

Corporate responsibility for childhood physical activity promotion in the UK

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Summary

The alarming epidemic of obesity and physical inactivity at paediatric age urges societies to rise to the challenge of ensuring an active lifestyle. As one response to this, business enterprises are increasingly engaged in promoting sport and physical activity (PA) initiatives within the frame of corporate social responsibility (CSR). However, comparative analyses among industry sectors of CSR strategies for PA promotion with a particular focus on children are still lacking. This study aimed to explore (i) what are the CSR strategies for PA promotion adopted in different industry sectors and (ii) whether corporate engagement in promoting PA for children is supportive of children's rights to play and be physically active. Corporate pledges pertaining to CSR initiatives to promote PA were analysed. The hypothesis was that companies from different sectors employ different CSR strategies and that companies with a higher profile as regard to public health concerns for children tend to legitimate their action by adopting a compensatory strategy. Results show that the issue of PA promotion is largely represented within CSR commitments. CSR strategies for PA promotion vary across industry sectors and the adoption of a compensatory strategy for rising childhood obesity allows only a limited exploitation of the potential of CSR commitments for the provision of children's rights to play and be physically active. Actors within the fields of public health ethics, human rights and CSR should be considered complementary to develop mainstreaming strategies and improve monitoring systems of PA promotion in children.

Key words: active living, multiple strategies, rights based approach, children

INTRODUCTION

Corporate social responsibility (CSR) is a process to achieve sustainable development in societies; it claims to be concerned with treating all stakeholders of a company

or institution ethically and responsibly (Hopkins, 1998). This main CSR goal is pursued by means of practices that broadly range from industry-funded public policy initiatives to sponsorship of scientific research, dissemination

of scientific information and efforts to influence public perceptions of research findings (Babor and Robaina, 2013). Corporate practices may be considered as social determinants of health, as they broadly impact and shape the physical, socio-economic and cultural environment. Thus, an increase in corporate pressure and advertising has been registered in many areas of public health, with an increasing number of registered lobbyists (Freudenberg and Galea, 2008). Given the key role of physical activity (PA) within a healthy lifestyle, scaling-up the power of PA and sport is a well-known approach since the first phase of CSR in the 1970s–1980s to expand the impact of CSR initiatives targeted to young people (Smith and Westerbeek, 2007) and to create a positive association of brand with sport values and well-being (World Federation of Advertisers, 2006).

Children's PA promotion in the light of UN Convention on the Rights of the Child

Human rights are an increasingly important aspect of CSR. However, some contributors contend that this voluntary social responsibility approach is fundamentally flawed and unreliable for protecting and enhancing the provision of human rights (Connolly, 2012). A recommendation of the UN Committee on the Rights of the Child (United Nations, 2002) addressed the role of the private business sector as service providers that can impact children's rights in a variety of ways.

The Convention on the Rights of the Child (CRC; United Nations, 1989), together with the rights to health (Article 24, *ibidem*), explicitly recognizes the right of the child to access leisure facilities to practice play and recreational activities (Article 31, *ibidem*). However, the lack of clarity in defining what health-enhancing leisure activities are represents a barrier to their implementation. In some national reports, the term 'leisure' includes activities that could be unlikely to be recognized as health-enhancing, since they are sedentary in nature (e.g. home audio/video entertainment, Internet surfing, Education and Youth Affairs Bureau, 2004).

The Committee on the Right of the Child (General comment n. 17; United Nations, 2013) has elaborated recommendations to ensure the respect of Article 31. The contextual conditions should be an environment accessible for self-initiated play and PA, secure from social harm or violence, sufficiently free from waste, pollution, traffic and other physical hazards and appropriate to age and developmental level. Nevertheless, social inequalities exist, as participation in active play and sport is often inversely related to the family's socio-economic status (Milteer et al., 2012). Despite these clear references to the importance of

PA promotion, references to PA are present only in few CRC national reports among European Countries (i.e. Denmark, Italy, Scotland; United Nations, 2007, 2011).

How PA goals enter into CSR and company pledges

One of the core objectives of public health policies endorsed by official statements of the World Health Organization (World Health Organization, 2004, 2010) is to support and facilitate the development of multisectoral interventions and public–private partnerships for the promotion of healthy diet and health-enhancing PA. At European Union (EU) level, the main recent strategic documents dealing with how to counteract obesity and a sedentary lifestyle (European Commission, 2007a,b) highlight the key role of cooperation between public agencies, non-governmental, consumers' and for profit organizations. More than ever before, the responsibilities and obligations of commercial enterprises are demanded or questioned (Lang and Rayner, 2010). Strategies of CSR are apparently emerging and extending beyond the immediate profit motives of shareholders into the broader goals of society.

As concern CSR for PA promotion in the general population, a worldwide comparison of CSR initiatives (Lang et al., 2006) was performed among 25 of the world's largest companies in three key sectors of food industry: manufacturing, retail and service. Whilst almost all companies (23 out of 25) reported health commitments, only a minority of companies reformulated their business strategy according to the WHO's Global Strategy on Diet, Physical Activity and Health (DPAH; World Health Organization, 2004). Only 11 out of 25 companies (primarily food manufacturers) reported concrete commitments in PA and only 6 companies had policies specifically on children.

