



More people
More active
More often

A young woman with long brown hair in a high ponytail, wearing a light pink t-shirt, is shown in profile from the waist up. She is holding the handles of a piece of gym equipment, likely a rowing machine or a similar cardio machine, and appears to be in motion. The background is dark and out of focus, showing other gym equipment. An orange banner is overlaid at the bottom of the image, containing the title text.

Children and Young People In Leisure Facilities

Guidance for operators when considering children's and young people's activities in facilities

While ukactive is not a regulatory body, we do promote safe and inclusive practices among all ukactive members. We want all facilities to provide a safe and welcoming environment for all. As such, we have developed this guidance for our members to use as a basis to create their own policy – not all elements will be suitable, or possible, for all. This document is not a substitute for taking specific advice (legal or otherwise) where appropriate.



Introduction

The number of overweight and obese children in the UK has increased over the past 30 years. [The 2019 Health Survey for England](#) reported that nearly three-in-10 boys and over two-in-10 girls aged two to 15-years-old were either overweight or obese (further statistics and benefits available in Appendix B). This has led to a general upsurge in the number of leisure facilities and fitness facilities putting on activities specifically for children.

However, the issues relating to safety and ethics surrounding the participation of children in activities at any facility are complex. In order to provide clarity and reduce the existing confusion over what is, and what is not required or recommended, ukactive has created this guidance document. Although we recommend physical activity for all ages, this guidance applies to activity provision for children and young people (also known as adolescents in this document) from the age of 10 up to the age of 18 (in this document, children means those aged 10 – 13 and young people means those aged 14 – 17).

The decision as to whether to encourage or allow children and young people into your facility is ultimately the choice of the operator, however, should you wish to encourage physical activity for young people at your facility, we hope that this guidance will assist you to do so safely.

For the purposes of this guidance document and specifically for safeguarding purposes, England, Wales, Northern Ireland and Scotland each have their own guidance setting out the duties and responsibilities of organisations to keep children safe, but they all agree that a child is anyone who

has not yet reached their 18th birthday ([NSPCC 2021](#)).

The advice in this document is relevant to a child participating in activities either in an exercise class or in the fitness room at any gym, leisure centre or fitness facility, but will not apply to participation in sports as there is already guidance from the relevant National Governing Body (NGB) for sports. The principles within this guidance will also help create any community activation programmes for those aged under 18 years, regarding activities (not 'sport').

Government advice

The latest [UK Chief Medical Officers' Physical Activity Guidelines \(2019\)](#) recommend that children and young people (aged five to 18-years-old):

- Should engage in MVPA (moderate-to-vigorous physical activity) for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.
- Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.
- Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.

- Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.
- Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.
- All instructors/personal trainers must hold a qualification which is recognised on the qualification and credit framework (QCF), post-2009¹.
- All Level 2 gym instructor, group exercise instructor and Level 3 personal trainer qualifications post 2009 are designed to enable instructors to adapt their sessions to accommodate the occasional 14 to 17 year old participant.

[The UK Chief Medical Officers' Physical Activity Guidelines for Disabled Children and Disabled Young People 2022](#) recommends that:

- For good health benefits, disabled children and young people should do 20 minutes of physical activity a day.
- Disabled children and young people should do challenging but manageable strength and balance activities three times a week.

Education and training (staff qualifications and training)

The following guidance covers the Chartered Institute for the Management of Sport and Physical Activity's categories and qualification levels for instructing gym/class-based exercise to children and young people.

For incidental use of a gym or class by a young person – i.e. not child-specific activities

Instructing exercise to young people (aged 14 to 17-years-old) in a gym or class as part of public/adult sessions.

- All instructors should be practitioner members of CIMSPA in the gym instructor, group exercise instructor or Personal Trainer categories.

For child-specific activities

Instructing exercise to children or young people aged 14 to 17-years-old in specialist exercise sessions or instructing exercise to children aged 10 to 13-years-old.

