

Move for Brain Health: Active Healthy Kids Scotland Report Card 2026

Summary



**Active
Healthy Kids
Scotland**



ACTIVE HEALTHY KIDS
GLOBAL ALLIANCE

Background

This document is a summary of the results of the 2026 Active Healthy Kids Scotland Report Card. The Active Healthy Kids Scotland Report Card is a 'state of the nation' report on the physical activity and health of Scottish children and adolescents. As with previous report cards, the 2026 Report Card examined and synthesised data from national surveys and assigned grades to a range of indicators related to physical activity and health using a standardised and robust methodology.

The theme of this Report Card is brain health. Brain health is shaped by multiple, interacting factors across childhood and adolescence, which carry through into adulthood and later life. The Report Card captures many behaviours, environments and inequalities that are relevant to the foundations of lifelong brain health. This emphasises that monitoring and supporting children's physical activity, diet, sleep and environments should be viewed as an investment in both current child health and lifelong brain health.

The full Report Card is available at www.activehealthykidsscotland.co.uk and provides more detailed information on the indicators, benchmarks, and data sources used to grade each indicator.

Acknowledgements

The report card was produced by the University of Strathclyde (Dr Farid Bardid; Prof John Reilly; Mia Carballo), University of Stirling (Dr Simone Tomaz), University of Aberdeen (Dr Leone Craig), Jenni Robertson, University of Glasgow (Dr Joanna Inchley) and University of the West of Scotland (Cameron Stewart). Initial data searches were completed by students Aoife Murray and Nicole Elliot from the University of Strathclyde. The draft grades were reviewed by stakeholders from a range of sectors within Scotland and the Active Healthy Kids Global Alliance. The report card was designed by Alzheimer Scotland.

This report card was supported by Alzheimer Scotland and Strathclyde Institute of Education.

Contact Details:

Dr Farid Bardid




Department of Psychological Sciences and Health,
University of Strathclyde, Glasgow
email: farid.bardid@strath.ac.uk

Prof John Reilly

Department of Psychological Sciences and Health,
University of Strathclyde, Glasgow
email: john.j.reilly@strath.ac.uk



Grades and Inequalities

Indicator	Grade	Summary
Sedentary Behaviour (Screen Time)	 We are succeeding with very few of children (<20%)	<p>Socioeconomic status: Fewer adolescents from low-affluent families (4%) are engaging in less than 2 hr of screen time per day compared to those from medium- (5%) and high-affluent families (7%) (HBSC 2022).</p> <p>Gender: Fewer adolescent boys (4%) than girls (7%) are engaged in less than two hours of recreational screen time per day (HBSC 2022).</p> <p>Disability: 4% of adolescents with long-term illness or disability engaged in less than 2 hr of recreational screen time per day compared to 6% of those without long-term illness or disability (HBSC 2022).</p>
Sleep	 We are succeeding with about half of children (47-53%)	<p>Socioeconomic status: Fewer adolescents from low-affluent families (41%) met the recommended sleep time compared to adolescents from medium- and high-affluent families (48% and 53%, respectively) (HBSC 2022).</p> <p>Gender: More boys (51%) met the recommended sleep time than girls (45%) (HBSC 2022).</p> <p>Disability: Fewer adolescents with long-term illnesses or disabilities (45%) met the recommended sleep time compared to those without long-term illness or disability (49%) (HBSC 2022).</p>
Overall Physical Activity	 We are succeeding with well over half of children (67%-73%)	<p>Socioeconomic status: Fewer adolescents from low-affluent families (58%) participated in at least 60 min of MVPA for 4 days or more per week compared to those from middle (71%) and high affluent families (80%) (HBSC 2022).</p> <p>Gender: More adolescent boys (77%) participated in at least 60 min of MVPA for 4 days or more per week compared to girls (65%) (HBSC 2022).</p> <p>Disability: The proportion of adolescents with and without long-term illness or disability participating in at least 60 min of MVPA for 4 days or more per week was similar (71% and 71%, respectively) (HBSC 2022).</p>



Organised Sport & PA

B

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

Socioeconomic status: Fewer adolescents from low-affluent families (54%) participated in sports at least once or twice a month compared to those from medium (71%) and high (82%) affluent families (HBSC 2022). Similarly, fewer children and adolescents from the most deprived areas participated in sport (55%) compared to those from least deprived areas (78%) according to SHeS 2024.

Gender: More adolescent boys (75%) participated in sports at least once or twice a month compared to girls (65%) (HBSC 2022). However, SHeS 2024 reported similar participation rates for boys and girls (66% each).

Disability: Fewer adolescents with long term illness or disability (65%) participated in sports at least once or twice a month compared to those without long-term illness or disability (71%) (HBSC 2022). According to SHeS 2024, fewer children and adolescents with limiting long-term conditions (50%) participated in sport compared to those with non-limiting long-term conditions (71%) or no long-term conditions (69%).

