lifelong health.

**Most current recommendations targeting prospective parents and young children omit reference to the long-term health consequences of early nutrition. The evidence has led to a proposed revision of the recommendations for optimised nutrition before and during pregnancy, during lactation, infancy and toddlerhood, Koletzko B et al 'Nutrition during pregnancy, lactation and early childhood and its implications for maternal and long-term child health: The early nutrition project recommendations' Ann Nutr Metab 2019; 74:93-106.**

**An International Federation of Gynaecology and Obstetrics (FIGO) panel has made recommendations for healthcare providers about nutritional status pre-pregnancy, Hanson MA. et al 'The International Federation of Gynaecology and Obstetrics (FIGO) recommendations on adolescent, preconception and maternal nutrition 'Think Nutrition First' Int J Gynaecol Obstet. 2015; 131 Suppl 4():S213-53. These have influenced the 2018 Public Health England advice to healthcare providers, Public Health England (2018) 'Making the case for Preconception care', PHE has now been replaced by the Office for Health Improvement and Disparities (OHID):**
**https://www.gov.uk/government/publications/preconception-care-making-the-case**

**OHID recommends offering preconception advice and optimising adolescent nutrition and health. A European expert panel has proposed that particular attention should be paid to the body weight of women of reproductive age and where appropriate, advice given for modifying body weight by improving lifestyle, diet and physical activity, Koletzko (2019), as above.**

**Attention should also be paid to the intake and status of some micronutrients before and during pregnancy especially folic acid supplementation (dietary intake is usually insufficient) because adequate follate status contributes to the prevention of congenital birth defects.**

**Supplementation with iron, vitamin B12, iodine and others may be indicated in women at risk of poor supply and insufficiency of these micronutrients, while vitamin D supplementation is now recommended for all:**
**https://www.nhs.uk/start4life/pregnancy/vitamins-and-supplements-pregnancy**

**Young people are often a forgotten voice when lifelong nutrition is discussed.**

**As indicated at COP26, they want to improve the health of the planet and their own health and they want to be informed about the food that they eat; conscious that they are being manipulated by the tsunami of food advertisements on social media, television and even on their daily walk to school. In 2021, more young people have a genuine interest in plant-based diets, locally-sourced produce and issues of food waste in a new way and it is important to have an educational platform for such discussions. It is essential to use these discussions to future-proof the diet of young people in the UK.**

**The Nuffield Foundation future researchers investigated 16-19-year-olds' understanding of healthy lifestyles and focused on physical activity and nutrition:**
**https://www.nuffieldfoundation.org/research/education**

They discovered that only 25% of those surveyed felt that promotional strategies were aimed at them specifically, Howells & Coppinger, in press. In their own words:

'We've been forgotten.'

'It's presumed that we all know how to eat better and be healthy.'

A credible scenario emerges from replies to a food questionnaire Howells & Coppinger, as above, depicting a very low level of overall knowledge and practice in this cohort with only 12% eating the recommended amount (or more) of the 2 servings per day of fruit and only 16% the recommended amount of more than 3 servings per day of vegetables.

41% ate the recommended amount of fats per day and 13% the amount of oily fish. Much more is needed from educational and promotional strategy to prevent this key group from being disregarded and to increase their likelihood of making good choices about diet and lifestyle that will accompany them into adulthood.

There is a wide consensus of opinion that pregnant women should consume a balanced diet in accordance with dietary recommendations for the general population, with an increasing body of evidence linking such diets with better early years development of their children.

A high-quality balanced diet during pregnancy has been associated with a lower risk of child obesity, Chen, LW. Aubert, AM. Shivappa, N. et al 'Maternal dietary quality, inflammatory potential and childhood adiposity; an individual participant data pooled analysis of seven European cohorts in the ALPHABET consortium' BMC Med 2021;19:33: https://doi.org/10.1186/s12916-021-01908-7
and also with improved child cognition, Mahmassani, HA. et al 'Maternal diet quality during pregnancy and child cognition and behaviour in a US cohort' Am J Clin Nutr 2021;nqab325:
https://doi.org/10.1093/ajcn/nqab325

The unanimous global opinion is that breastfeeding should be promoted, protected and supported.

In addition to many other benefits, it may contribute to better early years physical development, including reducing the risk of later overweight/obesity in the child, Patro-Golab, B. et al 'Nutritional interventions or exposures in infants and children aged up to 3 years and their effects on subsequent risk of overweight, obesity and body fat: a systematic review of systematic reviews' Obes Rev 2016; 17 (12):1245-7.

Although better than no breastfeeding at all, a short duration of breastfeeding has also been linked with child obesity, Aris, IM. et al 'Modifiable risk factors in the first 1000 days for subsequent risk of childhood overweight in an Asian cohort: significance of parental overweight status' Int J Obesity, 2018; 42:44-51. There is little evidence to support the consumption of a "special" diet for mothers, but a healthy and balanced one is recommended both to supply the baby with adequate nutrients and to promote a reduction of weight retention in the mother herself.

**Feeding practices in infants and young children should aim to achieve a weight gain similar to the norm defined by generally accepted growth standards. A rapid weight gain in the first two years of life has been consistently associated with increased subsequent obesity risk. In order to promote healthy physical development, several European expert groups have recommended that complementary foods should not be introduced before an infant reaches 17 weeks and not later than 26 weeks, ESPGHAN-Committee-on-Nutrition Agostoni, C. et al 'Complementary feeding: a commentary by the ESPGHAN Committee on Nutrition' J Pediatr Gastroenterol Nutr. 2008; 46):99-110.**

**Mounting evidence supports limiting dietary sugar intake with beverages and foods in infancy and early childhood, Quah, PL. et al 'Associations of sugar sweetened beverage intake at ages 18 months and 5 years with adiposity outcomes at age 6 years: The Singapore GUSTO mother-offspring cohort' Br J Nutrition 2019; 122:1303-1312.**

**Child eating behaviours and childhood nutrition are important for healthy physical development in the early years, particularly in relation to child obesity, Fogel et al 'Eating behaviours moderate the associations between risk factors in the first 1000 days and adiposity outcomes at 6 years of age' Am J Clin nutr.2020; 11:997-1006 and Okubo et al 'Diet quality across early childhood and adiposity at 6 years: the Southampton Women's Survey' Int J Obes (Lond) 2015; 39:1456-62. Reported differences according to diet quality have been large; with children consuming a poor diet having a fat mass 14% greater than those who had diets of high quality, Okubo as above.**

**It is important that information about eating for healthy families (such as the food 'pyramid' or 'eat well' plate) is regularly revised and updated.**

**The changing pace of modern life has found adult family members accustomed to eating "on the go" and introducing a "fast food" ethos into their young children's nutrition with a predominance of "convenience" foods such as cereals, breads and processed ready meals. It is therefore essential that advice from bodies such as the Office of Health Improvement and Disparities (OHID) as well as health centres, GP practices etc should aim to educate the family in understanding the nature of different food sources, the importance of whole foods such as fruits, vegetables and beans and how these can combine to form a healthy, balanced diet.**

**A "healthy, balanced diet" should also include advice about fluid intake and the impact that good hydration can have on a child's health and wellbeing; notably higher concentration levels, good bladder control and avoidance of constipation. Public health data examining teachers' and early years practitioners' understanding of children's fluid intake and a large-scale international study by Howells and Coppinger (2020): https://www.mdpi.com/1660-4601/17/11/4050 reported a lack of active encouragement of drinking water during the day by teachers and practitioners.**

**The last focused initiative which promoted adequate hydration or free access to fluids was the 'Water is Cool in School' campaign (2000) and it is now paramount that the role of fluid intake be incorporated into all nutrition advice given by NHS sources and available**

at all points of professional contact with young children, their families and during the preconception and pregnancy time spans.

Going Forward:

2.1 Preconception nutrition information to be revised, updated and incorporated into all strategies and advice points dealing with pregnancy and the first 1000 days

2.2 Consideration to be given to supplying pregnant women with free essential nutrient supplements/vitamins

2.3 Young people in the 16-19 age group (who may be living independently for the first time) to be targeted with advice on making healthy diet choices. This to be available via educational routes as well as health centres and GP practices and should incorporate Further and Higher Education venues such as student housing, sexual health, welfare and advice centres

2.4 Advice on good hydration and fluid intake to be included in Initial Teacher Training (ITT) for early years professionals, primary and secondary teachers. This should be included alongside all other nutrition advice (as above) given by the Government and 'kick-started' via a new national 'in school' hydration campaign

2.5 All existing nutrition guidance to be reviewed and updated such as the food 'pyramid'/eat-well plate with a focus on accessible material educating on portion size, whole foods and how many of each item should be consumed per day

2.6 Rather than concentrating on a 'children's diet' as opposed to an 'adult diet', a 'family first' approach should be advocated. Children who observe their other family members taking a healthy attitude towards food and drink will be more likely to follow suit in their own later lives

## CHAPTER 3: LIFELONG PHYSICAL ACTIVITY

Physical activity encompasses many forms including walking, through to running, climbing, using gross motor skills and large movements.

The 2013 National Curriculum aims to equip children to lead healthy, active lives from Key Stage 1 – Key Stage 4 where they should be able to develop and promote an active lifestyle through PE, Department for Education (2013) 'National Curriculum for England: Physical Education Programmes of Study':
https://www.gov.uk/government/publications/national-curriculum-in-england-physical-education-programmes-of-study

One of 6 policy objectives from the 2010 Marmot Review is: 'All children, young people and adults to maximise their capabilities and have control over their lives':
https://instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

Regular physical activity is therefore considered to be essential to a life-span improved quality of life that is of ultimate benefit to everybody.

The Children's Commissioner for England, Dame Rachel de Souza's 'Big Ask' survey received answers from 557,077 children aged 4-17, educationhub.blog.gov.uk (2021) 'The Big Ask' Survey – The Findings' The Education Hub: https://edcuationhub.blog.gov.uk/2021/09/21/the-big-ask-survey-the-findings

The researchers found that children want to engage in physical activity and to be outside and that they recognise the benefits for their physical and mental health:

'Physical and mental health, there needs to be more of a push towards physical fitness as it's a real motivation booster.'
Boy aged 16.

'I think things that stop children in England from progressing is how much time they spend on their games, the amount of times you exercise so bad physical health…I think a big thing that stops children is the food they eat which makes a big impact on physical health, their breathing - and their non-healthy eating can affect them.'
Boy aged 10.

The children questioned show that they are not a "lost generation" and want to face and surmount the challenges that have been forced upon them by Covid-19. They realise that they need to be healthy and fit as a prerequisite to lifelong physical activity.

Yet, the 'Big Ask' makes few references to it.

The Health Policy Briefing advocates an extension of the Holiday Activities Fund for example but scarcely touches upon the importance of physical activity for pregnant women, young children and families or the key role of the midwives, doctors and health visitors who are ideally placed to advise them.

