

Health Position Paper



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Introduction

This paper presents afPE's position on health and replaces the version published in 2015. Section 1 clarifies the terms 'physical education', 'school sport' and 'physical activity' and summarises the health benefits of physical activity. Section 2 considers whole school approaches to the promotion of physical activity. Section 3 outlines physical education's role in promoting active lifestyles and addressing childhood obesity. Section 4 presents UK-wide physical activity for health guidelines. Section 5 considers the significance and key features of these guidelines. Section 6 discusses the relationship between UK Government's physical activity targets and physical activity for health guidelines. Section 7 presents headlines from children and young people's physical activity data. Section 8 considers monitoring health, fitness and physical activity in schools. The paper concludes with references and appendices.

Section 1: Physical education, school sport and physical activity

Physical education, school sport and physical activity are similar in that they all include physical movement, but there are important differences between them, as outlined in the following descriptions.

Physical education is the planned, progressive learning that takes place in school curriculum timetabled time and which is delivered to all pupils. This involves both 'learning to move' (i.e. becoming more physically competent) and 'moving to learn' (e.g. learning through movement, a range of skills and understandings beyond physical activity, such as co-operating with others). The context for the learning is physical activity, with children and young people experiencing a broad range of activities, including sport and dance.

School sport is the structured learning that takes place beyond the curriculum (i.e. in the extended curriculum) within school settings; this is sometimes referred to as out-of-school-hours learning. Again, the context for the learning is physical activity. The 'school sport' programme has the potential to develop and broaden the foundation learning that takes place in physical education. It also forms a vital link with 'community sport and activity'.

Physical activity is a broad term referring to all bodily movement that uses energy. It includes all forms of physical education, sports and dance activities. However, it is wider than this, as it also includes indoor and outdoor play, work-related activity, outdoor and adventurous activities, active travel (e.g. walking, cycling, rollerblading, scooting) and routine, habitual activities such as using the stairs, doing housework and gardening.

Whilst all pupils may be encouraged to be involved in school and community sport, not all choose or are able to do so, for a host of reasons. For some children and young people (particularly girls), school physical education is their only regular opportunity for physical activity and makes an important contribution to their overall activity levels. It is therefore considered crucial that pupils receive at least 2 hours of physical education a week and that this is of the highest quality.

Participation in physical activity (incorporating physical education and sport) provides the following health benefits for children and young people:

- Improves cardio-respiratory health
- Enhances musculo-skeletal health, including increased muscular strength and bone health
- Helps achieve and maintain a healthy weight
- Improves psychological and mental wellbeing, including positive self-esteem and lower levels of anxiety and stress
- Builds confidence and social skills
- Improves concentration and learning

Regular physical activity also reduces the likelihood of risk factors for chronic diseases (such as heart disease) developing and, if maintained into adulthood, reduces the risk of morbidity and mortality from diseases (such as cardiovascular disease, diabetes and cancers).

There is increasing evidence to support the public health potential of high quality, school-based physical activity interventions for increasing children and young people's physical activity.



Section 2: Whole school approaches to the promotion of physical activity

In 2018, the World Health Organisation produced a global action plan on physical activity from 2018-2030 entitled 'More Active People for a Healthier World'. The plan features a systems-based approach to increasing physical activity, recognising the interconnectedness and adaptive interaction of multiple influences on physical activity. The plan aims to create:

- Active societies: this involves creating a paradigm shift and influencing norms and attitudes through enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity for people of all ages and abilities.
- Active environments: this involves creating and maintaining environments that promote and safeguard the rights of people of all ages and abilities to have equitable access to safe spaces and places in their cities and communities, in which to engage in regular physical activity.
- Active people: this involves creating and promoting access to opportunities and programmes across multiple settings, to help people of all ages and abilities to engage in regular physical activity as individuals, families and communities.
- Active systems: this involves creating and strengthening leadership, governance, partnerships, advocacy and information systems across sectors to achieve excellence in resource mobilisation and implementation of coordinated action to increase physical activity and reduce sedentary behaviour.