Further relevant information derives from a monitoring report and a following evaluation study of the EU Platform for Action on DPAH that analysed the contents of 148 monitoring forms submitted by the EU Platform members to the European Commission in 2008 (Hallsworth et al., 2008) and of 124 monitoring reports of the EU Platform for Action on DPAH members in the period 2006–2012 (Griffiths et al., 2013), respectively. This EU Platform, created in 2005, provides a common forum at a European level including some observatory organizations as the WHO Europe. It aims to exchange knowledge and monitor corporate commitments for health (EU platform on Diet, Physical Activity and Health, 2005). In 2008, only 10% of the commitments addressed PA and sport. Their quality (i.e. clarity, focus, monitoring) was evaluated as highest for commitments aimed at promoting sport

participation, but at lowest levels for those concerning non-sport PA participation. Considering the 6-year time period, PA commitments decreased over years except in 2012. The majority of PA promotion commitments addressed the general public and only seven specifically children, with less commitments for non-sport PA as compared with sponsorships of big sport events for youths. This evaluation report (Griffiths *et al.*, 2013) highlighted both positive and negative non-intended impacts of industry commitments. Positive impacts regarded the increased awareness of the industry for health. Negative unintended impacts regarded the increased susceptibility of children to social media marketing campaigns due to their increasing media literacy and exposure to brands of food industry sponsoring sports events within schools.

In a context of social alarm for rising obesity among children and the majority of adolescents not reaching the recommended level of PA (Hallal *et al.*, 2012), healthy lifestyle has become a leitmotif and a key factor in CSR strategies. There is some evidence that companies with risk exposure related to obesity (e.g. food and beverage producers, fast food restaurants) are beginning to consider that as obesity rates continue to increase this will influence investors' choices in favour of those companies which are proactively acting to mitigate the obesity risk (Monks and Betournay, 2012). Actual industry strategies put strong emphasis on physical inactivity, as it is associated with obesity, non-communicable diseases and related costs for national health systems (Herrick, 2009). The concept of 'energy balance' within the CSR framework, however, is often used to shift blame from food consumption to the lack of exercise and energy expenditure. This shift leads to a rhetoric of individual choice echoing that of the tobacco industry, according to which responsibility is focused on the unhealthy behaviours of consumers. Insofar there is a refrain of public health agendas from addressing social and environmental determinants of health related to socio-economic disadvantages and corporate practices (Herrick, 2009; Millar, 2013). Whilst there is evidence on how PA promotion goals enter into CSR strategies of companies belonging to the specific sectors of food and beverage industry, there still is a lack of comparative analyses of CSR strategies among different sectors with specific focus on PA promotion in children. Identifying commonalities and differences in CSR strategies according to the corporate core business may have relevant implications in terms of best practices for actors involved in health promotion.

Thus, the general scope of this study was to explore whether, and to what extent, the engagement of industries from different sectors in promoting PA for children is supportive of their rights to be healthy and physically active.

To achieve this aim, we analysed data of the Department of Health of the UK government about an initiative aimed at improving public health through the cooperation with business and other influential organizations. We examined the topic of PA and sport promotion in children, focusing on the uniqueness of PA within the CSR framework. The questions were: How are active living and PA for children addressed within the CSR framework by companies of different industry sectors? Are there differences in CSR strategies?

To explain CSR strategies (Garriga and Melé, 2004; van der Laan, 2009), two main theories have been used: the 'Stakeholder theory' and 'Legitimacy theory' (Lindblom, 1984). The first is a theory of organizational management and business ethics that identifies methods by which a corporation can give due regard to the interests of stakeholders. A legitimacy gap occurs when corporate performance does not match the expectations of stakeholders or 'relevant publics'. Coherently with the Legitimacy theory, our hypothesis concerning commitments for PA promotion in children was that companies with a high CSR profile (high CSR profile companies are those which are likely to experience more CSR costs than low CSR profile companies) as regard public health concerns for children are prone to attempting to legitimize their action by deflecting attention (Herrick, 2009) from the health issue that is close to their core business (excessive energy intake) to other related issues (energy expenditure through PA). Food and beverage industries, as well fast food companies, have been considered high profile as regard public health concerns for children mainly for the obesity epidemic (Lang *et al.*, 2006; Freudenberg and Galea, 2008; Ludwig and Nestle, 2008; Cuganesan *et al.*, 2010; Lang and Rayner 2010; Millar, 2013). After testing the above hypothesis, CSR strategies for PA promotion are then discussed highlighting the interrelations with CSR strategies addressing other main health promotion topics (e.g. nutrition) and the advantages of strengthening public-private synergies and of adopting a holistic view on children's rights and healthy development in the light of the UN CRC.

METHODS

To analyse and compare CSR strategies in different economic sectors, a wide database of the Department of Health of the UK government, providing detailed data about commitments for PA promotion in children, was used. The database includes pledges belonging to the 'Public Health Responsibility Deal' programme launched in 2010 (Department of Health, 2014). It is an agreement between government, industry, health organizations and some non-governmental organizations (NGOs) and charities that contains a series of voluntary pledges

aimed at improving public health (O'Dowd, 2011). Organizations signing up as partners adhered to main pledges on alcohol, food, health at work and PA. There are five types of PA pledges covering the areas of community, PA guidelines, active travel, PA in the workplace and inclusion. PA pledges addressed to children were prevalently made as community- or inclusion-related pledges and, in very few cases, as related to active commuting or PA guidelines.