In a recent study, midwives, De Vivo, M. and Mills, H. (2019) 'They turn to you first for everything, insights into midwives' perspectives of providing physical activity advice and guidance to pregnant women' BMC Pregnancy and Childbirth, 19(1) perceived the existence of a perfunctory official "tick box" approach to physical activity; making their own suggestions for improvement such as encouraging support networks, finding ways in which to extend their own knowledge and challenging entrenched barriers and misconceptions.

The World Health Authority (WHO) (2020): https://www.who.int/news-room/fact-sheets/detail/physical-activity stress that physical activity is of lifelong importance; indicating rising levels of inactivity globally that include (and move beyond) the provision of physical education in schools. Their 'Global Activity Plan on Physical Activity' (2018-2030): https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf gives ways in which to support a healthier world; attributing the slow rate of progress to poor levels of awareness and involvement. Arguing the absence of a "silver bullet", the WHO prefers a systems-based approach; supplying each country with a variety of possible

**actions in order to identify what they need to improve and what might best suit their own populations.**

**The plan links to the commitment given by countries at the United Nations (UN) General Assembly (2015) to invest in health. The resolution, 'Transforming our world: the 2030 Agenda for Sustainable Development' ('The 2030 Agenda'):**
**https://sdgs.un.org/publications/transforming-our-world-2030-agenda-sustainable-development-17981**
**makes specific pledges to improve universal health coverage, reduce health inequalities and increase physical activity for people of all ages and abilities.**

**It is widely understood that engaging in lifelong physical activity can lessen the onset of many chronic diseases (as given earlier) and emergent evidence suggests that this may be a factor in protecting the decline of cognitive activity and obviating dementia in later life (although more research is needed). However, the WHO message is that improving physical activity should not solely be viewed through a medical or deficit model.**

**The NHS:**
**https://www.nhs.uk/live-well/exercise/**
**have promoted the benefits of an active lifestyle via a well-resourced and media-promoted 'Couch to 5k' campaign with impressive results:**
**https://www.gov.uk/government/news/couch-to-5k-app-hits-5-million-downloads**
**https://www.mmu.ac.uk/hpsc/news-and-media/news/story/?id=12591**
**This campaign, combined with the need and desire to be outdoors during a worldwide pandemic has seen people of all ages, abilities and requirements becoming more active; making the simple act of moving a "normative" experience.**

**However, despite physical activity in the wake of a pandemic acquiring something of a "buzz" status, practices may not be truly addressing the concept of "lifelong" and are often working in silos in what amounts to a "panic" culture.**

**As Covid 19 confined people to their homes, the number of media and medical reports detailing the fitness of the population burgeoned; supplying intricacies of the nation's expanding waistlines and penchant for online gaming. Yet the reports often failed to highlight the importance of people's mental wellbeing, Engberg, E. et al (2021) 'Physical Activity Among Pre Adolescents Modifies the Long-Term Association Between Sedentary Time Spent Using Digital Media and the Increased Risk of Being Overweight' Journal of Physical Activity and Health doi.org/10.1123/jpah.2021-0163:**
**https://www.news-medical.net/news/20210809/Physical-activity-appears-to-reverse-the-adverse-effects-of-heavy-digital-media-use-in-children.aspx**

**The upshot has been an emergent "dualist" vision of mental wellbeing and physical activity. Medical reports refer to necessary changes in diet, exercise levels and reducing sedentary behaviours but fail to address the low levels of mental wellbeing in society, poverty levels, and reduced access to good quality food and sufficient space to be physically active.**

The links to mental health through, and because of, physical activity are exemplified by the mental health charities MIND:

https://www.mind.org.uk/information-support/tips-for-everyday-living/physical-activity-and-your-mental-health/about-physical-activity/
and Stormbreak with regard to movement:
https://www.stormbreak.org.uk/
Stormbreak specifically works within schools to normalise conversations about being mentally healthy and the connectedness to movement in achieving the goal of "happy, healthy humans".

The National Curriculum aims for Physical Education in England are set out in the PE Programmes for study (2013, as above).

Yet for children to lead healthy, active lives they need more than the stipulated 120 minutes a week for Primary Physical Education during which they are supposed to have become competent in fundamental moves by the end of Key Stage 1. They must therefore be afforded all the opportunities possible to ensure that every child is given the experience, knowledge and competence to progress at their own pace:

'That every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts'
United Nations Convention on the Rights of the Child (1989) Article 31:
https://www.unicef.org/child-rights-convention

Dodd and Jester (2021):
https://www.researchgate.net/publication/348604282_Adventurous_Play_as_a_Mechanism_for_Reducing_Risk_for_Childhood_Anxiety_A_Conceptual_Model
and Nesbit, R. et al (2021) 'Perceived Barriers and Facilitators of Adventurous Play in Schools: A Qualitative Systematic Review' Children vol8 no 8 681:
https://doi.org/10.3390/children8080681
connect physical activity, play and mental wellbeing; contending that if allowed time and space for adventurous free play, children learn to manage their expectations and cope with anxiety; fostering a resilience that can carry them into adolescence and adulthood. Therefore the historical punishment for poor behaviour of removing a child from physical activity at break or lunchtime should be discontinued as misguided and self-defeating:
https://www.bps.org.uk/news-and-policy/schools-should-never-threaten-take-away-break-times-schoolchildren-punishment

Sport England's 'Active Lives Children and Young People Survey' (Sport England, 2021) Academic Year 19-20 report:
https://www.sportengland.org/know-your-audience/data/active-lives
points to clear gender disparities in the levels of physical activity amongst both primary and secondary aged children. Girls are found to be less active in the majority of assessed categories with Black and Asian girls the least likely to be active of any group.

**The customary school "overload" on team sports, finds only 55% of girls participating as opposed to 71% of boys per week and a recent Girlguiding survey showed that over 40% of girls aged between 11-21 feel unsafe when going outside, with a third being worried about doing things outside on their own, 'Girls' Attitudes Survey' (2020) Girlguiding UK: https://www.girlguiding.org.uk/girls-making-change/girls-attitudes-survey**

**In addition, puberty has a significant impact on how girls engage with sport and exercise. 42% of 14-16-year-old girls avoid exercising when they have their period, Women in Sport (2019) 'Reframing sport for teenage girls: Building strong foundations for their futures. Key findings from the Girls Active Survey' November 2017: https://www.womeninsport.org/research-and-advice/our-publications/reframing-sport-for-teenage-girls-building-strong-foundations-for-their-futures/**

**Coming to terms with their changing body creates anxiety and affects girls' confidence in navigating this transition and feeling comfortable. Confidence is important in sustaining their engagement in sport and exercise. During their teenage years, 80% of girls feel that they "don't belong" in sport and it loses relevance, P&G UK (2016) 'The Always Confidence & Puberty Wave IV Study': https://pgnewsroom.co.uk/news-releases/news-details/2016/Over-Half-of-Girls-64-Quit-Sport-By-the-End-of-Puberty--New-Always-LikeAGirl-Video-Examines-The-Causes-Behind-This-Trend-And-Together-with-Olympic-Gold-Medalist-Laura-Trott-Encourages-Girls-Everywhere-to-Keep-Playing-LikeAGirl/default.aspx**

**"Catching girls early" is essential to redressing this widespread societal, lifelong physical activity inequality. Action must be taken by a wide range of bodies to improve girls' physical activity levels, including the Government, schools, the media, the sports sector … and families themselves.**

**Cycling, as a form of active travel is associated with a high level of psychological wellbeing, Stark, J. et al (2018) 'Active travel, attitudes and psychological wellbeing of children' Transportation Research Part F: Psychology and Behaviour, 56, pp453-465. Studies have shown its impact on children's short-term mental equilibrium in contribution to enjoyment, self-esteem and reduced levels of stress, Waygood et al (2017) 'Transport and child wellbeing: An integrative review' Travel Behaviour and Society, (pp32-49).**

**The positive impact of cycling on an individual's health from childhood to adulthood is significant and research highlights the advantage that can be gained by embedding cycling habits, education and influence from an early age, deBruijn et al (2009) 'Adult active transportation; Adding habit strength to the theory of planned behaviour' American Journal of Preventive Medicine, 36(3) pp 189-194.**

**Ensuring that the current generation of children are well-equipped to pursue cycling as a lifelong habit will better enable their successors to adopt similar habits as exemplified by the UK's Bikeability programme with its proven positive impact on the confidence levels of parents and children and children's safe cycling skills, SQW (2019) 'Bikeability Impact Study: Final Report' SQW Bikeability.**

**Denmark and the Netherlands have recognised the physical and mental health benefits of cycling by making it a statutory requirement of the education curriculum; a precedent that the UK could follow.**

**Physical inactivity, defined as engaging in insufficient levels of physical activity and not meeting the current physical activity recommendations is the fourth leading risk factor of premature mortality, World Health Organisation 'Mortality and burden of disease attributable to selected major risks' Geneva: WHO; 2009.p.70 and currently, only 20% of children globally achieve the minimum recommendation of 60 minutes of moderate to vigorous physical activity (MVPA) per day, Tremblay, MS. et al 'Physical Activity of Children: A Global Matrix of Grades Comparing 15 Countries' J Phys Act Heal, 2014.**

**Physical inactivity among school-aged children is linked to adverse physical, mental, social and cognitive health outcomes, lower physical fitness and lower physical activity levels in later life, Blair, SN. et al 'Is physical activity or physical fitness more important in defining health benefits?' Med Sci Sports Exerc. 2001. Since 2013, Wales (with the highest prevalence of child overweight in the UK and levels of sedentary behaviour and physical activity and fitness amongst the worst globally) has been a member of the Active Healthy Kids (AHK) Global Alliance.**

**Evolving over the past 20 years, the Alliance now includes 50+ countries and the aims of aims of the AHK process are to:**

1. **Assess the 'State of the Nation' in relation to the levels of physical activity and sedentary behaviour**
2. **Track trends in physical activity and sedentary behaviour**
3. **Present an international context for physical activity and sedentary behaviour**
4. **Inform policy, strategy, services and professional practice in physical activity and sedentary behaviour**
5. **Identify critical gaps in knowledge related to children's physical activity and sedentary behaviour**
6. **Provide evidence for advocates of physical activity and health-related behaviours**

**There is strong evidence that where physical activity is increased, multiple positive outcomes in both physical and mental health follow, but for the programme to succeed, individual school leadership and parental enthusiasm should be complemented by impetus and direction from local and national governments and membership of AHK should apply to all the nations of the United Kingdom**

**An immediate opportunity to "re-set" the agenda for lifelong physical activity is presented by the staging of the 2022 Commonwealth Games in Birmingham. Already there has been a major emphasis on legacy programme:**

**'To inspire and offer targeted opportunities for the people of the West Midlands to improve and sustain levels of physical activity. We are focusing our efforts on the most inactive and under-represented groups.'**

Birmingham 2022 2021 'Our Legacy-Birmingham 2022':
https://www.birmingham2022.com/about-us/our-purpose/our-legacy/

While the desire to raise the physical activity levels of people in a geographical region is laudable, the greater challenge of Birmingham 2022 is to use it to inspire movement from pregnancy onwards so that the goal of 'happy healthy humans' can be attained through a national commitment to lifelong physical activity.