Active Play

INC

Insufficient evidence to grade

Socioeconomic, gender and disability inequalities could not be assessed due to a lack of surveillance data.

Active Transportation

C+

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

Socioeconomic status: Fewer children and adolescents from higher socioeconomic backgrounds (63%) walked, wheeled or scooted at least five times in the prior week compared to children and adolescents from lower socioeconomic backgrounds (73%) (CWCI 2024).

Gender: Similar proportions of primary school boys and girls cycled to school (12% vs 10%, respectively) although a higher proportion of girls walked, wheeled or scooted compared to boys (54% vs 48%). A comparable pattern was observed among secondary school pupils, with cycling reported by 6% of girls and 8% of boys, while 46% of girls and 40% of boys walked, wheeled or scooted. Over the week prior to the survey, 67% of girls and 65% of boys walked, wheeled or scooted at least five times, whereas 16% of girls and 22% of boys cycled at this frequency (CWCI 2024).

Disability: Disability inequalities could not be assessed due to a lack of surveillance data.

Physical Fitness

INC

Insufficient evidence to grade

Socioeconomic, gender and disability inequalities could not be assessed due to a lack of surveillance data.

Diet



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

Socioeconomic status: Children and adolescents living in the least deprived areas were more than twice as likely to meet the fibre goal than those living in the most deprived areas (**25%** vs **11%**). Fruit and vegetable consumption was also higher among those living in the least deprived areas compared with the most deprived areas (DISH 2024).

Gender: Boys were more likely than girls to meet the goals for free sugars (**10%** vs **7%**) and fibre (**21%** vs **12%**) (DISH 2024). There were small differences in consumption of fruit and vegetables with **17%** of boys and **19%** of girls consuming five or more portions of fruit and vegetables per day (SHeS 2023).

Disability: Children and adolescents with limiting and non-limiting long-term conditions were less likely to consume five or more portions of fruit and vegetables per day (**14%** and **13%**, respectively) compared with those with no long-term conditions (**19%**). Those with limiting long-term conditions were also more likely to report consuming no fruit and vegetables (**15%**) compared to those with non-limiting long-term conditions (**4%**) and no long-term conditions (**6%**) (SHeS 2023).

Obesity



Insufficient evidence to grade

There was no obesity prevalence data based on body fatness to adequately assess socioeconomic, gender and disability inequalities although there was prevalence data based on BMI-for-age.

Socioeconomic status: Primary 1 BMI statistics 2023/24 showed higher obesity rates among Primary 1 children from most deprived areas compared to those from least deprived areas (**14%** vs **6%**). Similarly, according to SHeS 2024, obesity prevalence among children and adolescents from most deprived areas was higher compared to those from least deprived areas (**20%** vs **12%**).

Gender: Obesity prevalence was similar for Primary 1 boys and girls (**11%** vs **10%**) (Primary 1 BMI Statistics 2023/24). In children and adolescents aged 2-15 years, obesity prevalence was slightly higher among boys (**19%**) than girls (**17%**) although differences varied by age (SHeS 2024).

There were only small differences in obesity prevalence between boys and girls according to Primary 1 BMI statistics 2023/24 (**11%** vs **10%**) and SHeS 2024 (**19%** vs **17%**).

Disability: SHeS 2024 reported that obesity rates among children and adolescents with non-limiting long-term conditions were higher compared to those with no long-term conditions (**22%** vs **18%**). Obesity prevalence among those with limiting long-term conditions was **19%**.

Family & Peers



Insufficient evidence to grade

Socioeconomic, gender and disability inequalities could not be assessed due to a lack of surveillance data.

Community & Environment

INC

Insufficient evidence to grade

Socioeconomic, gender and disability inequalities could not be assessed due to a lack of surveillance data.

School

INC

Insufficient evidence to grade

Socioeconomic, gender and disability inequalities could not be assessed due to a lack of surveillance data.

Indicator	Grade	Summary
Government & Policy	Physical Activity	Evidence of leadership is most abundant for active play and for active travel (mostly for cycling). Funding exists to support children and youth PA although it is not always evident (or relevant) for all policy instruments, and the details are occasionally lacking. Several policy documents show promising synergy between politics, academics, and non-governmental organisations and/or charities. Progress through the key stages of policy making is evident, although more can be done in terms of monitoring, and better reporting would truly highlight impact of policy for children and youth PA opportunities.
	Diet	There was clear evidence of leadership and commitment to providing healthy diet opportunities for children and adolescents. Evidence of allocation of funds and resources was clear for implementation of many policies, but not all. Progress through the key stages of public policymaking is evident for many policies. There was more evidence of planning of monitoring and evaluation than was evident in previous report cards. However, the commitment to continued monitoring was not entirely clear and this was still lacking in some policies. As many of these are newer policies, we are unable to assess whether this planning came to fruition.