- All instructors should be practitioner members of CIMSPA in the gym instructor, group exercise instructor or Personal Trainer categories.

Fitness, group exercise instructors & personal trainers must hold:

- A QCF post 2009 gym instructor, group exercise instructor or personal trainer qualification.
- A qualification or CIMSPA-endorsed CPD training course aligned to the professional standard for Working with Children.

All qualifications, CPD and training must be aligned with the Sport and Physical Activity sectors professional standards, awarded by a CIMSPA Higher Education or Awarding Organisation partner and delivered by a CIMSPA Higher, Further or Training provider partner. The specific training includes elements of Safeguarding Children with specific scenarios linked to working in a gym or group exercise environment (e.g. open access, conduct).

Summary of some of the Physiological and psychological recommendations

- Instructors must understand fully the physiological and psychological implications of working with children and young people.
- Instructors must have knowledge of growth plate injuries and be aware of whom to refer these injuries to. In most circumstances it will be the family GP.
- A young person's fitness routine should include activities that are aerobic or endurance-based to work the cardiovascular and cardiorespiratory systems.
- Avoid excessive training with young people, especially through their growth spurt period (typically from 10 to 14-years-old for boys, and eight to 13-years-old for girls). Please pay close attention to the known hot spots on the body – back, knees and ankles.
- Varying the content of the session is extremely important. This will improve engagement, performance and reduce behavioural issues. The variation within a session is a recommendation as it allows interval training to occur.
- Instructors need to be able to create a trusting, professional relationship with both the young person and their parents or guardian.
- Low self-confidence and self-esteem can be a common issue when engaging with young people. An instructor needs to be able to identify these concerns and give information, advice and guidance (IAG) where appropriate.
- Where children and young people with registered special educational needs and disabilities (SEND) are taking part in activities, instructors may be required to adapt exercise programming (eg. discussing with the child/young person). Where appropriate, team members could request a copy of the child's or young person's education, health and care plan (EHCP), which outlines what support a child or young person needs. It is prepared in partnership with professionals working across education, health and social care specialist services.

Type of activity

Guidance on Cardiovascular and strength training

- Interval training should form the main focus when designing cardiovascular sessions for children and young people. This type of training provides variety, which boosts enthusiasm, motivation and confidence.
- The Rate of Perceived Exertion (RPE) Scale should be used to gauge an adolescent's performance. It is simple and easy to understand. Particular attention should be paid to how they are feeling and how much physical stress they are under.
- For strength training, the teaching of good technique and practice is advised when allowing the use of light-load free-weights. Adolescents taught this in advance will see a positive development of posture, stability and core strength.
- Free weights should be used with caution when training children and should only be used by those under the age of 16 if they have been taught by a qualified instructor how to do this, respecting the ratios shown in point 5 below.
- Only Instructors who hold a children's or young person's physical activity qualification should instruct adolescents to lift weights.
- Group or family workouts are fine for all ages as long as the above is taken into consideration, e.g. a group boxercise class is fine for children over the age of 10, along with parents.
- Always teach an appropriate warm-up and cool-down with suitable stretches that will not increase the risk of injury.

Equipment

- Those children aged 10-years-old and over should only use equipment designed for adults with caution and following a risk assessment.
- Operators should check the manufacturer's instructions and to ensure that all equipment in their facilities complies with current British and European Standards and are age/size appropriate.
- Adolescents should never use equipment inappropriate for their age or size. This is also true within the studio environment – e.g. if adjustments on an indoor bicycle are unable to meet the requirements of an child/young person is it may not be suitable for them to attend the class.
- An example of equipment which could be used for different age groups is shown in Appendix A.