Going Forward:

3.1 Re-positioning the strategy around encouraging lifelong physical activity so that it is not presented solely (or predominantly) through a medical or deficit lens
3.2 Ensuring that health policy has a strong concentration upon physical activity in pregnancy and during the postnatal period; equipping all relevant professionals with the relevant advisory skills and resources
3.3 Cycling to be a statutory national curriculum requirement; in practice ensuring that all children achieve Level 2 Bikeability by the end of primary school
3.4 A "gendered all policy areas" approach to physical activity; gender analysis and public reporting required of how budgetary allocations of public money and national lottery funding affect the physical activity opportunities of girls, boys, women and men; all media to proactively increase coverage of women's sport, thus providing girls with role models and the incorporation of equitable learning experiences which accommodate the values, motivation and aspirations of girls into programmes to develop physical literacy and Fundamental Movement skills of young people
3.5 The UK Government and devolved nations to support and resource membership of the Active Healthy Kids (AHK) Global Alliance
3.6 National Task Force to forge a lifelong physical activity legacy from the opportunity of staging the 2022 Commonwealth Games in Birmingham

## CHAPTER 4: PLAY AND ENVIRONMENTS FOR HEALTHY MOVEMENT

Play is linked to improved mental health, wellbeing and physical health, resulting in happier, more confident children who are better at dealing with stress: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/08/Play-final-report.pdf

Physically active play traditionally falls into three sequential and developmentally overlapping categories: rhythmic stereotypes, exercise play and rough and tumble.

Rhythmic stereotypes (the earliest of these bodily movements) are typically seen during babies' development as they kick and wave their arms. During pre-school years, exercise play involves whole body movement such as walking, running, jumping, climbing and swinging. These are the building blocks for all subsequent physical activity, Goodway et al (2019) 'Understanding motor development: Infants, children, adolescents, adults'

Burlington M A: Jones and Bartlett Learning. The third overlapping phase of rough and tumble play comprises play fighting and play chasing.

However, changing patterns of life have impacted the movement culture and nature of play. Western trends have been towards smaller families and the UK total fertility rate has fallen to 1.58 children per woman:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/articles/provisionalbirthsinenglandandwales/2020

Therefore, a child is likelier to play at home alone rather than engaging in outdoors exercise play with a troop of brothers, sisters and friends.

As urban areas have become busier, parents have discouraged their children from roaming in less built-up space and according to survey data spanning 1975-2017, UK children were more home-based, spending increased time on schoolwork and screen-based activities, Mullan, K. (2019) 'A child's day: trends in time use in the UK from 1975-2015 'The British Journal of Sociology' 70(3) 997- 1024). With the balance now heavily weighted towards "safety" in adult-controlled environments and a lessening of freely chosen outdoor play, children's ability to interact, take decisions and learn to evaluate risk has been inhibited.

In summary there is a need to re-engage children with playing in a range of environments to facilitate healthy movement.

'Play is at the core of the development of the child'
Zaman ND 'Why play is so beneficial to children?':
https://www.unicef.org/parenting/child-care/what-is-free-play

A play environment that would enhance healthy movements should be "free play" whereby a child playing independently can benefit. This is supported by Family Lives:
https://www.familylives.org.uk/advice/early-years-development/learning-and-play/why-play-matters/
who suggest that when children start nursery school, they should be allowed to explore their environments, playing indoors, outdoors or in a quiet space with each area enriched to facilitate the opportunity for healthy movements.

Play Scotland testify to the power of play:
https://www.playscotland.org/play/play-for-health/the-power-of-play
and share Scotland's Play Charter:
https://www.playscotland.org/about/scotlands-play-charter/
aimed at parents/carers, play providers and others with play responsibility for all babies, children and young people in Scotland. A key site message is that:

'It is not always about play equipment; it is about the space and time for play'
Maguire, R:
https://www.playscotland.org/about/scotlands-play-charter

**and many free resources are available for community access in order to improve Scottish children's physical activity and play quality.**

**These messages are at the core of Opal:**
**https://outdoorplayandlearning.org.uk**
**an organisation committed to work with schools to provide guidance about how to make lasting improvements in the quality of play opportunities for children. The OPAL website:**
**https://outdoorplayandlearning.org.uk/16-playtype-videos/**
**offers videos to explore 16 identified play types whilst emphasising the need for a connected approach across an entire school community; from head teacher through to all staff and thence the children and instituting a culture of change to ensure that every child has an hour of high quality play every day.**

**A play-filled childhood that is a powerful vehicle for learning should be one that is:**

- **Self-chosen and self-directed**
- **Intrinsically motivated**
- **Guided by mental rules with space for creativity**
- **Imaginative**
- **Conducted in an active, alert but relatively non-stressed frame of mind**

**Navaez D et al (2012) 'Evolution, early experience and human development: From research to practice and policy' New York, NY: Oxford University Press; Gray P. 2012b:**
**https://oxford.universitypressscholarship.com/view/10.1093/acprof:oso/9780199755059.001.0001/acprof-9780199755059**
**Gray, P (2017) 'What exactly is play, and why is it such a powerful vehicle for learning?' Top Language Disorders, 37(3) 217-228.**

**Follett (2021) 'The Case for Play in Schools: an OPAL online open day Eventbrite) states that if each child spends a fifth of their school day in play or break time then there should be increased focus on supporting, funding provision and high-quality delivery of these essential moments in children's lives.**

**However, the qualities of meaningful play as above are not always seen in physical education lessons or in non-curricular breaks. OPAL recognise the necessity of culture change in many schools so that "play" is not defined by a playground corralled by football matches, running races and games of tag; compelling many children who are perforce "excluded" into smaller, limiting areas of the school grounds.**

**The OPAL Programme:**
**https://outdoorplayandlearning.org.uk/wp-content/uploads/2021/10/The-Case-For-Play-In-Schools-web-1-1.pdf**
**in which a school is committed holistically to provide for the needs of all children including access to music and dressing up, access to grassed spaces, access to a wide variety of natural and man-made 'loose parts' and many other initiatives is a proven way of bringing about beneficial play change for every child.**

Some schools have also engaged with the concept of Forest Schools:
https://forestschoolassociation.org/what-is-forest-school/
which seek to offer a wide range of opportunities for children to play, explore and manage risk. The process follows 6 principles which:

'helps and facilitates more than knowledge-gathering, it helps learners develop socially, emotionally, spiritually, physically and intellectually. It creates a safe, non-judgemental nurturing environment for learners to try out stuff and take risks.'
Ibid

The pandemic brought into sharp relief (and exacerbated) an existing lack of focus on children; specifically, their need to play. Lockdowns were followed by many public spaces such as gardens, playgrounds and sections of parks being closed off and prohibited with children confined to the home. Shut schools deprived children of access to their social safety-net yet it is acknowledged that:

'When children and young people are involved in participatory activities with their peers, they are better able to cope with hardships and improve their self-confidence and sense of personal efficacy'
Hart, J. & Tyrer, B. (2006) 'Research with children living in situations of armed conflict: Concepts, ethics & methods' Refugee Studies Centre Department of International Development, University of Oxford:
https://www.rsc.ox.ac.uk/publications/research-with-children-living-in-situations-of-armed-conflict-concepts-ethics-and-methods
cited by World Vision (2020) 'Children's voices in the time of COVID-19: Continued child activism in the face of personal challenges':

https://www.wvi.org/publications/report/child-participation/childrens-voices-time-covid-19-continued-child-activism

The International Play Association conducted a global study into the impact of the pandemic on children's play, IPA (2020) 'Play in Lockdown: An international study of government and civil society responses to Covid-19 and their impact on children's play and mobility' stating:

'We should not forget that millions of children have experienced months under what is in effect, house arrest….All the while, in being deprived of play, they have been denied one of the simplest and most effective ways to maintain their physical, emotional and mental health and wellbeing.'

The British Children's Play Survey, Dodd et al 'Children's Play and Independent Mobility in 2020: Results from the British Children's Play Survey' Int J. Environ. Res Public Health 2021,18,4334:
https://doi.org/10.3390/ijerph18084334
was conducted using a nationally representative sample of 1919 adults who had a child aged 5-11 years. In April 2020, the parents were asked about 'normal' life before Covid

**restrictions. Away from home and garden, playgrounds were cited as the most popular spaces for outdoor play at least once a week, followed by green spaces.**

**The study validated the essential role of public play areas in the physical health of children. As vital community assets, playgrounds impact significantly upon children's health and wellbeing but despite the fact that the privations of pandemic lockdowns have inspired a renewed enthusiasm for shared public spaces, they are not prioritised as essential for public health.**

**There is an urgent need for sustained investment in a UK-wide network of playgrounds to protect and enhance children's health.**

**A survey of 1111 parents with children aged between 2-12 by the Association of Play Industries showed that 9 out of 10 parents who were not near to a playground thought that having access would encourage their child to play outside more and 72% of parents with health issues such as obesity said that lack of outdoor play facilities in their area contributed to their children's problems, 'Play Must Stay' Association of Play Industries, (August 2019). The survey noted the accelerating pace at which outdoor play is being squeezed out of children's lives.**

**The majority of the UK population is clustered into urban areas and 1 in 8 UK households have no outdoor space in which children can play.**

**This rises to 1 in 5 in London; disproportionately affecting ethnic minorities, those in low-skilled jobs and unemployed people. Just 8% of people aged 65 years and above lack access to any kind of private outdoor space, Office for National Statistics (2020) but for many families, community playgrounds are a significant necessity in the lifelong health of their children. In the absence of dedicated funding for playgrounds from central government or grants from third sector institutions, the provision and upkeep of play spaces falls upon already severely pressurised local authority budgets.**

**Added to a lack of accessible playgrounds is a continued erosion of playing fields.**

**2019 data showed that there were 710 fewer local authority-owned or operated football pitches in the financial year 2017/18 than in 2009/10. In the same period, schools had reduced their playing field capacity by a further 200 pitches: https://www.theguardian.com/society/2019/jun/02/tory-cuts-force-sale-710-local-football-pitches**

**Despite the National Planning Policy Framework (2012 and subsequent updates) stating clearly that 'playing fields should not be built upon' speculators have not been deterred which, at the very least, diverts resources that could be used to expand participation towards protecting playing fields from planning threat and in some cases results in further losses.**