To identify main strategies of PA promotion for children adopted by different industry sectors within the CSR framework and test the above hypothesis, the following steps were performed: (1) selection and content analysis of corporate pledges (i.e. public voluntary corporate commitments) for PA promotion with a special focus on children within the governmental 'Responsibility Deal'

initiative in the UK; (2) identification of main CSR strategies according to the content analysis of CSR commitments of the selected cases.

The selection path is graphically represented in Figure 1 (database update December 2014). The selection criteria were as follows:

- (i) organizations which signed at least one PA pledge of the UK Responsibility Deal programme related to community-based PA and sport promotion initiatives or to active travel;
- (ii) organizations operating in different business sectors, including social enterprises as co-operatives, but excluding public administrations and NGOs;
- (iii) organisations for which a CSR framework exists, as proven by published CSR reports;

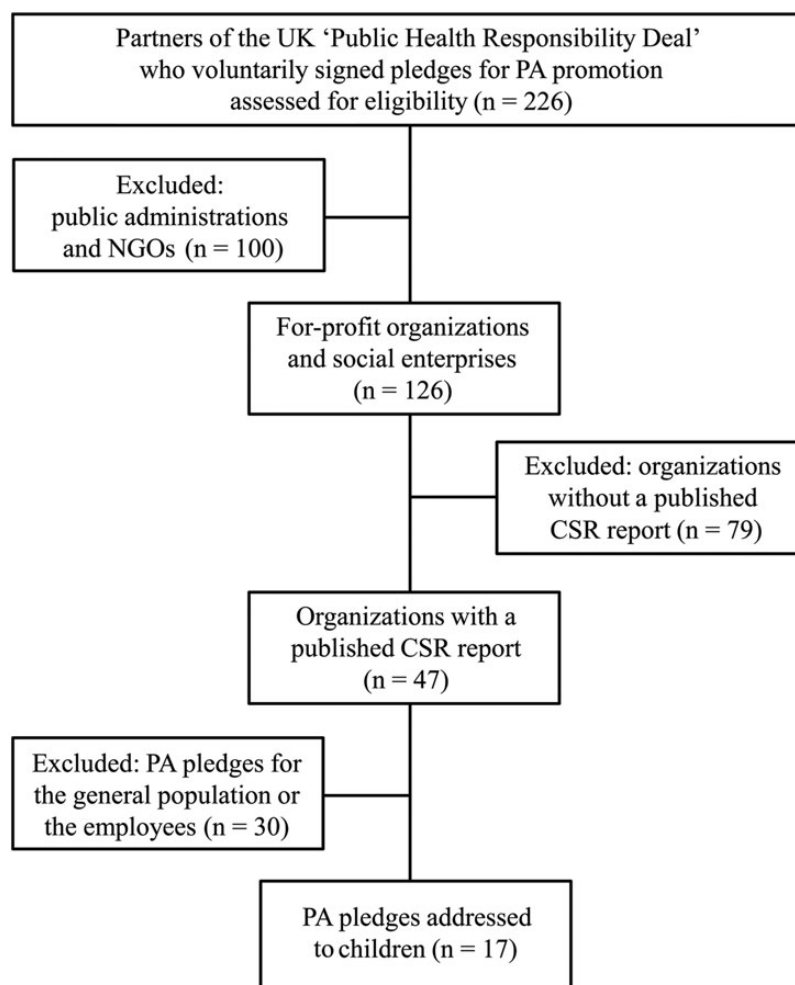


Fig. 1: The selection path.

- (iv) organizations which signed PA pledges explicitly addressed to children as the target group, or PA pledges addressed to the community without explicit reference to children, but realized including some specific commitment for children as per delivery plan and annual update of PA pledges.

PA pledges addressed to the own employees or the general population, as pledges solely contributing to the dissemination of PA guidelines for all ages were excluded. Also, one case was excluded because belonging to a different branch of the same corporate group with identical contents of the PA pledge for children.

As concern the identification and classification of CSR strategies, the literature primarily focuses on industry sectors whose core business may have illegitimacies from a CSR perspective and which have high consumer visibility. We started our analysis of corporate pledges referring to the definition proposed by Cuganesan and colleagues (2010) of CSR strategies made by companies to obtain or maintain legitimacy: (1) non-tactical strategy, consisting in changes of corporate goals, methods or outputs to conform to the expectations of its relevant publics; (2) tactical strategies that are (i) informing on its activities without changing its goals, methods or outputs; (ii) trying to alter the perceptions of its relevant publics by associating itself with symbols that have a high legitimate status, without changing its actual behaviour; and (iii) trying to alter social expectations by deflecting attention from the issue of concern to other related issues. As the CSR disclosure varies across industries, to perform a comparative analysis of CSR strategies of PA promotion in children, the framework of analysis was extended to include 'high and low profile' companies within all the industry sectors involved in the Responsibility Deal initiative.