The contribution of schools to achieving the above is recognised and the following actions are identified within the plan:

- Strengthen national education policy, implementation and monitoring to ensure the provision of quality, inclusive physical education in primary and secondary schools.
- Strengthen national implementation of whole school approaches to the promotion of physical activity in all schools.
- Promote walking and cycling to school programmes, including actions to improve: access, cycle training and the teaching of road safety skills to children and young people of all ages and abilities.

Schools can clearly make an important contribution to global and national approaches to promoting healthy, active lifestyles. Examples of the latter feature in the following Government papers in England:

- 'School Sport and Activity Action Plan' (Department for Education, Department for Digital Culture, Media and Sport, Department of Health and Social Care, 2019)

- What Works in Schools and Colleges to Increase Physical Activity?' (Public Health England, 2019)
 - Healthy Schools Rating Scheme. Guidance for Schools' (Department for Education, 2019)
 - 'Childhood Obesity: A Plan for Action (Department of Health and Social Care, 2016) and Chapter 2' (HM Government, 2018)
 - 'Primary PE and Sport Premium' (Department for Education, 2013)
- Whole school approaches to the promotion of health and activity, such as the 'Healthy School' and the 'Active School' involve creating a school ethos and environment which encourages and facilitates physical activity for all pupils and staff. A whole school approach to health promotion is advocated in England, as reflected in the inclusion of a healthy rating scheme for schools in the 2016 Childhood Obesity Plan for Action. The Department for Education's guidance on this (2019) reveals it to be a voluntary self-assessment scheme, accessible for primary and secondary schools, aligned to healthy eating and physical activity criteria. In addition, the 2019 Ofsted inspection framework for schools in England includes a judgement about how well schools support pupils' personal development, including their resilience, confidence and independence, and their knowledge of how to keep physically and mentally healthy.

England's 'School Sport and Activity Action Plan' (2019) represents a statement of intent to ongoing collaboration at national level to ensure that physical activity and sport are an integral part of both the school day and after-school activities. The plan outlines three overarching ambitions, these being:

- All children and young people take part in 60 minutes of physical activity every day.
- Children and young people have the opportunity to realise developmental, character-building experiences through sport, competition and active pursuits.
- All sport and physical activity provision for children and young people is designed around the principles of physical literacy, focuses on fun and enjoyment and aims to reach the least active.

Actions specified within the plan include:

- Regional pilots to trial innovative approaches to getting young people active.
- Empowering girls to be active (linked to the This Girl Can campaign) and giving more young people the opportunity to volunteer in sport.

- Raising awareness of the importance of physical activity for children and young people.
- Reviewing teacher training to ensure it equips PE teachers to deliver high quality lessons.
- Providing schools with access to a toolkit to support effective use of the PE and Sport Premium.
- Increasing the provision of after-school sport opportunities.

A whole school/college approach to the promotion of health and activity is also advocated in Public Health England's 'What works in schools and colleges to increase physical activity?' (2019) publication. This emphasises that promoting pupils' and students' health and wellbeing has the potential to improve both educational and health and wellbeing outcomes. This resource outlines the following eight key principles associated with promoting physical activity in schools and colleges:

- Develop and deliver multi-component interventions - adopting a 'whole community (school/college) approach' appears to be the most effective for increasing physical activity: incorporating curricular learning with the culture, ethos and environment and engagement of the wider school community.
- Ensure skilled workforce – ensuring staff have the confidence and competence to offer high quality experiences of both physical education and physical activity across the school/college day.
- Engage student voice – giving students a voice and enhancing their ownership of physical activity delivery to ensure that activities are appropriately tailored to their needs and support participation.
- Create active environments – good access to, and integration in the school/college day of, open space, forests,

parks and playgrounds are positively associated with physical activity levels. Access to a range of equipment, along with non-traditional play materials also support physical activity among children and young people.