**A holistic child health and wellbeing strategy must stop not merely decelerate the loss of playing field capacity.**

**The beauty of enabling free play is that children are intrinsically and instinctively motivated because they enjoy it as stated in the 2019 Sport England 'Active Lives-Children and Young People Survey':**

**'Enjoyment is the biggest driver of activity levels.'**

**Temporary "play streets" are short, resident-led road closures creating a safe space for children to play freely on their own doorstep:**
**https://playingout.net/play-streets**

**The streets demonstrate the unique value of informal outdoor play for children's physical health and research confirms that the opportunity for unstructured outdoor play afforded by them increases children's physical activity significantly; especially moderate to vigorous physical activity (MVPA), Page et al 'Why temporary street closures make sense for public health' (2017) and Umstattd Meyer et al 'Systematic review of how Play Streets impact opportunities for active play, physical activity, neighbourhoods and communities' BMC Public Health 19, 335, 2019.**

**To play outdoors freely and actively; accruing the attendant physical and emotional benefits, children do not need intrusive adult monitoring or expensive equipment. The solutions lie more in addressing the barriers currently impeding the opportunity to play out and be active near home. This means that local and national policy should be directed towards tackling car-dominance in cities and towns and creating safer streets and local environments; thus safeguarding children's right to play outside in shared spaces.**

**Enabling active play in streets and the wider built environment combines with creating active environments for walking, cycling and everyday physical activity. If children can play out safely in their own streets, walk or cycle to school, the park, playground or playing field, the environment that is created will benefit everybody.**

**The main barrier to children's independent mobility is motorised traffic; in particular, the dominance of private cars in towns and cities. Parents are highly influential in their child's participation in cycling (or other form of active travel) and their perception of the built environment and subjective understanding of safety is crucial.**

**A 2021 Sustrans study found that only 2% of over 1000 children surveyed currently cycle to school although 14% wanted to do so. Research into the UK's Bikeability programme, Ipsos (2015) 'Research to explore perceptions and experiences of Bikeability training amongst parents and children' National Foundation for Educational Research (NFER) showed that although parents understood the benefits of cycling to their child, this was countered by concerns about road safety; specifically high traffic volumes, high speeds of motorised vehicles and overall road-user practice.**

**Changes must be made to the built environment.**

**Research demonstrates the value of separating cycling facilities from motorised traffic; also of reduced traffic flows on cycling rates, Pucher, J. and Buehler, R. (2016) 'Safer**

Cycling Through Improved Infrastructure' American Journal of Public Health, 106 pp 2089-2091) and the evaluations of such targeted interventions in the UK are encouraging, Davis, A. (2020) 'School Street Closures and Traffic Displacements: A Literature Review and semi-structured interviews' Transport Research Institute, Edinburgh Napier University School-Street-210570ges.pdf (wir-in-reutlingen.de).

Also instructive is the experience of countries such as Denmark and the Netherlands where a national commitment to cycling is demonstrated by the presence of segregated cycle paths, the reallocation of road space from motor vehicles in favour of cyclists and pedestrians, traffic calming such as narrow car lanes and improvements to cycle routes.

Such measures are longstanding in Denmark and between 1985-2000 the number of children killed or injured in road accidents fell by 46%, Jensen, S. and Hummer, C. (2002) 'Safer routes to Danish schools' in Tolley, R. (ed) 'Sustainable Transport: planning for walking and cycling in urban environments' Abington, Cambridge. Woodhead Publishing Ltd pp.588-598. In Denmark, over half of the children aged 11-15 cycle to school, Cycling Embassy of Denmark (2016) Danish cycling statistics.

In addition, many European countries including the Netherlands and Denmark add supportive education programmes, Pucher, J. and Buehler, R. (2008) 'Making Cycling Irresistible: Lessons from The Netherlands, Denmark and Germany' Transport Reviews, 28(4) pp 495-528. The Bikeability Programme has gone some way to allay UK parents' fears about safety issues for their children.

Another component of the "play landscape" is that of a rapidly developing extra curricular children's activities sector.

A survey of over 2000 parents for the Children's Activities Sector, 'Children's Activity Sector Overview 2020 Children's Activities Association, parent sample':
https://www.caa-report.co.uk
found that 90% of parents gave an importance rating of 7/10 or above to extra curricular activities for their child's physical, social, emotional and mental health. Baby massage for example, is one of the earliest developmental extra curricular activities, but other than Ofsted registration for providers of childcare, there is no assurance that a specific activity will be safe or meet requirements for benefits to health and overall child development.

An Accredited Register of providers, approved by the Government would ensure that provision and provider meet both safety and holistic requirements for children's health and wellbeing.

In conclusion, a forthcoming initiative by the Victoria and Albert Museum shows that playful outcomes are not antithetical to the established claims of tradition and culture. 2023 will see the opening of Young V&A in Bethnal Green; a museum designed with, and for, young people and containing national collections entirely dedicated to them from birth to early teens.

Its permanent Play Gallery will promote play within a new type of "doing" museum; creating an environment for healthy movement through physical engagement with the

national collections, speaking to the needs, interests and motivation of children. With the work of Froebel, Montessori and Pestalozzi as a foundation, the active gallery will "grow" with the child and present a rich array of contextual material to promote physical, active enjoyment underpinned by cognitive developmental science.

Visitors to Young V&A will explore the rich variety of experiences on offer, beginning with a section for pre-walkers, and sensory play and progressing to collections that are designed to encourage adult/child interactions and stimulate language acquisition as well as social confidence. Those who visit will leave the museum with an understanding that anyone and everyone can play.

Play is a fundamental right, inherently connected with creativity – and intrinsic to childhood development.

Going Forward:

4.1 Future Government responses to pandemics/other emergencies to include a focus on children to include provision for children's play in all policy recommendations
4.2 Provision of central and ring-fenced funding to ensure that every child in the UK has somewhere close, safe and stimulating to play. Investment in a network of high-quality play spaces as a public health measure should go hand in hand with a ban on the sale of playing fields
4.3 National and local policy initiatives to tackle car dominance in towns and cities, creating safer streets and local environments and protecting children's right to play out in shared spaces
4.4 Play to be included in Ofsted School Inspection and training in 'active travel safety' (including cycling) to be embedded within school curricula
4.5 All children's activity providers to satisfy the requirement of an Accredited Register approved by Government with built-in re-register and inspection processes
4.6 National Taskforce (including membership of children and young people) to examine how traditional/heritage/cultural resources can be made inclusive and 'playful'

## CHAPTER 5: CHILD POVERTY AND FOOD INSECURITY

NHS Scotland defines 'food poverty' as:

'The inability to acquire or consume an adequate or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so'
NHS Scotland (2015) Position Statement on Food Poverty:
http://www.healthscotland.scot/publications/position-statement-on-food-poverty

It is directly linked to income deprivation; compounded by availability of and access to nutritious food and availability and access to preparation, storage and cooking facilities.

**The End Hunger Campaign, Lambie-Mumford, H. Cooper, N. and Loopstra, R. (2019) 'Why End Hunger? The Case for Ending Hunger in the UK' Sheffield; University of Sheffield/Church Action on Poverty, states that "food insecurity" is:**

**'Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways (eg. without resorting to emergency food supplies, scavenging, stealing or other coping strategies.)'**

**The pandemic has hugely aggravated the matter of food provision for vulnerable children; uncovering many features of poverty and inequality across the UK. However, this is a time-worn issue pre-dating Covid-19.**

**The Joseph Rowntree Foundation showed that from 2008, the minimum basket of goods had risen in price by about 27-30% whereas the average earnings increase was half that amount, Wright, D. & Case, R, 'Just About Managing: Four million more people living on inadequate incomes in modern Britain' 2017 Joseph Rowntree Foundation.**

**According to Professor Tim Lang, even in 2017, UNICEF found that in the UK, approximately 19% of children under 15 lived with an adult who was moderately or severely food insecure. By late 2018, Professor Philip Alston the UN Special Rapporteur on Extreme Poverty and Human Rights published an initial report following a fact-finding tour of the UK. He observed a rapid rise in homelessness, food bank usage, hand-to-mouth existence and enforced poor dietary choice experienced by many people.**

**In addition, a 2019 United Nations Food and Agriculture Organisation (FAO) report estimated that 2.2 million people in the UK were severely food insecure; the highest reported level in Europe. Almost half of young mothers (aged 16-24) surveyed by The Young Women's Trust admitted regularly skipping meals to provide for children, Tim Lang 'Feeding Britain: Our Food Problems and How to Fix Them' p98.2020 Pelican.**

**Anna Taylor from The Food Foundation analysed the situation as follows:**

**'It's unacceptable that 10% of UK children under 15 years live in severely food-insecure households, making the UK the worst in Europe for food security. The most disadvantaged suffer its consequences so disproportionately, with childhood obesity rates in the UK's most deprived areas more than double as high as their wealthiest counterparts'**
**Anna Taylor 'The Food Foundation urges Industry to make healthier options cheaper'**
**The Food Foundation, January 2019.**

**In January 2019, the human fall-out emerged when it was reported that hungry children were eating from school bins in Morecombe, Lancashire. According to Head Teacher Siobhan Collingwood:**

**'Unfortunately, I've got faces behind the statistics. Thirty-five children or more (at her school) were in families being supported by food banks. When children are food-deprived it alters their behaviour and they do become food-obsessed, so we have some children who will be taking apple cores from the bins and children who have nothing in their lunch**

boxes so they are just fixated on food. There are problems with the introduction of Universal Credit. Families are coming in telling me they are routinely loaning food to each other. My day-to-day experience is telling me that this is a growing problem':
https://www.bbc.co.uk/news/uk-england-lancashire-46827360

Until recently there was no large-scale official measurement of food insecurity across all four nations; making it difficult to ascertain the scale of the problem. Proxy measures such as food bank statistics were used and from March 2018 - April 2019, 1.6m people accessed Trussell Trust food banks; an increase of 73% in the last 5 years, Trussell Trust (2021) 'End of Year Stats':
https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/

The figure excludes the large number of people who use alternative food bank services; the true number of people requiring food aid is likely to be even greater.

Following campaigning pressure, The Department for Work and Pensions began national measurement of household food insecurity in April 2019.

Food insecurity questions have now been added to the Family Resources Survey covering all four UK nations and sampling 20,000 households. The first data round, published in March 2021 was collected from households across the UK during the 2019-20 financial year, prior to the British advent of Covid-19. While 87% of households reported as being food secure, 4% of people stated that they had low household food security, with a further 4% identifying as very low indeed.

Households where the head was Black were most likely to be food insecure; 11% had low food security with 8% very low. Household food insecurity was lower in younger households. For all households with children, food insecurity rates rose in accordance with the number of children in the household. 22% of families with 3 or more children had low food security and for 19% it was very low, Department for Work and Pensions (2021) 'Family Resources Survey; financial year 2019 to 2020':
https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020/family-resources-survey-financial-year-2019-to-2020#household-food-security-1

In March 2021, the UK went into Covid-occasioned lockdown plunging millions of children who were already struggling into further food insecurity.