RESULTS

In the UK governmental 'Public Health Responsibility Deal' programme (Department of Health, 2014), there are five collective PA pledges. In the year 2013, 226 organizations signed up a PA pledge: 125 partners supported active transport (walking and cycling) setting measurable targets, 150 contributed to the communication of PA guidelines and 109 signed a pledge to increase the number of children and adults participating in community-based PA and sport. Overall, the sector with the largest percentage amount of organizations which signed at least one PA pledge is Health Care (20.4%) followed by Sport & Wellness (18.6%) and Food & Beverage (14.6%). When selecting only for-profit organizations and social enterprises,

excluding public administrations and NGOs, the most represented industry sector is that of Food & Beverage, followed by Sport & Wellness, Retail and Health Care sectors (Figure 2).

Seventeen cases specifically involving PA pledges for children that met the selection criteria (Figure 1) are presented in Table 1, grouped according to the industry sector. A content analysis of the selected pledges was performed in order to test the initial hypothesis about the relation between industry sector with 'high or low profile' as regard to public health concerns for children and prevalent CSR strategy of PA promotion in children.

First of all, the focus of PA pledges for children seems to be a peculiarity of corporates belonging to the Food, Beverage and Restaurants sectors. Mainly corporates of those sectors made PA pledges explicitly addressed to children, while almost all other cases of corporates from other sectors made PA pledges broadly addressed to the community that included some specific commitments for children. This special attention for the promotion of PA for children by Food, Beverage and Restaurants industries is not always paralleled by coherent food pledges. In some cases, there are no food pledges at all. Moreover it is to consider that the mere signature of a food pledge may not be considered meaningful, as long as it is not addressed to modify sector-specific practices or products hazardous to the consumers' health. The Department of Health (Department of Health, 2011, p. 9) indicates calorie reduction through actions such as reformulating products and reviewing portion sizes by food and beverage producers, removing artificial trans fats by restaurants and food producers, as well as reformulating menu and labelling out-of-home calorie by restaurants, quick-service restaurants, takeaways, cafés, pubs, sandwich shops and staff restaurants.

The presence of PA pledges, but the absence of sector-related meaningful food pledges suggests the presence of a compensatory strategy at risk for tactical use (Cuganesan *et al.*, 2010) for deflecting attention from caloric intake to caloric expenditure, thus only emphasizing the importance of regularly exercising and keeping fit (Table 2). An example of coherence between pledging to reduce food-related consumers' health risks and pledging to promote health-enhancing PA for children is that of Mondelez International: it signed up a wide range of food pledges including that of calorie reduction, as well as a community-based PA pledge primarily addressed to school children to improve their PA levels in association with charities.

In the Retail sector as well in other industry sectors as Banks and Health Care, PA pledges devoted to children are mainly embedded into a broader frame of commitments mainly regarding the promotion of employees' active lifestyle and the health benefits of active commuting.

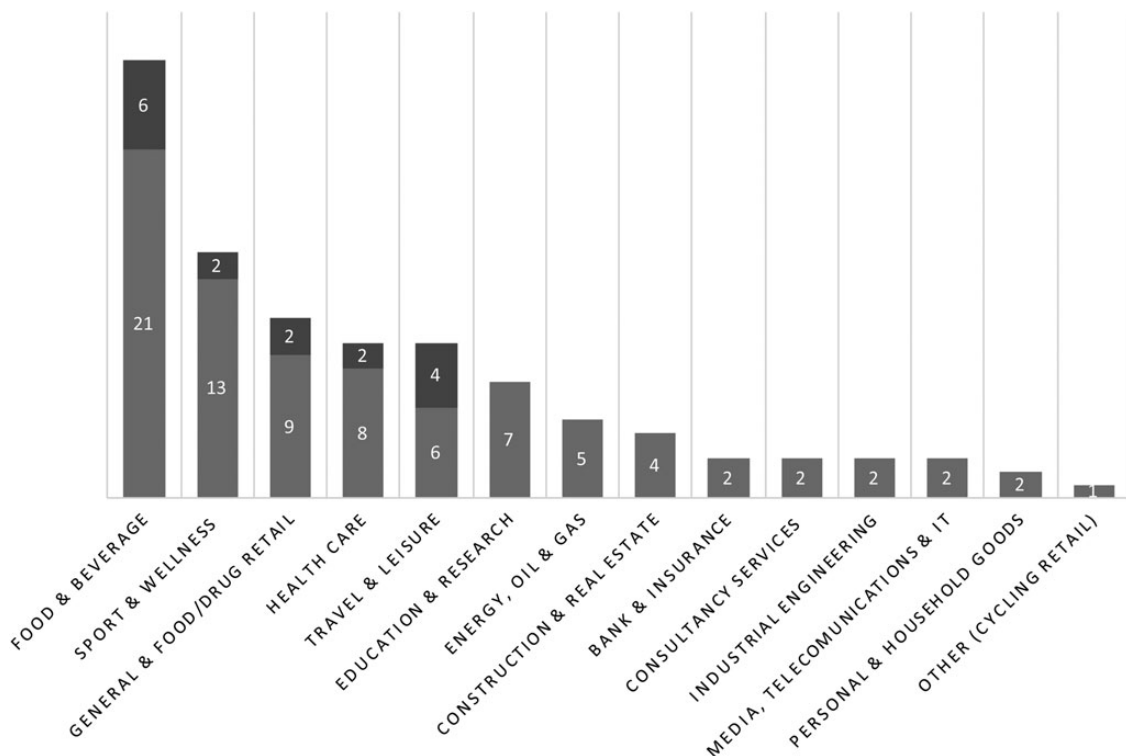


Fig. 2: For-profit organizations and social enterprises (%) which signed up at least one PA pledge of the UK Public Health Responsibility Deal. The horizontal axis labels represent supersectors. Bar colours represent sectors/subsectors: Food & Beverage: Food (dark grey) and Beverage (light grey); Sport & Wellness: Services (dark grey) and Equipment (light grey); Health Care: Equipment & Services (dark grey) and Pharmaceuticals & Biotechnology (light grey); Travel & Leisure: Restaurants & Bars (dark grey) and Transport, Travel, Tourism & Recreational Services (light grey).