Ratios

We strongly recommend that:

- When adolescents aged 14-years-old and over are using a gym or class area, a qualified member of staff is on duty on the gym or class floor for questions and to monitor usage and ensure safe practice.
- Children aged 10 to 13-years-old are always supervised by an instructor, or by a parent or guardian throughout any use of the gym or class.
- While a specific site risk assessment should be taken place, suggested staff ratios for children aged 10 to 13 years old are:
 - 1:6 if using free weights directly
 - 1:20 for group exercise
- Supervision by an adult (parent/guardian) for children aged from 10 to 13-years-old, with clear guidance on what equipment can or cannot be used without direct supervision. An example is shown in Appendix A.





Pre-screening and Induction

- Before any exercise commences, all children and young people should, under the supervision of a parent/guardian, fill in a 'Youth Specific' medical pre-screening document (for example, HCS or PAR-Q) before undertaking physical activity. For children working out independently of a group, a needs analysis will need to be undertaken by an instructor who is qualified to deliver children's physical activity. The signature of a parent or guardian will also be required.
- All children and young people under the age of 18-years-old require parental or guardian consent displayed on their screening forms. This form must be adapted specifically to suit young people and can be used to provide 'next of kin' details in case of emergency.
- All children and young people should have an induction outlining safety and guidance, including what services and equipment they can/cannot use (this can be repeated when they move age ranges) and the wider gym terms and conditions (this could include gym etiquette, attire etc).
- Good practice includes giving children and young people a colour-coded wrist band so that staff are aware of what they can access.

Insurance

- Facilities must inform their Public Liability Insurer that children and young people will be on site and taking part in activities.
- Any instructor must hold adequate civil liability insurance.

Safeguarding / Disclosure and Baring Service

- Safeguarding children and young people within your centre is of paramount importance. In order to do this it will be necessary to undertake a **Disclosure and Baring Service (DBS) check on staff who are in 'Regulated' activity relating to children.** Other staff may not need checking – please follow the link in further information. If there is incidental use of a gym or class by a young person – i.e. not child-specific activities, a DBS may not be required.
- The facility must have a safeguarding and recruitment policy.
- Relevant instructors must have completed a safeguarding course.
- Adolescents and parents or carers must be informed of how to raise a complaint.

Duty of care

The Chartered Institute of Marketing (CIM) has the following advice when it comes to marketing to children. It states that responsible marketing:

- does not promote something that is or is widely believed to be, bad for a minor's physical or mental health;
- does not sexualise, or is not perceived to sexualise, minors;
- does not bombard children or parents with repeated messages;
- does not make a product or service seem to enhance qualities that it does not actually do, or create situations where a child cannot distinguish between puffery and reality;
- does not conceal a commercial message as a view of non-commercial organisations or individuals; and does not engage in stealth marketing where peers would reasonably regard the view as that of the child rather than the company, even if the child has stated they are taking part in a project and have parental consent;
- does not intentionally mislead;
- applies reasonable objectivity in grey areas;
- where there is any doubt, promotes the product or service to the adult and not the minor.

In addition, the Committee of Advertising Practice Code (CAP) also forbids advertising which:

- makes children feel unpopular or belittled for not buying a product or service;
- encourages children to use 'pester power';
- undermines parental authority.

Finally, we would recommend that you follow the ASA ['Social responsibility: Body image'](#) advice.

Things to avoid when working with children and young people

- Avoid excessive training with children and young people, especially through their growth spurt period. This includes too much of one form of exercise, participating in the wrong class for their body type and using weights that are too heavy in weight training.
- Instructors must avoid inappropriate age/size matching of pairs.
- Instructors should refrain from solely using a heart rate chart as all children and young people will be at a different level of mental and physical maturity.
- Young people should never be left to lift any type of weights unsupervised. Heavy weights can be potentially dangerous and damaging to the developing skeletal and joint structure.
- It is important not to impose adult training regimes on young people.