Covid-19 impact

Income was hit by the pandemic with furlough (for those eligible) only covering 80% of wages and significant job losses through struggling businesses having to close indefinitely. This was coupled with a hike in household bills because of the command to stay at home and school closures. Over a fifth of people have less income now than before the onset of Covid-19, Food Foundation (2020) 'The Impact of Covid-19 on Household Food Security'.
Food supply issues at the outset forced millions of adults and children already struggling to afford a decent diet, to limit the quantity and quality of their meals. Some turned to

emergency food aid for the first time, Food Foundation (2020) 'The Impact of Covid-19 on Household Food Security':
https://foodfoundation.org.uk/publication/crisis-within-crisis-impact-covid-19-household-food-security
and a recent report gives some first-hand experiences:

'Food was a continual source of concern and worry rather than nourishment and security. Food anxiety didn't go away when the supermarket shelves were re-filled....Many quickly cut calorie intake and reduced the quality of the food eaten - with far-reaching physical and emotional impact. Many children went without.'

'It's quite embarrassing when you go to the supermarket with these vouchers...we already know we are poor, we don't need something to highlight that...'
Caitlin Connors et al 'The Lived Experience of Food Insecurity under Covid-19.'
A Bright Harbour Collective Report for the Food Standards Agency, 2020 July.

Between 1st April 2020 - 31st March 2021 the Trussell Trust's nationwide network of food banks distributed 2.5 million emergency food parcels; a 33% increase on pre-pandemic figures. 980,000 of these went to children; a figure that would be higher if independent food bank statistics were added, Trussell Trust, 2021 End of year statistics:
https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/#children

In response to the emergent crisis, a number of measures were implemented including:

- Provision of food parcels for shielding households
- An uplift to Universal Credit
- A voucher scheme for children in receipt of free school meals; an additional £15 per family to cover the extra costs of lunch
- The Holidays Activities and Food (HAF) Programme supported by £220m of funding and accessible for every local authority in England following a "Holiday Hunger" petition led by the footballer Marcus Rashford with support from the Food Foundation and other campaign groups and charities and accruing over 1 million signatures:
  https://www.gov.uk/government/publications/holiday-activities-and-food-programme/holiday-activities-and-food-programme-2021

However, the continuance of the fund in 2022 is uncertain because Ministers have yet to confirm their intentions.

Speaking about the impact of the pandemic in her introduction to the National Food Strategy: The Plan, Dame Louise Casey said:

'The pandemic has turned the divide between rich and the poor into a gaping chasm. A terrible legacy of this time will be the exponential growth of food banks and hand-outs. Sadly the fact is that the less well off you are, the more likely you are to be prey to unhealthy food. There is a nutritional gap between rich and poor in this country and it's a slowly unfolding tragedy...'
'National Food Strategy: The Plan' July 2021

**Poverty, food insecurity and children's health**

**The health disadvantages experienced by children living in poverty begin in the womb, Jensen, E. (2013) 'How Poverty Affects Classroom Engagement' Educational Leadership, 70(8) pp24-30 and continue well into adulthood.**

**Children born into poverty experience lower birth weights, their life expectancy is shortened by 9 years:**
**https://cpag.org.uk/child-poverty/effects-poverty**
**and medical experts concur that poverty and low income are direct contributors toward paediatric ill health with food insecurity a key component of malnutrition and child obesity:**
**https://www.rcpch.ac.uk/resources/poverty-child-health-views-frontline**

**Severe cases of food insecurity in children resulting in hunger can trigger a number of adverse impacts on their physical health including stunted growth, impaired development and poor immune system, increasing their susceptibility to illnesses, World Visions (2020) 'Why do children go hungry?':**
**https://www.worldvision.org.uk/about/blogs/child-hunger/**

**At the other end of the spectrum, children living in food insecure households may also be exposed to excess weight gain, overweight and obesity. They may have sufficient food but the issue arises with the type of food consumed; energy dense but nutrient poor, Tester, JM. Rosas, LG. & Leung, CW. (2020) 'Food Insecurity and Paediatric Obesity: a Double Whammy in the Era of COVID-19' Current obesity reports, 9(4) 442-450:**
**https://doi.org/10.1007/s13679-020-00413-x**

**Thus they may still be exposed to the impact nutritional deficiencies have on physical health.**

**There is little in terms of early intervention strategy in place to track issues such as obesity and early dental decay whereas both could be included as part of early-alert safeguarding.**

**Societal impacts also include impaired academic performance which is positively associated with experiencing shame at not having enough food and also behavioural problems, Pereira, AL. Handa, S. and Holmqvist, G. 'Prevalence and Correlates of Food Insecurity Among Children Across the Globe, Innocenti Working Paper 2017-09' UNICEF Office of Research, Florence. In 2010, Action for Children noted the "striking" relationship between poverty and educational outcomes:**
**https://rebuildingshatteredlives.org/wp-content/uploads/2013/01/deprivation_and_risk_the_case_for_early_intervention1.pdf**

**Lacking access to literature, appropriate technology; even basic resources like food, children from lower income families enter the school system with more limited vocabularies, greater incidence of conduct disorders and hyperactivity. Action for Children**

advised that during the primary school years, the gap between disadvantaged children and their more affluent peers will widen.

On the 25th anniversary of the signing of the Convention on the Rights of the Child, the United Nations urged governments to review their national legislation to ensure that it conformed to the Convention. They were asked to:

'Abandon policies and practices that have proven to be ineffective and damaging to children'

and to expand practices which have a proven track record in making a positive impact on children's health:
https://www.hrw.org/news/2014/11/17/25th-anniversary-convention-rights-child

Recent UK policy pertaining to child health however, has sought to address symptoms rather than the root cause. Policy aimed at tackling obesity for example through approaches such as calorie and step counting takes no account of poor nutrition in the prevalence of obesity; nor the correlation between food insecurity and poor nutrition.

Without the resources to provide healthy and nutritious food, disadvantaged families derive no benefit from current policy initiatives.

Going Forward:

5.1 Regular measurement of food insecurity; research and funding into good models of holiday provision. More data to be provided on the dietary health challenges that have manifested recently for British families experiencing food insecurity; giving a voice for those in need

5.2 The UK Sustainable Development Goals indicated the ending of all forms of malnutrition by 2030; the attainment of internationally agreed targets on stunting and wasting in the under 5s by 2025 plus addressing the nutritional needs of adolescent girls, pregnant and lactating women. There is little/no policy to date and time is of the essence, 'Sustainable Development Goals in the UK Follow Up: Hunger, malnutrition and food security in the UK' Thirteenth Report 2017-2019:
https://publications.parliament.uk/pa/cm201719/cmselect/cmenvaud/1491/149102.htm

5.3 Review and re-set the benefits system enabling swift and appropriate responses to food insecurity. Increase benefits; more than 4 in 10 food insecure people are on Universal Credit and millions resorted to food banks in the latest evidence of food insecurity, The Trussell Trust, 29th July 2021

5.4 Greater nutritional assessment required for the quality of food provided and consumed. Many families in poverty depend on ultra-processed food; cheap but limited in nutritional value and satiety. Make child health the determinant of policy on this issue with a priority placed on the role of health visitors and school nurses

5.5 Reassess the food provision in schools for all UK children including food quality and the training of caterers. Expand the eligibility for free school meals to include every child (up to age 16) from a household where a parent/guardian is in receipt of Universal Credit

5.6 Extend the Holiday Activities and Food Programme (HAF) to all areas in England; trial a Community Eatwell Programme supporting those on low incomes to improve diets; increase the value of Healthy Start Vouchers to £4.25p per week and expand the scheme to pregnant women and households with children under 4 where a parent is in receipt of Universal Credit, 'National Food Strategy: The Plan' July 2021. p10-13

## CHAPTER 6: SOCIAL DIVERSITY, DISPARITY AND INEQUALITY

Prime Minister Boris Johnson has said that England has:

'a more unbalanced economy ….than pretty much every major developed country':
https://www.gov.uk/government/speeches/the-prime-ministers-levelling-up-speech-15-july-2021

His "Levelling Up" pledge to address social disparity and inequality is a major undertaking because:

'Inequalities exist, not just in income and living standards, but in wealth, health, family environments, life chances and political influence':
https://ifs.org.uk/inequality/wp-content/uploads/2019/05/The-IFS-Deaton-Review-launch.pdf

Inequalities shape the environment in which children mature; impacting the ability of many to attain their full potential. Policy decisions concerning them must therefore be made with their best interests in mind.

The World Health Organisation (WHO) defines the social determinants of health (SDH) as 'non-medical' factors that influence health outcomes; the conditions in which people are born, grow, work, live and age and the broader forces and systems shaping their daily lives:
https://www.who.int/health-topics/social-determinants-of-health

The SDH have an important influence on health inequities; the unfair and avoidable differences in health status seen with and between communities. 'Callum' (all names have been changed) is the patient of a busy GP who describes him below:

'Callum is 10 years old and pre-Covid, he came into my clinic room with his dad, Andy. Callum presented with an exacerbation of asthma. He had a wheeze, tight chest and was struggling to use his blue salbutamol inhaler appropriately….Callum was very overweight. In fact, he had a body mass index of over 40, putting him in the category of severe obesity. Callum's dad was also overweight.

I could just have treated his exacerbation of asthma – which has a strong underlying association with his obesity and makes him more likely to be resistant to treatment, increase his risk of hospital admission, the need for mechanical ventilation and death …but there was so much more to Callum than the medical problem with which he came to me.