Many organizations in the Retail sector have signed up a large amount of pledges belonging to the four areas of the Responsibility Deal (alcohol, food, health at work and PA) and included all pledges relevant to their business sector for protecting consumers' health (Table 1). This suggests the prevalence of a coherent non-tactical CSR strategy in their commitments for PA promotion (Table 2). For example, the Co-operative Group, a consumers' cooperative owned by its customers, is currently committed both in key food pledges for the Retail sector and in PA pledges for children. While it is committed to help customers make healthier food choices (e.g. seasonal vegetable and fruit) and to cover 100% of its products by out-of-home calorie labelling, it also committed to support children and youths in disadvantaged communities by promoting door-step youth sport.

While the coherence among health-related pledges—PA and food pledges for the target population of children—is a key element to be considered to identify CSR strategies, a further relevant aspect to be considered is the quality of the

initiatives of PA promotion described in the PA pledges. Across several industry sectors, CSR strategies are fulfilled by means of large-scale programmes realized in the most case with schools, as well as together with well-known charities, sports and educational institutions.

Actions for the promotion of children's PA range from sponsorship and launching sport events to 'sports sampling' programmes and 'education through sport and PA' models also specifically devoted to children in need. Sponsorships may be in the form of donating sports kits/uniforms, running shoes and/or funding for training of junior teams (American Express Services Europe, McCain Foods GB, Nichols Plc, Restaurant Group Plc), or launching youth sport events as large-scale football tournaments and festivals for kids, sporting fun days led by peer educators, children/family fun runs (ASDA; Coca-Cola GB, Danone UK, Greggs, McCain Foods GB) or promoting campaigns to encourage families to get active over the summer through traditional game playing or subsidizing children sport summer camps particularly

Table 1: CSR pledges for PA promotion with focus on children from the Public Health Responsibility Deal programme of the UK Department of Health

Industry supersector	Core business	Corporate	PA pledges addressed to children	Pledges for PA	Pledges for food	Overall pledges for health promotion
Consumer Goods	Food & Beverage	Coca-Cola GB	2	5	1	9
				P1-P2-P3-P4-P5	F4	
	Food products	Nichols Plc	1	3	1	7
				P1-P2-P4	F4	
		Danone UK Ltd	1	4	0	9
				P1-P2-P3-P4		
		Ferrero UK Limited	1	3	2	6
				P1-P2-P4	F2-F3a	
		Greggs Plc	1	4	2	8
				P1-P2-P3-P4	F1-F3a	
		McCain Foods GB Ltd	1	4	6	14
Consumer Services	PHG	Mondelez Int (former Kraft Foods)	1	2	6	14
				P1-P4	F1-F2-F3a-F4-F8-F9	
	Personal & household goods	Procter & Gamble UK	1	4	n.p.	6
				P1-P2-P3-P4		
	Travel, Leisure	McDonald's Restaurants Ltd	1	3	2	8
				P1-P2-P4	F1-F3a-F5c	
	Retail	Restaurant Group Plc	1	1	1	6
				P1	F3a-F5c-F6-F9	
		ASDA	1	5	8	25
				P1-P2-P3-P4-P5	F1-F2-F3a-F4-F7a,b-F8-F9	
		Morrisons Plc	1	5	9	26
				P1-P2-P3-P4-P5	F1-F2-F3a-F4-F6-F7a,b-F8-F9	
Financials	Banks	Co-operative Group	1	3	7	21
				P1, P2, P3	F1, F2, F3a, F4, F6, F7a,b, F9	
	Banks	Tesco Plc	3	5	6 (9) #	27
				P1-P2-P3-P4-P5	F1-F2-F3a-F4-F6-F7a,b-F8-F9	
		American Express Services Europe	1	3	n.p.	10
				P1-P3-P4		

Continued

Table 1: Continued

Industry supersector	Core business	Corporate	PA pledges addressed to children	Pledges for PA	Pledges for food	Overall pledges for health promotion
Health Care	Health Care	Bupa	1	1	n.p.	1
	Health care equipment & services			P1		
	Pharmaceuticals & biotechnology	Astra Zeneca	1	4	n.p.	1
				P1-P2-P3-P4		

P1, Physical Activity: Community; P2, Physical Activity Guidelines; P3, Active Travel; P4, Physical Activity in the Workplace; P5, Physical Activity: Inclusion; F1, Out of Home Calorie Labelling; F2, P9, Salt Reduction; F3a, F3b, Non-use or removal of Artificial Trans Fat; F4, Calorie Reduction; F5a,b,c, Salt Catering: Training and kitchen practice, reformulation of products, and procurement; F6, Fruit and vegetables; F7a, F7b, Front of Pack Nutrition Labelling; F8, Saturated Fat Reduction; n.p., non-pertinent for the industry sector.