- Offer choice and variety – offering a variety of physical activity opportunities for young people to take part in, including free play can increase participation in physical activity. In addition, a focus on games and fun, as well as the more traditional sports or competitive activities, can help to encourage participation, particularly among inactive pupils.
- Embed in curriculum, teaching and learning – increasing the amount of time spent being physically active during PE and other lessons can improve both physical development, educational outcomes and emotional development.
- Promote active travel – active travel can play a key role in contributing to children and young people's physical activity levels. Travel plans which include a range of active travel options, have been found to increase physical activity levels among children and young people.
- Embed monitoring and evaluation – effective evaluation of physical activity interventions is considered to be a cross cutting principle that requires the identification of baseline information, interim outputs or milestones and outcomes.



Section 3: Physical education's role in promoting active lifestyles and addressing childhood obesity

High quality physical education contributes to a whole school approach to promoting healthy lifestyles through the physical learning context that it provides for every child.

Health and well-being should be viewed holistically to comprise physical, psychological/mental and social aspects of health which contribute to people's quality of life. afPE recommends that limited and limiting views of children and young people's health and well-being which reduce health to a focus on appearance, weight, size and shape are avoided.

High quality physical education provides regular participation in physical activity for children and young people aged 5-18 which is associated with physical, psychological/mental and social health benefits. It also ensures that children and young people learn and develop core movement skills which facilitate their current and future involvement in a variety of physical activities. This builds their confidence, competence and motivation to participate in physical activity and to take part in a wide range of activities as they get older.

From a health perspective, curriculum physical education provides an inclusive learning entitlement which should ensure that all children and young people:

- Are provided with opportunities to gain competence in a broad, balanced range of physical activities.
- Are helped to enjoy being active, and to feel confident and comfortable in a physical activity context so that they are more likely to choose to be active in their own time.
- Experience and appreciate the broad range of benefits (physical, psychological/mental and social) of a healthy, active lifestyle.
- Are aware of how active they are and should be, and know how to find out about and access activity opportunities in the community, including at school, around the home and in the local area.
- Understand about 'energy balance' and the need to increase physical activity in daily living to assist with 'healthy' weight management.

In order to effectively promote healthy, active lifestyles amongst children and young people, the Association for Physical Education recommends the following:

- The key role of curriculum physical education should be recognised and supported in any strategy addressing

children and young people's health and well-being. Physical education focuses on learning through the context of physical activity and is for all pupils; in this respect, it is the cornerstone of effective 'physical activity promotion'.

- Curriculum physical education should develop the understanding, skills, confidence and attitudes required for all pupils to be active in their own time. This should include pupils learning about the physical, psychological/mental and social health benefits of physical activity, the physical activity for health guidelines for their age, and how to access the broad range of physical activity opportunities within the school setting and the local community. In teaching the above, physical education teachers should be aware of, connect with and utilise the power and momentum of national physical activity campaigns such as 'Change4Life' (www.nhs.uk/Change4Life) and 'This Girl Can' (www.thisgirlcan.co.uk).
- Physical education should be centrally and collaboratively involved in addressing the 'physical activity' aspect of whole-school approaches to health, and engaging pupils (and staff) in a broad range of interesting and appealing curricular and out-of-school hours physical activity opportunities.
- Physical activity sessions (such as 'energy breaks' during lessons or during lunchtimes) are welcomed as an important addition to physical education. They complement curriculum physical education but should NEVER replace it.
- As encouraged through whole school approaches to the promotion of health, pupils and parents should have a 'voice' and schools should seek and respect their views on physical education, physical activity and school sport and try, where possible, to take on board their ideas.
- Schools should identify pupils who do not meet the physical activity for health guideline and attempt to establish why this is, bearing in mind that some individuals may not be able to access physical activity opportunities beyond physical education. This may be the case for children and young people: with disabilities; from families without a car; with low skill levels; who have significant household duties; and who act as carers. Culturally aware and sensitive communication with these pupils and their families could help to understand their non-participation and reduce barriers to their

involvement. This may be achieved through adaptation of existing policies and practices and the creation of new and different ways of involving or engaging them in the sort of activities they would like. Further strategies may need to be developed to address the challenges of those young people who, despite all provision and opportunities, choose to reject or drop out from physical activity.