**Callum's problems were not caused by an underlying metabolic, endocrine or genetic disorder. Callum had had multiple referrals to the Child Mental Health Team, where for some conditions there is a wait of nearly 2 years. He was being bullied at school, had low self-esteem, low academic achievement and had "hit and miss" contacts with social services. He also came from one of the most deprived areas of the city where in 2019-20, 29% (6,386) of children were living in poverty. Child obesity prevalence is intrinsically associated with socioecomic status.**

**What do I see when I look at Callum? I see a young boy with hopes and dreams of being a rock guitarist. But if his health trajectory continues, his liver will become fatty, inflamed and scarred. He will continue to have more frequent exacerbations of his asthma; he will become diabetic by the age of 30 and have a cardiac arrest at 40. In a few years, his liver will fail him, and we have no medicine and no treatment, other than a new liver of which there are not enough to go around. Even without all this, he will be more likely to die 10 years earlier than children born 2 miles away.':**
**https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA_Final_20210331.pdf**

**There must be the potential to reverse a deepening crisis in the health of our children.**

**One of the key indicators of population health, infant mortality, is rising again in England and occurring amongst the most disadvantaged children, Taylor-Robinson, D. and Barr, B. (2017) 'Death rate now rising in UK's poorest infants' BMJ (Online) doi:10.1136/bmj.2258. There is an indisputable link between maternal poverty, low weight and stillbirth:**
**https://bmjopen.bmj.com/content/2/3/e000964**
**the discrepancies between children that are based upon avoidable differences in social and economic circumstances are evident as early as 9 months of age in a range of domains and grow larger over time:**
**https://www.nber.org/system/files/working_papers/w14064/w14064.pdf**

**The under-5 mortality rate is the largest in Europe:**
**https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60497-9/fulltext**
**and the 2018 RCPCH Child Health Report for 2030:**
**https://www.rcpch.ac.uk/sites/default/files/2018-10/child_health_in_2030_in_england_-_recommendations_report_-_2018-10.pdf**
**has projected that if UK infant mortality "resumes decline" at present pace, it will be 80% higher than EU15+ by 2030.**

**The trend particularly affects the most income-deprived local authorities in England and the North of England has recorded the most dramatic rise in child poverty in the last 5 years from 26%-37%, DWP/HMRC statistics 'Children in low-income families: local area statistics' March 2021. Newcastle upon Tyne has seen a rise in excess of 12% in child poverty; from 28.5% in 2016 – 41.2% in 2021.**

**Poverty-ridden households experience higher prevalence of obesity, failure to thrive, sudden infant deaths, asthma, tooth decay and chronic disease as well as raised incidence of childhood abuse and neglect. This is attributed to exposure to harmful risk factors**

**contributing to ill health including bad housing, overcrowding, fewer safe areas, unsatisfactory sleeping patterns, poor nutrition, passive smoking and parental mental health problems.**

**Additionally, the rate of improvement in England for many health outcomes is lower than across the EU15+ and the pandemic has deepened this inequality, The Children's Society (2020) 'The impact of COVID-19 on children and young people':**
**https://www.childrenssociety.org.uk/information/professionals/resources/impact-of-covid-19-on-young-people**

**Across England, rates of infant and maternal mortality are highest among those of Black or South Asian heritage:**
**https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england**

**Further statistics show that 65% of Bangladeshi, 55% of Pakistani and 45% of Black African families are living in poverty:**
**https://www.jrf.org.uk/report/poverty-rates-among-ethnic-groups-great-britain**

**It is evident that children in low-income families are at serious disadvantage but those who also have long-term serious health issues or disabilities face additional levels of inequality. UK Black, Asian and minority ethnic (BAME) households are more than twice as likely to be living in poverty as their White counterparts:**
**https://socialmetricscommission.org.uk**
**necessitating a further level of understanding when considering data connecting the impact of social inequality on children's physical health.**

**Baroness (Floella) Benjamin has pinpointed the escalation of disadvantage with impoverished, compromised early years; in particular:**
**'Children and young people from disadvantaged backgrounds and culturally diverse communities':**
**http://floellabenjamin.com/touching-success**

**The Royal College of Nursing defines social inclusion as:**

**'making all groups of people feel included and valued within their society or community':**
**https://www.rcn.org.uk/clinical-topics/public-health/inclusion-health-care**

**Exclusion and an accompanying sense of being confined to "the margins" of society can often have a direct impact on health. Certain illnesses and disability itself can also cause people to be excluded as in the case study below supplied by children's charity, Caudwell Children. Brenda lives alone with her 5-year-old son who is autistic:**

**'Home can be very stressful and often isolating. My son does not like visitors so it is mainly me and him. He does not sleep very much. And because he is non-verbal it can be very frustrating working out what he wants. Life was so hard, I felt very alone and did not talk to anyone about my difficulties as people do not understand – I felt they thought badly of me or judged me.**

**Sally (Caudwell Children Warm Homes Support Worker) has helped me access support, gain confidence, feel better about myself and my parenting. My friends have commented that I look less stressed and happier.'**

**Evidence collated by the Warm Homes Trust, specialist energy consultants, Auriga and Caudwell Children (as part of the latter's Warm Homes scheme) shows that families with a disabled child often have lower family incomes than those with a non-disabled child. Many parents cannot work because of their full-time child-care responsibilities and 20% of parents report going without all the heating they need during the winter months: https://www.caudwellchildren.com/warmhomes**

**Children living in cold homes are more than twice as likely to suffer from a variety of multiple health problems as those living in warm homes.**

**2 million (43%) of the 4.5 million children in England who are living in poverty live in a family where someone is registered disabled: https://www.scope.org.uk/media/disability-facts-figures/**

**Recent data suggests that 34.3% of pupils with Special Educational Needs (SEN) support in England are also eligible for free school meals: https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england**

**The statistics illustrate a strong link between poverty and levels of additional need; however families with disabled children face a significant increase in living costs in order to meet their child's needs and BAME families with disabled children often encounter a double disadvantage when attempting to access services. This is due to the failure of policy-makers and providers to remain cognisant of the uniqueness of the individuals these services are designed to support: https://contact.org.uk/about-contact/news-and-views/contacts-responds-to-public-health-england-report**

**There is a very restricted choice of settings available to children with additional needs and many parents cannot afford fees that are excessive due to a lack of specialist provision and also because the under 5s are funded at a significantly lower rate than school-age children: https://contact.org.uk/wp-content/uploads/2021/03/levelling_the_playing_field_-_equal_access_to_childcare_for_disabled_chidlren.pdf**

**There is an urgent need to reassess the special needs funding formula.**

**In addition, studies (as above) have noted a:**

**'significant shortfall of knowledge, skills and confidence in the childcare and early years workforce':**

**The 30 hours childcare policy has seen settings reducing the level of staff qualification in order to make ends meet. Making investment in training for the early years workforce a priority whilst recalculating the funding formula for children with additional needs would help to level things up for children with disabilities and children from poor families when they enter full time education.**

**'Inequality in childhood means inequality across the life-cycle'**
**'Changing the Odds for Vulnerable Children: Building Opportunities and Resilience'**
**OECD Publishing, Paris:**
**https://doi.org/10.1787/a2e8796c-en**

**It is also a time where it is possible to make up for difference in varied and relevant ways. Across child developmental phases, there is an opportunity to holistically address at least part of early experienced disadvantage within the physical domain.**

**As social inequity remains, a tangible means to assist physical development is through socially just physical education and opportunities within the environment to support physical development. Physical activity can be contextually adapted to meet diverse needs and to extend expectation and the continued PE and Sport Premium, DfE (2021) PE and sport premium for primary schools:**
**https://www.gov.uk/guidance/pe-and-sport-premium-for-primary-schools**
**enables the potential to move beyond the school location which makes for exciting opportunities.**

**The School Sport and Activity Action Plan sets proactive means for pupils to attain 60 minutes daily physical activity, DfE (2019) 'School sport and activity action plan':**
**https://www.gov.uk/government/publications/school-sport-and-activity-action-plan**

**It should be possible to utilise epic events such as the Olympics and Paralympics to best advantage all pupils of differing interests and backgrounds.**

**Public playgrounds like other shared spaces are free at the point of use and therefore inclusive. 1 in 8 British households has no garden; semi-skilled, casual workers and unemployed people are almost 3 times as likely as skilled workers to be without one and Black people nearly 4 times as likely as White people to have no outdoor space at home, Office for National Statistics (May 2020). Nearly 29% of Black children as opposed to 18% of White children are obese by age 10-11, National Audit Office, Childhood Obesity, (September 2020).**

**There are gender inequalities in how girls and boys access shared play spaces.**

**'Make Space for Girls' maintains that the absence of spaces for girls is detrimental to their later health and their perception of "belonging" in public spaces. Play provision usage is dominated by boys, and girls' concerns that parks are unsafe and offer nothing for them are disregarded. 'Make Space for Girls' references a town council spending £127,000 on facilities used predominantly by boys with a further £350,000 considered for similar**

**infrastructure. Nothing was being spent on facilities used predominantly by girls, 'Make Space for Girls, Summary of Research Findings' (December 2020).**

**Providing for girls is enshrined in the 2010 Equality Act and the current situation is an infringement of the law.**

**Equity in playground access and use would enable children of all backgrounds and abilities to play alongside each other. The facilities should be high quality and stimulating for all; focusing upon children's abilities rather than impairments.**

**Being able to play outside freely and safely with other children closer to home is recognised as a human right for children under the United Nations Convention on the Rights of the Child, to which the UK is a signatory:**
**https://playingout.net/why/childrens-right-to-play/un-convention-on-right-to-play/**

**This is a matter of social justice.**

**However, traffic has doubled in volume and the impact of traffic dominance and danger is greater for children from more disadvantaged backgrounds. Air pollution:**

**'disproportionately harms those living in deprived areas and those from minority ethnic communities':**
**https://www.theguardian.com/environment/2021/feb/11/tough-air-pollution-targets-needed-to-cut-health-inequalities-say-mps**

**and it is acknowledged as especially harmful to children whose lungs are developing. This is illustrated by the recent tragic case of Ella Adoo-Kissi-Debrah who died aged 9 of an asthma attack due to poor air quality near her home on a busy main road in central London:**
**https://www.bbc.co.uk/news/uk-england-london-56801794**

**Furthermore, children from more disadvantaged areas are far more likely to be killed or seriously injured as pedestrians on the road:**

**https://pubmed.ncbi.nlm.nih.gov/15607283/**
**The fear of this amongst parents and children living in these areas (and subsequent impact on children's freedom to be outside) is based in reality:**
**https://playingout.net/wp-content/uploads/2021/04/Room-13-Playing-Out-in-Hartcliffe-commission-Report-June-2016.pdf**
**Children living in one of the most deprived wards in the UK are well aware of the barriers to their own freedom:**
**https://vimeo.com/208477850**

**More work is needed here, but the organisation 'Playing Out' has ample anecdotal and first-hand evidence that play streets (described earlier), "playing out sessions" on tower block estates and informal playing out near to home can all help to unite communities,**

dispel cultural barriers and increase inclusion and integration. Some written research and evidence for this is given below:
https://playingout.net/wp-content/uploads/2021/04/Estates-Project-2015-16-Final-report-1-1.pdf

In conclusion, there is an urgent need to evaluate the ways in which matters of social diversity, disparity and inequality as they affect the health of children and young people are addressed by policymakers. Tradition places the responsibility solely with the NHS and the Department of Health; however in the opinion of former NHS Chief Executive Sir Nigel Crisp:

'Health is made at home, hospital is for repairs':
https://healthismadeathome.salus.global

the NHS is first and foremost a medical treatment service.

The majority of NHS work is spent in the treatment as opposed to the prevention of illness and in responding to poor health rather that creating good health.