Corporates are grouped according to the Industry Classification Benchmark.

for children living in poverty (American Express Services Europe, Coca-Cola GB, Mondelez International). In the Restaurants sector, events outside the restaurants provide short-term sporting experiences (e.g. vouchers to try a sport activity session within ‘happy meal’ boxes by McDonald’s Restaurants) or ‘activity packs’ to foster exercise and eating healthily (Restaurant Group).

Models of education ‘through’ sport and PA, mainly realized in partnership with schools, usually couple the promotion of a physically active lifestyle and a healthy diet. They are developed in the form of school-based programmes aligned to the national curriculum (Ferrero UK Limited, McCain Foods GB), encouraging whole school participation in activities as healthy breakfasts and active play (Mondelez International), or providing children with PA opportunities and tips on healthy diet (AstraZeneca), also building on healthy role models (Danone UK). Moreover, nutritional education has been coupled with multi-sports activities allowing children to ‘sample’ several sports experiences within in-school and out-of-school programmes (Ferrero UK Limited, Greggs Plc), or with health-enhancing activities as gardening, that helps school children learn by doing where and how food comes (Morrisons). In the preschool and early school years, the focus has been also put on supporting physical literacy to build the motor skills that are necessary for lifelong participation in PA and sport (Bupa). The role of sport for broader life skill development is emphasized in large-scale, in-school and after-school grass roots sports programmes for children that use sports training as a means for inclusion of disabled children, promotion of gender equality and development of autonomy-supportive life skills (Procter & Gamble UK, Tesco). In the case of Tesco, the relevance attributed to keeping PA high on the agenda in the early school years is testified by the presence of this issue in three PA pledges (Table 1).

Sometimes there is a partial or complete overlapping of corporate mission with PA promotion goals without any intrinsic illegitimacy and any necessity to change corporate’s objectives or products. The CSR strategy may be therefore labelled as ‘strategic alliance’ (Table 2). However, none of those organizations or enterprises met the selection criteria, as this type of CSR strategy mainly characterizes charities, NGOs or enterprises which apply commercial strategies to improve human and environmental well-being, rather than maximize profits for external shareholders.

Strategic alliances aimed at supporting the translation of policy into environmental practice typically come from charities, whose practices consider ‘both sides of the coin’ of PA promotion: educating the individuals and designing PA promoting environments. As an example, active

Table 2: Classification of strategies for PA promotion within the CSR framework

Corporate social responsibility strategies	
Compensatory strategy	This is a strategy at risk for tactical use for deflecting attention. It may focus attention on health-enhancing PA as a mere mean for caloric expenditure that compensates for intake. The risk for deflecting attention, prevailing in the Food, Beverage and Restaurants sectors, emerges when PA pledges are not paralleled by coherent food pledges.
Coherent strategy	This is a non-tactical strategy. PA pledges are not substitutes of corporates' changes of goals, methods or products to conform to the health-related expectations of its relevant publics. This type of strategy, prevailing in the Retail sector, emerges when PA pledges are signed up together with other key pledges for facing concerns for children's health in the specific sector.
Strategic alliance	This strategy consists in a partial or complete overlapping of corporate mission with PA promotion goals without any intrinsic illegitimacy and any necessity to change corporates' goals, methods or products.

Sustrans is a UK charity actively involved in developing and delivering practical, cost-effective initiatives that enable people to travel by foot, bike or public transport. Thanks to partnerships with public and private organizations, they manage many national programmes creating better walking and cycling links, radically increasing active travel also of children. Also the Media industry may contribute to public-private synergies for PA promotion. *The Times* newspaper in UK launched an e-petition to 'Get Britain Cycling' (Times, 2014), calling the Government to implement recommendations for PA promotion (Goodwin, 2013) and to reallocate investment for safer road design, cycling paths and lower speed limit.

DISCUSSION

This article aimed to further our understanding of CSR initiatives aiding active lifestyle and child-appropriate PA and to discuss the adequacy of such initiatives to fulfil international recommendations on children's rights. To this end, the main focus was on information delivered by individual corporates within a governmental initiative in the UK named 'Responsibility Deal' (Department of Health, 2014). CSR initiatives tailored to increase PA levels in children broadly ranged from sponsoring sport for all events to supporting enhanced physical education and school sport programmes and, to a lesser extent, to making the built environment more conducive to PA and promoting active commuting (e.g. walking to school).

The analysis of corporates' PA pledges within the Responsibility Deal Programme, differently from the results of the EU platform for diet and healthy life (Hallsworth *et al.*, 2008; Lang *et al.*, 2006; Griffiths *et al.*, 2013), indicated that the issue of PA promotion is largely represented within CSR commitments for public

health and therefore widely recognized as relevant issue for a healthy life. Novel results were that (i) CSR strategies and patterns of disclosure for PA promotion addressed to children vary across industry sectors, and (ii) mainly companies with higher CSR profile as regard public health concerns for children (e.g. rising childhood obesity) may adopt a compensatory strategy at risk for deflecting attention. While this type of CRS strategy prompts corporates to engage in the promotion of PA for children, at the same time it limits the exploitation of the potential of CSR commitments to fully support and enhance the provision of children's rights to play and be physically active.

