New recommendations for promoting health-enhancing physical activity with young people (5–18 yrs)

Health Education Authority

Summary of key recommendations

- Children and young people should aim to be active for one hour every day.
- This should incorporate a range of enjoyable activities throughout the day.
- Although one hour a day is the recommended level, half an hour is a good way to start.
- The message for young people and children is different from the adult recommendation.

Why do we need new recommendations?

These are the first comprehensive recommendations to be made in England for the promotion of health-enhancing physical activity with young people. Health-enhancing physical activity incorporates a wide range of activities, like walking to school, dancing, playing, as well as more structured forms of exercise and sport, which contribute to health. Many policy documents promote physical activity with young people (for example, NCC Curriculum Guidance 5, Physical Education (PE) National Curriculum, 'Raising the Game') but they all come from a variety of different perspectives, such as sports participation, sports performance, physical education and health education. The Health Education Authority’s (HEA) main perspective is public health, and is the basis for these recommendations.

What is the Health Education Authority?

The HEA is England’s lead body in Health Promotion. Its work can be divided into three main areas:

1. advising the government on health promotion strategy;
2. working with professionals on practical projects designed to improve health;
3. working with and for members of the public.

Background to the recommendations: the Public Health perspective

With the adult population, there is a wealth of data on the health benefits of physical activity (PA), and strong international consensus that building up to half an hour a day of moderate intensity activity, like brisk walking, is beneficial for health. The evidence base for young people is much weaker, however, and there continues to be great debate about the nature and extent of any public health problem, and the range of possible solutions.
In 1995, the Health Education Authority began to tackle this issue and commissioned Loughborough University to conduct a review of evidence and recommendations relating to young people and health-enhancing physical activity. This review failed to identify any national recommendations, despite decades of concern amongst both professionals and the public about the physical activity levels of young people. Based on this, in June 1997, the HEA began a process of expert consultation and review of the evidence surrounding the promotion of health-enhancing physical activity for young people. The aim of this process was to produce a policy framework from a public health perspective that would maximise the opportunity for young people to participate in a lifetime of regular health-enhancing physical activity.

Some of the key points in the subsequent policy framework are outlined in the following pages.

A book has also been produced which contains the outline policy framework and scientific papers which form the basis of the recommendations. Further details about these documents can be found on the back page of this insert.

**How active should young people be?**

For improved health there are two main recommendations, identified as primary and secondary recommendations. These are applicable to all young people and are not exclusive to the primary or secondary age range. The primary recommendation should therefore be seen as the main recommendation and the secondary recommendation as the subsidiary recommendation.

The recommendations are intended to take into account the current physical activity patterns and lifestyles of young people, so that they represent attainable goals that are appropriate for young people.

The recommendations are based on current scientific evidence and expert opinion, but it is acknowledged that neither the minimal nor the optimal amount of PA for young people can be precisely defined at this time. Expert opinion strongly supports these recommendations until further research leads to refinements.

**Primary recommendation**

- All young people should participate in physical activity of at least moderate intensity for one hour per day.
- Young people who currently do little activity should participate in physical activity of at least moderate intensity for at least half an hour per day.

**Rationale – primary recommendation**

An average of one hour of physical activity per day is the key recommendation. Although the majority of younger people are currently meeting the criterion of 30 min of moderate PA per day on most days of the week, childhood overweight and obesity is increasing in the UK; many young people have been shown to possess at least one modifiable CHD risk factor; and many young people have symptoms of psychological distress.

Examples of moderate intensity activities for all young people may include brisk walking, cycling, swimming, most sports, or dance.

Activities may be carried out as part of transportation, physical education, games, sport, recreation, work or structured exercise. For younger children, activities can be carried out as part of active play.
Such activity may be performed in a continuous fashion or intermittently accumulated throughout the day. Given that young people have demonstrated patterns of intermittent activity, emphasising the accumulation of PA over the day seems a practical approach.

**Secondary recommendation**

- At least twice a week, some of these activities should help to enhance and maintain muscular strength and flexibility, and bone health.

**Rationale – secondary recommendation**

Participation in strength and weight-bearing activities is positively associated with bone mineral density and is believed to be related to a reduced long-term risk of osteoporosis.

Muscular strength is particularly important, as it is required to perform activities of daily life, such as lifting and carrying, bending and twisting. Trunk strength and muscular flexibility may be associated with reduced risk of injury and back pain in later life.