Further information

- <https://www.nspcc.org.uk/>
- [Child Protection in Sport Unit \(NSPCC\)](#)
- [Duty of Care in Sport Report](#)
- [DBS Checks in Sport – Working with Children \(official DBS guidance\)](#)
- [National guidance for child protection in Scotland 2021](#)
- [Safeguarding guidance - Wales](#)
- [Safeguarding Board for Northern Ireland](#)
- [Working together to safeguard children](#)
- [Safeguarding in Sport – Sport England](#)
- **Physical Activity for children and schools**
 - BASES - www.bases.org.uk
 - AFPE - www.afpe.org.uk

“There is no situation, there is no age, and no condition where exercise is not a good thing.”

Professor Chris Witty, Chief Medical Officer

Things to consider

Have you thought about:

- Safeguarding Policy
- DBS checks
- Inductions
- Staff qualifications
- Signage
- Age range
- Equipment (where possible label the equipment or usage of QR codes linked to safe practice)
- Access Control
- Drop-off/pick up (pre and post exercise)
- Changing rooms
- Activity
- Marketing

Appendix A – suggested age appropriate Equipment (this list is not exhaustive and above guidance should be followed)

	10 – 11	12 – 13	14-15
Indoor cycle	yes	yes	yes
Cross trainer	yes	yes	yes
Stepper	yes	yes	yes
Rowing machine	yes	yes	yes
Treadmill	yes	yes	yes
Leg press	no	yes	yes
Leg curl	no	yes	yes
Arm curl	no	yes	yes
Ab crunch	no	yes	yes
Chest press	no	yes	yes
Lat pull down	no	no	yes
Cable machine	no	no	yes
Resistance bands	yes	yes	yes
ViPR (4kg max)	yes	yes	weight ↑
Core bags (5kg max)	yes	yes	weight ↑

- Progression in resistance, repetitions and sets should only be programmed when the adolescents are both physically and mentally ready.

Appendix B – Current Statistics and benefits

Current statistics

- Globally, 81% of adolescents aged 11 to 17-years-old were insufficiently physically active in 2016. Adolescent girls were less active than adolescent boys, with 85% not meeting World Health Organization recommendations of at least 60 minutes of moderate to vigorous intensity physical activity per day – compared to 78% of boys.

- 20% of Year Six children were classified as obese.
- 47% of children and young people were meeting the current physical activity guidelines.
- In 2019, an estimated 1.6 million children aged between two and 15-years-old were obese².

Benefits of physical activity for children and young people

- Evidence that physical activity has a positive impact on health is well established, including an association with better physiological, psychological and psychosocial health among children and young people (Strong et al., 2005; Tremblay et al., 2016).
- Recent evidence reaffirms that increased physical activity improves cardiorespiratory fitness and musculoskeletal fitness in children and adolescents (Poitras et al., 2016; Physical Activity Guidelines Advisory Committee, 2018).
- Higher levels of moderate-to-vigorous physical activity (MVPA) are associated with increased educational attainment (Booth et al., 2014) and physical activity has positive effects on cognitive function and academic outcomes (e.g. school performance, memory and executive function) (Poitras et al., 2016; Physical Activity Guidelines Advisory Committee, 2018).
- Evidence has shown that boys are more active than girls at all ages and that physical activity levels decline through childhood into adolescence (Cooper et al., 2015; Jago et al., 2017; Farooq et al., 2017).
- Childhood activity levels are predictive of adulthood activity levels (Telama et al., 2005) and therefore the associated benefits.
- Ensuring that all children are as active as possible throughout childhood is important for current and future population health.

Acknowledgements



Endnotes

1 If someone has qualified pre 2009 and has been practicing and kept themselves up to date with CPD there's nothing additional for them to do. If CIMSPA can't verify their competency there are other options, such as, recognition of prior learning or assessment of competency without doing a full qualification available. There are also overseas qualifications they consider for further support, [CIMSPA membership for Individuals - join us today | CIMSPA](#)

2 <https://files.digital.nhs.uk/9D/4195D5/HSE19-Overweight-obesity-rep.pdf>