PA pledges are unevenly distributed among organizations: Food and Beverage are the most represented industry sectors, even more than organizations from the Sport & Wellness and Health Care sectors (Figure 2). Different strategies and patterns of disclosure seem to underlie CSR initiatives of PA promotion in children from different industry sectors (Table 2).

Pledges for PA promotion taken by corporates whose CSR commitments appear to be in contradiction with their core business (Ludwig and Nestle, 2008) and paralleled by the incoherent failure to sign key food pledges (Hashem *et al.*, 2011) may reflect a common deflection strategy adopted previously by tobacco companies (World Health Organization, 2009b). It consists in focusing the attention of relevant publics on determinants of a public problem different from those to which the industry products may contribute (Dorfman *et al.*, 2012). CSR strategies by Food, Beverage and Restaurants industries may be at risk of deflecting public attention from products leading to excess of caloric intake towards insufficient caloric expenditure due to physical inactivity. In this way, corporates may shift the message from 'eat less' to 'move more', thus attributing major responsibility to consumers

and target groups as low-income disadvantaged families whose children are at risk for diet-related illness. Such compensatory strategy confirms the ‘Legitimacy Theory’ (Lindblom, 1984; van der Laan, 2009) that applies to those sectors, which are highly sensible to stakeholders’ legitimization.

The problem of dubious tactics (Ludwig and Nestle, 2008; Cuganesan *et al.*, 2010), within CSR initiatives, associating the brand to positive values of healthy lifestyle and sport has been explicitly recognized by the evaluation of the EU Platform (Griffiths *et al.*, 2013). Also the editorial of *The Lancet* (Lancet, 2009) stated that when companies whose core business entails obesity-related risks involve sports personalities, the risky ‘take-home message’ couples exercise training with high-caloric food and beverage.

The growing awareness for public health issues is going to translate into pressure by civil society and investors towards big companies with risk exposure (risk exposure is the potential for loss that might occur as a result of some activity. It is quantified as the probability of a risk occurrence multiplied by the potential loss.) related to obesity (Monks and Betournay, 2012), probably influencing future investors’ choices and sustainable CSR strategies for health-enhancing PA (Lang *et al.*, 2006). Nevertheless, the emergence of the childhood obesity epidemic as a leading public health threat (Lobstein *et al.*, 2004) represents both a driver and a limiting factor for the promotion of children’s PA. The negative consequence of a compensatory strategy is the under-exploitation of the potential of PA for global youth development. Reaching recommended standards of PA entails benefits not just related to weight control, but to the wider development of the human capital (Danish *et al.*, 2003; Bailey *et al.*, 2013), the prevention of non-communicable diseases (World Health Organization, 2009a) and the development of cognitive, emotional and social skills (Goudas, 2010; Gomez-Pinilla and Hillman, 2013).

Therefore, a wider consideration of the potential of CSR commitments for PA promotion that goes beyond the merely quantitative target of enhancing children’s PA levels and encompasses for-profit organizations from different industry sectors and no-profit organizations is warranted. At the end of the ‘Results’ section, we have briefly presented interesting cases of CSR commitments within the UK Responsibility Deal by corporates and charities that did not meet the selection criteria (i.e. being for-profit organizations with a published CSR report), but were representative of strategic alliances converging on broader PA promotion goals centred on active commuting. We made the cases of a newspaper and a charity involved in initiatives to enhance the environmental walkability and suitability for cycling.

The promotion of an active lifestyle easily converges with corporates’ interests whose mission is coherent with environmental and social sustainability, as counteracting traffic congestion, active commuting and reducing fuel dependency, or leisure activities in open space as public parks and nature tourism. For instance, in the CSR report of an European cycle conglomerate, there are commitments for a sustainable mobility, CO₂ emission reduction and an active healthy lifestyle (Accell Group, 2014). Although there is a strong evidence that the amount of time spent watching TV is one of the risk factors for children’s sedentariness (Van Der Horst *et al.*, 2007), also the television programmes may sometime prompt young people to become more active. This is the case of the Mexican National television group that using a theory-based entertainment-education strategy, embedded health-enhancing PA and active lifestyle messages into its telenovelas and was able to influence large audiences (Singhal *et al.*, 1993).

ARE WE READY TO GO BEYOND TRADITIONAL BOUNDARIES OF CSR?

CSR has been structured within a particular framework emphasizing the need for trade-offs between economic freedoms and efficiencies and socially desirable outcomes (including public health, environmental sustainability and social cohesion). More recently, the interest has been in how shared value might provide a different framework focusing away from short-term narrowly defined shareholder benefits and towards longer-term sustainable and shared benefits. However, we have seen how, if this shared value has been conceptualized at all, it is in terms of balancing the harm done by (in this case) hypercaloric food with messages about taking more exercise for ‘calories in-calories-out’ balance. An alternative, and potentially more radical, argument is to stress the prior requirement that all organizations—corporate, state or civil society—act to protect the rights of children and adults to a healthy life in which they are free to achieve their full potential.