Activities for younger children that enhance strength include play, such as climbing, skipping or jumping. For adolescents, they might include structured exercise, such as body conditioning or resistance exercises. Weight-bearing activities that promote bone health include gymnastics, dance, aerobics, skipping, and sports such as basketball. A variety of activities are important to develop strength in a wide range of muscles and bones.

**Why should we encourage young people to take part in health-enhancing physical activity?**

From a health perspective, there are three main rationales for encouraging young people to take part in regular physical activity:

- to optimise physical fitness, current health and well-being, and growth and development;
- to develop active lifestyles that can be maintained throughout adult life;
- to reduce the risk of chronic diseases of adulthood.

The important factor for health is the encouragement of PA as a behaviour, rather than concentrating on the development of fitness as an outcome. Research has identified that it is not necessary to perform high intensity activity in order to gain health benefits. Activities which are performed at a moderate level, equivalent to brisk walking, are beneficial to health. The key factor for health is the total amount of activity in which a young person participates.

**Is physical activity good for young people?**

Physical activity can have multiple beneficial health outcomes in young people for their current and future health and well-being.

The benefits include:

- enhanced psychological well-being with reduction in symptoms of depression and anxiety;
enhanced self-esteem, especially in disadvantaged groups, such as those with initially low self-esteem and those with learning difficulties. The potential psychological benefits for some young people can, however, be limited by an over-emphasis on competitive performance;

enhanced moral and social development, when activities are appropriately structured;

reduction in overweight and obesity, when combined with appropriate dietary modification;

reduction in chronic disease risk factors, for example serum lipid and lipoprotein concentrations, and blood pressure. Recent research has also identified a favourable relationship between PA and a range of factors associated with metabolic syndromes (hypertension, obesity, insulin resistance, impaired lipid and lipoprotein profile). In addition, weight-bearing and strength-enhancing PA can improve skeletal health in young people.

Other considerations

PA ‘tracking’: there is a moderate relationship between the amount and type of physical activity in childhood with that in youth. Current evidence indicates low levels of tracking from youth into young adulthood.

Negative effects of physical activity. Physical activity can increase the risk of musculo-skeletal injuries. Most injuries that do occur are the result of over-exercise, particularly around puberty. However, some activities and sports can increase the risk of accidents, including road accidents, falls, collisions and other trauma.

What influences the activity of young people?

There are a number of determinants affecting young people’s participation in PA.

Enjoyment is particularly important and is consistently associated with participation in PA. Factors that influence enjoyment of PA will, however, vary between individuals and groups.

There is a consistent association between some key psychological variables and physical activity in youth: feelings of competence, control and autonomy; self-efficacy (confidence); the existence of positive attitudes to physical activity; having personal goals that focus on personal effort and improvement; perceptions of increased benefits and decreased barriers to physical activity. Major differences exist between males and females in relation to some of these variables. Females consistently show lower levels of perceived competence; higher levels of perceived barriers or costs; and lower levels of enjoyment.

There is substantial evidence that family and peer support correlated with PA levels of young people, and that access to appropriate environments can enhance participation in PA by young people.

Mass media, cultural factors, and youth sports organisations can influence PA in young people, but direct data are lacking.

Gender and socio-economic inequalities in PA participation among young people appear to reflect inequalities in the broader society.

Do we know what works?

The most thoroughly evaluated interventions are health-related physical education programmes in primary schools, although most data comes from the United States. While studies have tended to focus on physiological outcomes, there is recent evidence that an appropriately designed, delivered and supported PE curriculum can enhance current levels of PA and can improve physical skill development.
Interventions which focus on the family, environment and policy development have also shown some evidence of success.

**How can young people be active for one hour a day?**

There are many activities that could help young people build up to one hour a day of activity. For example, walking to and from school – 20 minutes in total; playing or having a kick-around at breaks – 15 minutes; after-school clubs – 25 mins. Other examples are shown in the diagram below:

**What can the education sector do?**

The education sector can make a major contribution towards enabling young people to develop lifetime habits of physical activity. To achieve this, schools and education authorities will need to work with a range of organisations, including local government, leisure and recreation, the health services, and environmental and voluntary groups, to develop local strategies to increase levels of PA of young people.

The education sector can make a difference to young people’s participation in PA via:

- the planning, delivery and support of the curriculum in health education and physical education;
- the delivery of whole school approaches to promoting PA;
- developing sustained links with providers in the local community.