



Active Healthy Kids



SCOTLAND

The Impact of COVID-19 on Physical Activity and Health in Children and Adolescents

Results from the Active Healthy Kids Scotland COVID-19 Report Card

This document is a brief summary of the results of the Active Healthy Kids Scotland COVID-19 Report Card. Active Healthy Kids Scotland Report Cards are ‘state of the nation’ reports on the physical activity and health of Scottish children and adolescents. The aim of the COVID-19 Report Card is to examine the impact of Covid-19 on physical activity and health indicators and the policy response to the pandemic. A long form of this card is available at <https://www.activehealthykidsscotland.co.uk> and this provides more detailed information on the indicators, benchmarks, and data sources used to grade each indicator.

Through collating and examining public health data, the Active Healthy Kids Scotland COVID-19 Report Card is intended to:

- Broaden our understanding of changes in child and adolescent health before and after the pandemic,
- Inform pandemic recovery for Scottish children and adolescents,
- Inform future pandemic preparedness, and
- Improve future monitoring of the report card indicators in Scotland.

Acknowledgements

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Contact Details

Dr Farid Bardid (farid.bardid@strath.ac.uk; Strathclyde Institute of Education, University of Strathclyde, Glasgow)

Professor John Reilly (john.j.reilly@strath.ac.uk; Physical Activity for Health Group, Department of Psychological Sciences & Health, University of Strathclyde, Glasgow)



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Summary of Grades and Inequalities

Indicator	Pre-Covid-19 Grade	Post Covid-19 Grade	Summary of inequalities identified
Sedentary Behaviour 	F (We are succeeding with very few (<20%))	INC (Incomplete Grade, where Scottish data were not available or were insufficient/ inadequate to assign a grade)	<p>Socioeconomic status (SES): For meeting screen time guidelines, inequalities widened post-COVID-19, although adherence to screen time guidelines decreased across all SES groups (HBSC, 2022).</p> <p>Gender: Post-COVID-19, the gender gap in TV viewing decreased with more girls engaging in less than 2hrs TV viewing compared to boys. While the number of girls engaging in less than 2hrs of video gaming decreased, slightly narrowing the gap between boys and girls (HBSC, 2022).</p>
Overall Physical Activity 	INC	INC	<p>Socioeconomic status: Physical activity levels of adolescents increased post-COVID-19, but the rise was greater in those from high SES backgrounds compared to adolescents from low SES backgrounds, widening SES-related inequalities (HBSC, 2022).</p> <p>Gender: Adolescent boys experienced a greater increase in physical activity levels post-COVID-19 compared to adolescent girls, leading to a widening gender gap (HBSC, 2022).</p>
Organised Sport and PA 	B- We are succeeding with well over half (60%-66%)	B-	<p>Socioeconomic status: Participation rates in organised sport and physical activity remained higher among adolescents from high SES backgrounds, with a modest reduction in inequality in adolescents (SHeS, 2022).</p> <p>Gender: Adolescent boys consistently reported higher participation rates than adolescent girls from age 11 onward, with no change in the gender gap (SHeS, 2022).</p>





Active Play

INC INC



Socioeconomic status: No significant differences were likely observed in daily active play between children from high (49%) and low SES (52%) backgrounds pre-COVID-19. Changes cannot be assessed due to disruptions in data collection of the [SHeS 2021](#) survey.

Gender: Boys were more likely than girls to engage in daily active play in 2021, with similar patterns observed in 2018. However, changes cannot be assessed due to disruptions in data collection of the [SHeS 2021](#) survey.

Active Transportation

C- C



We are succeeding with about half (40%-46%)

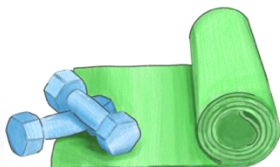
We are succeeding with about half (47%-53%)

Socioeconomic status: Post-COVID-19, active travel declined in low-SES areas (from 66% in 2019 to 56% in 2022) but remained stable in high-SES areas (around 52%), narrowing the SES gap in active travel ([HUSS, 2022](#)).

Gender: No significant differences between gender and no changes observed from pre- to post-COVID-19 ([SHS, 2022](#)).

Physical Fitness

INC INC

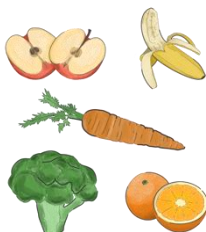


Socioeconomic status: Inequalities in physical fitness could not be assessed due to the absence of surveillance data.

Gender: Inequalities in physical fitness could not be assessed due to the absence of surveillance data.

Diet

INC INC



Socioeconomic status: While more children in the lowest SES group met the 5-a-day guideline post-COVID-19, SES inequalities persist ([SHeS, 2022](#)).

Gender: Boys showed greater improvements in fruit and vegetable intake post-COVID-19, narrowing the gap with girls ([SHeS, 2022](#)).



Obesity



INC INC

Socioeconomic status: Data for changes in obesity rates by SES were inconsistent ([P1BMISS, 2021/2022](#) and [SHeS, 2022](#)). However, obesity rates remained higher in low SES areas.

Gender: Changes were inconsistent across datasets.

Family & Peer Influence



D- INC

We are succeeding with less than half (20%-26%)

Socioeconomic status: Inequalities in adult overweight and obesity rates narrowed post-COVID-19 ([SHeS, 2022](#)). For all other benchmark requirements, comparable data from pre- to post-COVID-19 were not available.

Gender: Post-COVID-19, gender inequality widened, with men being more likely to meet MVPA and muscle/bone strengthening guidelines, and the obesity gap increased from 6 to 9 percentage points ([SHeS, 2022](#)).

Community & Environment



B- INC

We are succeeding with well over half (60%-66%)

Due to the absence of relevant data, the assessment of inequalities or changes in inequalities from pre- to post-COVID-19 by either SES or gender is not possible.



Indicator	COVID-19 Response Grade	Grading Summary
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Government¹



A-

We are succeeding with a large majority of children (80%-86%)

(Physical activity policy)

The evidence of leadership and commitment to providing PA opportunities for all children and youth was persistent. This is evident through sustained funding and the continuation or expansion of effective pre-existing policies during the pandemic.

B

We are succeeding with well over half (67%-73%)

(Diet policy)

None of the new policies were focussed on improving the healthiness of diets nor tackling childhood obesity. The focus was on the immediate urgent need to reduce impacts on access to food especially amongst vulnerable groups. The policies had clear actions in terms of this, with clearly identified funding and responsible organisations, but were weaker on reporting structures and monitoring and evaluation plans.



¹ References to policies can be found in the long form of the report card.