A way to go beyond a discourse about PA merely linked to the obesity epidemic is to focus on PA for its own sake and tailor initiatives of children’s PA promotion according to the UN Committee on the Rights of the Child, advocating the right of all children to play and be physically active from a holistic perspective on healthy personal development (United Nations, 2013). The two fields of human rights and public health ethics have been combined to advance the normative framework for global health action. Public health ethics, according to Nixon and Forman (Nixon and Forman, 2008), can contribute to human rights by strengthening the normative claims

and advocacy for the respect of human rights. The human rights framework can, vice versa, reinforce the discourse on the determinants of health by defining the right to health and the notion of the indivisibility of rights and by emphasizing the duties of States for a citizen's health development and maintenance, recognizing the protection of human rights as a health determinant itself.

The economic 'logic' of globalization may lead to a homogenization of cultural products and to the emergence of a 'modernist' discourse about childhood with specific consequences in terms of respect of children's rights (Buckingham, 2009). However, both experience in advocating for children's rights and public consciousness of the role of PA for a healthy growth are rising (World Health Organization, 2004, 2010; European Commission, 2007b) and explicit reference to the Convention may help target CSR PA promotion strategies according to the whole spectrum of children's rights. This might reduce corporates' use of dubious strategies, enhance legitimacy and sustain common interests among corporates, civil society and public health bodies. Sharing of power between a variety of public and private actors, a key feature of the contemporary view on governance (Majone, 2010), is becoming central in European programmes such as the mentioned UK 'Responsibility Deal', based on the idea that compliance may be achieved not only with compulsory prohibitions and requirements, but also with non-binding rules and voluntary cooperative mechanisms of public-private regulation (Windsor, 2013).

PA promotion up to date has been primarily considered an issue under the cooperative type of governance mechanisms, even though positive requirements (i.e. performance standards) may be introduced by law through statutory tools, such as urban plans or regulatory interventions for channelling private initiative in pursuit of the public good (Sugarman and Sandman, 2008). The tool of 'social clauses' introduced in Public Procurements (European Commission, 2010) might be used for commercial or building licences in the retailer or restaurant sectors to make built-environments more conducive to PA, as upgrading public parks and rendering green and urban infrastructures accessible to citizens and safe for children. These recommendations represent a call for synergistic action for personnel and institutions involved in health promotion.

PA promotion, differently from other health promotion topics such as nutrition, tobacco and alcohol, is less related to a product. Physical inactivity cannot be equated to a product, as hypercaloric food, cigarettes or alcoholic drinks, whose excessive consumption must be limited. Physical inactivity may be only partially counteracted through services delivery, for instance physical education at school or sports training.

As already noted above, a relevant portion of children's PA is spontaneous in nature. Active play, despite its widely recognized relevance for healthy child development and family/community bonds especially in deprived areas (Milteer *et al.*, 2012), is under-represented in CSR commitments for PA promotion targeted to children. In fact, CSR commitments mostly focus on helping cover the needs for daily PA by means of structured PA as an add-on, rather than by means of strategies that more widely impact the physical and social environment rendering it more supportive of children's PA and active play interspersed in everyday life. It is noteworthy that corporates may impact children's active commuting and play both directly and indirectly through their parents' lifestyle, support and choices as regard how their children travel to school and spend free time (Van Der Horst *et al.*, 2007; Dunton *et al.*, 2012) (we are grateful to Brian Martin for insightful comments that allowed widening this relevant point).

The generalizability of the present analysis and comparison of sector-specific CSR strategies for PA promotion is limited by two factors. First, within the voluntary approach of the Responsibility Deal several big companies have not taken any responsibility in contrast to those who have voluntarily taken action, and this represents a selection bias. Second, since pressures placed by civil society on corporates to commit in CSR initiatives varies across States (Aguilera *et al.*, 2007), a wider analysis of CSR strategies in relation to institutional and cultural contexts and company characteristics would be opportune.

Moreover, the call for improvement of monitoring systems, which are still insufficiently transparent as concern CSR commitments (Lesser *et al.*, 2007), should be extended also to the monitoring of the respect of children's right to play (Article 31 of the CRC) reported by State and civil society parties. This should have a positive impact on the evaluation of initiatives of PA promotion for children. In fact, it may allow monitoring what are the qualitative characteristics of interventions addressed to PA promotion in children that fit a holistic approach to children's right to play and practice health-enhancing PA (United Nations, 2013).

In conclusion, a wider range of industry sectors should be implicated, with an essential role played by corporates whose mission is coherent with environmental sustainability values, as those involved in the promotion of active commuting, realization and exploitation of outdoor places for safe play. In sum, to promote play-centred, high-quality PA for children, CSR frameworks should integrate structured PA and education through sport with environmental interventions that promote free outdoor play.

CONFLICT OF INTEREST

While my co-authors do not have any interest that might be interpreted as influencing the research, I (C.P.) have to declare a potential source of conflict of interest. When performing a requested thorough review of all PA pledges of the Responsibility Deal Ferrero Limited UK met the selection criteria. In September 2013, my University and I have been granted by Soremartec-Ferrero (Italy) for realizing a PA promotion project in the Northern of Italy. This project ended in June 2015. We honestly performed the review and objectively present the Ferrero UK case in the same way of other cases having similar characteristics as concern their PA pledges for children. My role in the Italian PA promotion project granted by Soremartec-Ferrero (Italy) has not influenced the research outcomes reported in this article.

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