As seen by the case of Callum (above) by the time most children present for diagnosis, health inequalities will already be firmly entrenched and may indeed be the reason that they need medical help, Pearce, A. Dundas, R. Whitehead, M. Taylor-Robinson 'Pathways to Inequalities in Child Health' Archives of Disease in Childhood (2018):
http://dx.doi.org/10.1136/archdischild-2018-314808

Many Government Departments have an important contribution to make to children's physical health. They include:

- Education: curriculum and inspection potentially influencing health from the early years through to and encompassing secondary schooling
- Environment and Food: promoting healthy environments, physical activity and healthy diets
- Housing, Communities and Local Government: quality and stability of housing is important for children's health and Local Government has key responsibility for Public Health
- Digital, Culture, Media and Sport: the impact of social media on children's mental health is understood; less so the effect of sedentary screen time on physical health or the importance of 'levelling up' access to different sports

From this perspective, the Department of Health currently have only a modest role to play in the physical health of children.

It is therefore essential for National and Local Government to pursue a holistic cross-departmental approach towards children's physical health. Otherwise rather than a "level playing field", for the foreseeable future, some will continue to be "more equal than others."

**Going Forward:**

**6.1 Place race alongside poverty in policy discussions about disparity and inequality**
**6.2 Review the benefits system to ensure that working parents are supported in satisfying their children's material needs and are able to afford healthy and nutritious food without relying on charitable organisations such as food banks**
**6.3 Reassess the allocation of funding for children with long-term health issues or disabilities to ensure that they are able to access appropriate specialist provision regardless of their family's financial status**
**6.4 Consistent and regular paediatric 'Well Child' appointments throughout childhood and household food poverty and childhood nutrition to be included in the Government's Healthy Child Programme**
**6.5 Cross Departmental policy from National and Local Government to address children's health: a 'Health in all Policies' approach**
**6.6 In line with the United Nations Convention on the Rights of the Child, celebrate diversity by ensuring that the voices of children and those representing them are heard in policy decisions which affect them**

## CHAPTER 7: PHYSICAL ILLNESS, DISABILITY, SUBSTANCE ADDICTION AND ABUSE

**The early 20th century saw high mortality in children aged 1-5 with babies less than a year old particularly at risk. Following the launch of the NHS in 1949 heralding state-funded health care, the availability of antibiotics and development of immunisations, babies and children in Great Britain have increasingly survived - although many carrying a legacy of disability or complex medical needs.**

**Poverty as a major source of child ill health and death remains true today; although growing numbers of people live longer; albeit with long-term health conditions. However, in the decade pre-Covid, life expectancy declined in increasing numbers of communities in England, Rashid, T, et al (2021) 'Life expectancy and risk of death in 6791 communities from 2002 to 2019: high-resolution spatiotemporal analysis of civil registration data' Lancet Public Health:**
**https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900205-X**

**People with long-term health conditions are likely to reside in the most socioeconomically deprived local authorities where addressing poverty, reducing the burden of disease and eliminating health inequalities are daily resource-costly challenges.**

**The Royal College of Paediatrics and Child Health (2017) 'State of Child Health' report found that:**

**'The health of infants, children and young people in the UK has improved dramatically over the last 30 years. Many will lead happy and healthy lives, but the future health and happiness of a significant number is in jeopardy. The bottom line is that the UK could do far more to improve child health and wellbeing.'**

Many Early Years Foundation Stage (EYFS) principles, Department for Education (2021) Statutory Framework for the Early Years Foundation Stage: setting the standards for learning, development and care for children from birth to five:
https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2
are specifically designed to improve children's health and Early Years practitioners are ideally placed to embed them in daily nursery routine and activities.

Recent research has shown that early years practitioners have the potential to be a powerful empathetic force for beneficial change as they interact with children and parents/carers, Musgrave, J. and Payler, J. (2021) 'Proposing a model for promoting Children's Health in Early Childhood Education and Care Settings' Children and Society Volume 35, Issue 5 September 2021 pages 766-783:
https://onlinelibrary.wiley.com/doi/full/10.1111/chso.12449
but investment is needed to up-skill the workforce about contemporary health conditions together with a greater degree of collaboration between Health Visitors and nursery and childminding staff.

It should be a priority of Government to reduce the number of children for whom destitution is all too familiar, Marmot, M (2010) 'Fair Society Healthy Lives':
https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

Over half of the mortality burden is caused by "health risk behaviours" including tobacco use, poor diet, alcohol and drug misuse, physical inactivity and sedentary behaviour and environmental factors such as air pollution. All can contribute to the development of long-term health conditions and disability in later life. Therefore it makes sense to give greater weight to preventative policies alongside the necessary medical health referrals.

The World Health Organisation (WHO):
https://www.who.int/health-topics/social-determinants-of-health
defines the social determinants of health as:

'Non-medical factors that influence health outcomes……the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life.'

They impact health inequalities (unjust, avoidable differences in health status seen within and between different demographic groups) and focus on housing, employment and access to health and care services but also early childhood development.

Adverse Childhood Experiences (ACEs) are widely understood to impair early childhood development with lifelong negative health and social mobility outcomes.

They can occur within and outside the home and include (but are not limited to) abuse (physical, emotional, sexual) neglect (physical, emotional) and household dysfunction (mental health of a parent/caregiver, alcohol abuse, drugs misuse, incarceration, domestic

abuse, parental separation and bereavement) as well as issues occurring in educational settings such as bullying and stigma and in the community settings such as knife crime, county lines activity, grooming, violence and discrimination.

In 2018, Public Health Wales conducted a nationally representative study of 2,028 adults in Wales aged between18-69 and found that for every 100, 47 had suffered at least one ACE in their household during childhood with14 suffering four or more, Bellis, MA. Ashton, K. Hughes, K. et al (2016) 'Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult populations' Cardiff Public Health Wales/Liverpool: Centre for Public Health, Liverpool John Moores University: https://www2.nphs.wales.nhs.uk/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf

ACEs lock individuals into a state of perpetual 'readinesses' for further adversity or trauma, Felitti, V. et al (1998) 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study' American Journal of Preventive Medicine 14:245-258: https://www.ajpmonline.org/action/showPdf?pii=S0749-3797%2898%2900017-8

Being constantly hyper-vigilant or "allostatic" can prompt a range of negative outcomes from chronic low-grade inflammation to a premature onset of non-communicable ("lifestyle") diseases and psychological distress, Guidi, J. Lucent, M. Sonino, N. & Fava, GA. (2021) 'Allostatic Load admits Impact on Health: A Systematic Review' Psychotherapy and Psychosomatics; 90:11-27: https://www.karger.com/Article/Pdf/510696

The health-harming behaviours often embraced by those who have suffered ACES such as substance misuse, alcohol and tobacco dependence and gambling are called "coping mechanisms" but all can potentially accelerate the development of long-term health conditions including cardiovascular disease, type 2 diabetes, cancer, musco-skeletal disorders, periodontal disease and mental ill-health.

Recent findings suggest that the Covid-19 pandemic can be regarded as an "indirect traumatic stressor"; capable of eliciting post traumatic stress disorder (PTSD) type symptoms in anticipation of events that may/may not happen (death from Covid etc).

Symptoms may aggravate existing mental health conditions like anxiety and depression and studies show that whilst some children and young people had no adverse effects, many others suffered mental health deterioration such as anxiety, depression sleep and appetite disturbance and impairment to social interactions, Meherali, S. et al (2021) 'Mental Health of Children and Adolescents Amidst COVID-19 and Post Pandemics: A Rapid Systematic Review' Int J. Environ. Res. Public Health, 18, 3432: https://www.mdpi.com/1660-4601/18/7/3432

Adolescents also increased their alcohol and cannabis usage during the pandemic, Jones, EAK. et al (2021) 'Impact of COVID-19 on Mental Health in Adolescents: A Systematic Review' Int. J Environ. Res. Public Health, 18, 2470: https://www.mdpi.com/1660-4601/18/5/2470

In 2018, a Children's Commissioner Report, 'Estimating the prevalence of the toxic trio': https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Vulnerability-Technical-Report-2-Estimating-the-prevalence-of-the-toxic-trio.pdf suggested that 2.2% of 6-15 years old lived in a household where an adult had a "probable alcohol dependency" and 3.2% a drug dependency.

A number of studies demonstrate strong connections between drug and alcohol misuse in the home (often associated with, or exacerbated by, parental conflict) and adverse outcomes for children, Hogan-Lloyd et al (2021) 'Examination of the links between parental conflict and substance misuse and the impacts on children's outcomes': https://www.gov.uk/government/publications/examination-of-the-links-between-parental-conflict-and-substance-misuse-and-the-impacts-on-childrens-outcomes/examination-of-the-links-between-parental-conflict-and-substance-misuse-and-the-impacts-on-childrens-outcomes

Negative consequences can range from emotional disturbance through to the development of children's own drug and alcohol abuse in adolescence and beyond. They may embark upon premature sexual activity, experience relationship problems and exhibit challenging behaviour at school with poor academic outcomes, Velleman, R. and Templeton, L. (2016) 'Impact of parents' substance misuse on children; an update' BJ Psych Advances, 22(2) 108-117).

Young Minds is one of a number of organisations offering advice and support to parents whose children might be using drugs: https://www.talktofrank.com/get-help/concerned-about-a-child

Research findings indicate that that parental drinking and substance misuse can presage that of their children and intergenerational factors should be assessed when making substance misuse interventions, Marino, C. et al (2018) 'Parents' drinking motives and problem drinking predict their children's drinking motives, alcohol use and substance misuse' Addictive Behaviours,84,44.

Children in education are considered to be disabled under the terms of the 2010 Equality Act if the illness has:

'A substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.'
The Special Educational Needs and Disability Code of Practice: Department for Education & Department for Health (2015).

The Special Educational Needs and Disability Code of Practice: 0-25 further outlines:

'long-term health conditions such as asthma, diabetes, epilepsy and cancer':
https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

and statutory guidance advocates the use of individual healthcare plans; suggesting partnership working between parents and professionals, 'Children with health needs who cannot attend school', 'Supporting pupils with medical conditions' and the Department for Education 2021 'Statutory policies for schools and academy trusts':
https://www.gov.uk/government/publications/statutory-policies-for-schools-and-academy-trusts/statutory-policies-for-schools-and-academy-trusts#pupil-wellbeing-and-safeguarding

The clear consensus of professional opinion is that the wishes and feelings of a child or young person should be at the heart of all plans and decisions made on their behalf.

In 2006, the United Nations adopted the Convention on the Rights of Persons with Disabilities (CRPD); reframing stereotypical ways of thinking about people living with disability in order to empower them to reject a passive role and become the subject of their own lives; supported by a number of rights.

Article 24 of the CRPD sets out the right to inclusive education.

