COVID-19-related restrictions disrupted the normal social and environmental systems within which children live, learn and play. These sudden societal changes provided opportunities for children and young people, their families, and the professionals and authorities supporting them to observe and experience a different type of world and reflect on what they value and what children’s lives could be. Throughout 2020 and 2021, Australian regions experienced different ‘lockdown’ situations—ranging from just a few days to over 250 days of significant restrictions including limited opportunities to leave the home, no in-person schooling, no organised sports, no mixing with friends and extended family and closures of local playgrounds.

Although potentially biased, available proxy-reported and self-reported data show that lockdowns were associated with changes in children and young people’s physical activity (PA) and sedentary behaviours (including screen use)—but these changes were not uniform across Australia and not all were detrimental.

**CHANGES IN PA**

An Australian national survey found 42% of parents reported their children were less active versus 8% who said they were more active. While most parents (61%) said children had more time for PA, many (49%) struggled to find ways to keep their children active. One state-based survey found that 70% of parents reported a decrease in their children’s PA. However, another state-based survey reported no overall decrease, but rather a shift from organised to unstructured PA.

In response to the COVID-19 disruptions in Australia we witnessed several shifts in practices and perspectives related to PA that potentially have long-term implications. At-home schooling reduced active commuting and there was a forced disengagement from traditional organised PA including school physical education and sports, and community team sports. Together with parents needing to work from home, this created more time for family play. Some families relished the reduction in the number of organised activities for children, creating less cluttered lives and more family time. Less ‘parent taxi’ time reduced sedentary time for parents and children, as well as road traffic and carbon emissions. More time for family activities in local neighbourhoods enabled parents and children to play and be active together, rather than parents outsourcing PA supervision to others. It also heightened the perceived value of safe local community facilities and environments. Being active close to home provided an opportunity for families to leave the house and use yards, local streets and parks for PA. This potentially had a virtuous cycle effect with more people on bike lanes, less truck and car traffic, greater perceived safety and, thus, greater use of local amenities.

However, the shift in emphasis to family

**Box 1  Three things we can do to help build a better world for children after the COVID-19 pandemic**

⇒ Informal sport and physical activity (PA)

We know that organised sport is not enough for all children to be sufficiently active. We can build on the increased interest in ‘informal’ activities that were not traditionally viewed as ‘sports’—as seen with the introduction of surfing and skateboarding in the ‘2020’ Olympics—to shift some of our promotion away from ‘dine in’ (set time/place organised sports) to ‘take away’ (informal, anytime, self-organised activities) to increase opportunities for PA.

⇒ Sports equity and access

We should enhance our work aimed at reducing social inequities in PA as well as availability of screens and how they are used. Focused support on providing PA opportunities for children in disadvantaged families and communities is needed to address the financial, cultural and environmental barriers for these vulnerable children.

⇒ Public health messaging

We need to rethink our public health messaging to acknowledge that screens have benefits beyond educational outcomes. As part of a balanced life, screens and technology provide another ‘tool’ for promoting PA and may help reach children not engaged by ‘traditional’ PA. We should present a more balanced message than ‘less is better’ that acknowledges the value of screen use for the opportunities it provides for education, social connection, relaxation and PA—while avoiding potential harm.
and neighbourhood activities also highlighted existing social inequities, with children in safe and supportive domestic and neighbourhood situations likely having a very different experience from those children not so fortunate.

**CHANGES IN SCREEN TIME**

There is greater consistency in reports around increased screen time. An Australian national survey found 51% of parents reported their children spent more time than before on screens for entertainment (in addition to time spent learning). Also, 76% of parents felt their child’s screen use was a positive experience, enabling learning and maintaining connection with family and friends, although 69% planned to reduce their children’s screen use when regular schooling resumed.¹

These Australian survey findings mirror international findings, showing varied impacts of COVID-19-related restrictions on PA and screen use.²⁻⁶ Some international data¹ highlighted that there may not be the often-mentioned simple negative association between PA and screen use, and that screens could provide opportunities to promote PA.³

In Australia, we observed a forced engagement with screens, as children relied on these devices for education and to support social connection, and parents relied on screen ‘baby sitting’ so they could work. Families also used screens for relaxation and to provide ideas and opportunities for PA. Many parents were concerned about the increased use of screens,⁴ perhaps reflecting the decades of public health messaging about associated harms. However, there was recognition of how essential screens were for their children’s learning in addition to well-being and development. There was also an awakening to the opportunities screens can provide to promote PA, rather than just being seen as detrimental. For example, screens were used to engage in remotely coached activities, stimulate ideas of ‘fun’ PA while locked down and self-motivate through video recording, playback and sharing of PAs, and this use was associated with more PAs.⁷

**HOW CAN WE BUILD A BETTER WORLD FOR CHILDREN FOLLOWING THE COVID-19 DISRUPTIONS?**

We should take advantage of the COVID-19-related disruptions to reimagine how best to support children and young people to be physically active. We know that the pre-COVID ways of promoting PA did not provide adequate opportunities for all children to be sufficiently active to gain the well-documented benefits. Three things can help build a better world for our children (box 1). These include (1) supporting informal sports and activities to provide greater opportunity for neighbourhood PA and family play; (2) improving access to positive screen use and PA in vulnerable communities; and (3) providing balanced public health messaging about the positive ways screen use can enhance PA opportunities.

To avoid simply returning to our old ways, let’s build on the positive aspects this disruption has created to provide more effective, planet-friendly and flexible ways for children (and their families) to be physically active everywhere, every day.

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**REFERENCES**