The 2010 Equality Act states that education settings must make "reasonable adjustments" to ensure that children and young people with disabilities are not disadvantaged in any way; also requiring settings to anticipate any adjustment that might be necessary prior to a situation arising whereby a disabled child joins the environment.
Settings are also required to take active steps to eliminate discrimination. A resource used by some schools is the 'No Outsiders':
https://no-outsiders.com/
strategy which allows them to teach aspects of the Equality Act in Primary Schools. The charity Scope publishes a range of story-books featuring children with disabilities that are available for download:
https://www.scope.org.uk/advice-and-support/storybooks-featuring-disabled-children

The Special Educational Needs and Disability Code of Practice 2015:
https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
states that children and their parents should participate in decision-making concerning their individual support as well as provision that is available locally. This advice is underpinned by Articles 12 and 13 of the United Nations Convention on the Rights of the Child.

Going Forward:

7.1 National trauma strategy should be established in England (the devolved governments in Scotland and Wales have one) focused on early intervention and prevention, overseen by the Office for Health Improvement and Disparities (OHID)
7.2 All involved in the care/supervision of children and young people to receive comprehensive initial and ongoing professional training to recognise the prevalence

of trauma and its potential role in an individual's emotional, behavioural, cognitive and physical development, presentation and wellbeing

7.3 Ensure that communities and specific demographic groups are supported through an equal and reciprocal relationship with public services to foster trust and encourage the growth of individual and community resilience

7.4 Equip Local Government agencies to identify and intervene where necessary in settings where children have suffered ACEs of any sort; involving the voluntary and community sector in the provision of safe and supportive environments for children and young people

7.5 Ensure that a child or young person who has a physical or mental illness has a voice in all matters that might have an impact on their education and empower parents to be equal partners with staff who are taking decisions in settings where children have a physical illness and/or disability

7.6 Train all school staff in the awareness and recognition of the potential impact on outcomes for children and young people whose parents (or other household member) misuse substances including alcohol and tobacco

## CHAPTER 8: THE NATURE AND NEEDS OF THE WORKFORCE

Pre-school provision for children in England is supplied by a mixed economy and unlike school education, Early Childhood Education and Care (ECEC) is not largely state-funded; there is funding for some 2 and 3-year-olds although it has largely proved to be inadequate.

Unlike teachers in schools, pre-school educators and carers working in early years settings are not considered to be professionals; there is not the same regulation that they be educated to degree level. Therefore, this workforce remains regarded as low-status and poorly paid (in some cases on the minimum wage).

Yet these workers are governed by the Early Years Foundation Stage (EYFS), DfE (2021), as before, which is statutory and are responsible for delivering a wide range of aims and principles that address the need to promote the physical health of babies and young children. The Early Years Workforce Strategy, Department for Education (2017): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/596884/Workforce_strategy_02-03-2017.pdf
emphasises the need for specialist graduate leaders with an understanding of child development combined with an array of skills, qualities and knowledge which are essential to support children's optimum levels of development and physical health.
The early years workforce is underfunded, and undervalued with a lack of highly trained and qualified staff. Working in this sphere offers few opportunities for continuing professial development and little time for inter-agency work and parental support, Payler, J. and Bennett, S. (2020) 'Workforce composition, qualifications and professional development in Montessori early childhood and care settings in England': http://oro.open.ac.uk/72360/

**The Government makes this point in its 'Start for Life' Action Point 4.1, HM Government (2021) 'The Best Start for Life; A Vision for the 1,001 Critical Days' The Early Years Healthy Development Review Report, Crown Copyright when advising the need for:**

**'An empowered Start for Life workforce: developing a modern, skilled workforce to meet the changing needs of families.'**

**This action point identifies that the workforce should be trained to best support families at both a local and national level, and to be accountable.**

**The Children's Commissioner (2020) 'Best beginnings in the early years; A proposal for a new early years guarantee to give all children in England the best start in life' identified that following the 2015 transference of responsibility for Health Visiting from the NHS to councils, there has been a £700 million drop in funding for the Public Health Grant. Since then, the services have lacked consistency and accessibility particularly post-pandemic.**

**The early years workforce has responsibility for supporting and promoting the physical health of babies and young children with acute and chronic conditions and are required to understand how to minimise the spread of infection within pre-school settings. Children with complex medical needs are increasingly cared for and and educated in early years settings and the workforce is well placed to engage with parents and Health Visitors in sensitive health promotion and support and to deliver the aims of the EYFS Healthy Child Programme, Musgrave, J. and Payler, J. (2021) 'Proposing a model for promoting Children's Health in Early Childhood Education and Care Settings' Children and Society Volume 35, Issue 5 September 2021 pages 766-783:**
**https://onlinelibrary.wiley.com/doi/full/10.1111/chso.12449**

**It is therefore essential to invest in the training and qualifications of the early years' workforce but also their pay and conditions so that the profession is seen as an attractive career option. This must also entail funding to be made available for continuing professional development and for local authorities to invest in support for the workforce, taking an overview of the ECEC provision and health needs of children and families in their areas and working in partnership with the private, voluntary and independent providers of ECEC.**

**'Start for Life' action points also recognise the need for a diverse, trained workforce; properly reflective of the families worked with including BAME, same sex, single parents, parents of adopted children and LGBTQ+ families.**

**The London Borough of Camden is one local authority which has reviewed its 1001 days provision post-pandemic and now describes its approach as:**

**'Holistic, trauma-informed and universal.'**

**with an aim to provide an "above minimum" service, Reed, J. and Hogg, S. (September 2021) 'Working for babies; listening to local voices for a better recovery' Parent Infant Foundation.**

**Physical Education is covered within initial teacher education programmes at undergraduate and postgraduate levels but the hours and content vary across providers and whilst there are reports of increased provision for CPD and also funding via the Physical Education and Sport Premium:**
**https://www.gov.uk/guidance/pe-and-sport-premium-for-primary-schools**
**in practice, improvements remain limited. PE has continued to be viewed as a vehicle to develop sport-specific activities.**

**Physical activity is frequently experienced as games within Physical Education in schools and the delivery is becoming more common via sport-specific teams; outsourced to coaching companies. In some cases, those teaching PE or overseeing play and break times or extracurricular clubs have scant (if any) experience of physical development, child psychology and sociology, McEvilly, N. (2021) 'What is PE and who should teach it? Undergraduate PR students' views and experiences of the outsourcing of PE in the UK' Sport, Education and Society:**
**https://www.tandfonline.com/doi/full/10.1080/13573322.2021.1901684**

**Within school, Physical Education is often cancelled and the holistic and wellbeing needs of children placed below delivery of core subjects and the scramble for grades. In order to support teachers who have little experience and knowledge of physical education as a subject, "packages" and "specialists" are often introduced.**

**The outsourcing of Physical Education lessons, playtimes and clubs to specialist coaches could be said to devalue teachers and the importance of knowing the children they teach. It might also be suggested that this style of learning produces a "care-less" profession; as those in a position of care do not get to see the whole child, Pearson, J. (2021) 'Care as a Core Practice Within Primary Education' In: Peters M A (eds) 'Encyclopaedia of Teacher Education. Springer, Singapore.**

**The neglect of play as an essential element of childhood is paramount. It is completely absent from childhood, welfare or education policy and this is at odds with the Government's stated high level policy objectives for schools:**

> **'Support schools to develop pupils into well-rounded, confident, happy and resilient individuals to boost their academic attainment, employability and ability to engage in society as active citizens.'**
> **DfE strategy 2015-2020 'World class education and care' (March 2016) Ref: DFE-0087-2016**

**Scotland and Wales do have national policies and strategies related to the value and quality of school play provision, 'Progress review of Scotland's Play Strategy 2021' Scottish Government ISBN no: 978-1-8381514-61; Government Wales 'A Play Friendly Country' Statutory Guidance (July 2014) ISBN 978 1 4734 1818 9 but in England there is no national policy informing the intent or value of playtimes. Staff responsible for play are not required to have any knowledge, qualifications, training, reviews, management or professional development.**

**However, the OPAL Primary Programme shows that playtimes do not have to be as poor as they are (see Chapter 4 'Play and Environments for Healthy Movement'). The Programme has demonstrated in hundreds of schools that a radical change of approach is possible and can lead to widespread benefits, 'Evaluation of South Gloucestershire Council's Outdoor Play and Learning (OPAL) Programme Final Report' (February 2011) Stuart Lester, Dr Owain Jones and Wendy Russell.**

**The staffing alterations in all OPAL schools to enable sustainable change are:**

1. **A strategic planning role 'The Curricular Lead for Play' with at least 1 hour no-contact time per week. It is not feasible to deliver sustained improvement in 20% of school life without a dedicated senior leadership post**
2. **The creation of an operational leadership role; the play coordinator. As there are 20,000 child play hours per year per 100 children and playtimes can sometimes be overseen by a team of up to 30 adults in large schools, there must be someone placed in charge of the team; their training and practice, resourcing and communication**
3. **Play work training for all staff supervising play**

**In 'The Case for Play in School 2021: A Review of the Literature' Ana Ardelean, Dr Wendy Russell, Kate Smith (October 2021) it is shown that schools which address the quality of playtimes through improvements in policy, staffing and resources, can deliver huge improvement in all of the Ofsted priority areas to children's activity levels, self-reported wellbeing and institutional benefits.**

**'Instrumental value of interventions to improve playtimes can be found in children's greater engagement in a range of movements and MVPA; in increased pro-social behaviour and reduction in conflicts and the development of social and emotional skills; better problem-solving skills, self-regulation and self-confidence; reduced stress, boredom and injury.**

**Institutional value: schools that have introduced measures to improve playtimes consistently report happier playtimes with fewer incidents, making them easier to supervise; quicker and better settling to class after playtimes; better attention and on-task behaviour in class; and positive parent reactions.'**

**As we emerge from the Covid era, with greater understanding of the costs of play poverty to all areas of children's mental and physical health and wellbeing, decision makers at every level have a responsibility to provide the necessary policy, guidance and support to schools to improve the quality of playtimes for every child, every day in every school.**

**Going Forward:**

**8.1 A National Workforce Strategy for the Early Years covering requirement for graduate leadership, funding for training and CPD, attractive and transparent remuneration scales and career progression and development and expectation to facilitate a culturally diverse workforce**

8.2 Early years practitioners to undergo regular (and updated as necessary) specialist training to understand and identify the most "at risk families" to include issues such as substance abuse, child abuse and neglect, child sexual abuse and exploitation, intimate partner violence, female genital mutilation and gang violence

8.3 National Strategy to increase the number of Health Visitors and to promote co-operation and partnership working with EY practitioners in matters of children's health and wellbeing

8.4 National Review and improvement of the content and duration of the Physical Education component of Initial Teacher Education (ITE) programmes and CPD

8.5 A holistic approach to Physical Education provision and teaching in school to be part of Ofsted Inspection with discouragement of the outsourcing of provision to external coaches and automatic supply and use of non-Physical Education specialist "teaching aids"

8.6 A National Play Strategy for England and Play to be part of Ofsted Inspection

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Children's Alliance

Better starts, brighter futures

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