- PE teachers should have the knowledge, understanding and skills to be effective promoters of physical activity. This should include learning about the social construction of health and fitness and the complexity of behaviour change as a form of social reform. This may require adjustments to the initial training of teachers of PE and the provision of professional development, specific to the promotion of healthy, active lifestyles.

Physical education's contribution to addressing childhood obesity

Physical education's specific contribution to addressing childhood obesity focuses on promoting active lifestyles which assists children and young people in achieving a 'healthy' weight as well as benefiting from the many other health gains from being active. Those who are overweight or obese may need to do high levels of physical activity combined with adjustments to their diet in order to achieve and maintain a healthy weight (for these individuals, the emphasis should be on duration and frequency of physical activity). However, it is important to recognise and emphasise that overweight or obese children and young people can gain health benefits from being active, even if their weight does not change – for example, physical activity increases lean body mass, increases energy expenditure, leads to favourable changes in blood cholesterol levels and improves psychological wellbeing and social health.

Whilst acknowledging the complexity and sensitivity associated with addressing childhood obesity, it is considered that 'every child of every size matters' and can benefit from regular engagement in physical activity, and the physical education profession has a responsibility to ensure that the curricular and extra-curricular experiences offered to children and young people of all shapes and sizes are meaningful, relevant and positive. Numerous practical recommendations to support physical education teachers in effectively engaging all children and young people in physical activity both within and beyond physical education have previously been published (see Cale & Harris, 2013; Harris & Cale, 2019) and these are presented in full in Appendix 2.

Selected examples of these recommendations include:

- Adopt a critical attitude towards health and obesity discourses and question what you hear and read about obesity, weight, diet and physical activity and encourage young people to do likewise. Some of the research is conflicting and there is some uncertainty surrounding the issues.
- Adopt a broad and holistic approach to health, health education and promotion. Recognise the importance of all dimensions of health rather than allow weight and weight status to dominate.
- Avoid sensationalising 'obesity' or 'weight' and adopt a sensitive, caring approach in which you focus on inclusion and learning through physical activity to try to enable all young people to engage, enjoy and achieve within the physical activity and physical education context.
- Avoid focusing on 'weight' as a problem. Outside of the extremes (of thinness and fatness), people can be healthy at any weight if they engage in moderate amounts of physical activity and have a healthy diet. Adopt and promote the view 'health at any size' and the message that 'it is better (and healthier) to be in shape than to be a particular shape'.
- Provide young people with specific guidance about the importance of physical activity, its contribution to healthy weight management and how to go about becoming more active.
- Consider kit/clothing and changing/showering policies and procedures. Be sensitive to how obese children and young people are likely to feel about what they wear and about undressing in front of others and be flexible and accommodating where possible.
- Adopt aerobic activity as the principal type of activity that involves working the large muscle groups for a sustained period of time. In so doing, keep the activity of a low to moderate intensity (and recognise that it may need to be of a very low level initially). Place emphasis on increasing the duration and frequency of the activity rather than the intensity. Low impact activities are also likely to be more appropriate as these will reduce stress on the bones and joints and be easier and/or more comfortable.
- Encourage obese children and young people to engage in non-weight bearing activities. These are considered particularly appropriate as the body weight is supported, thereby also reducing stress on the bones and joints and making movement easier and/or more comfortable.



Section 4: UK-wide physical activity for health guidelines

In 2010, the World Health Organisation published global recommendations on physical activity for health. Following this, in 2011, physical activity for health guidelines were published by the four UK home countries' Chief Medical Officers, and these guidelines were updated in 2019.

The main changes in 2019 include: providing guidance on being active during pregnancy and after giving birth, and for disabled adults; allowing greater flexibility for how and when children and young people can achieve the recommended levels of physical activity across the week; increasing the emphasis on the importance of regular strength and balance activities, especially for older adults; emphasising the value of vigorous and very vigorous intensity activity interspersed with periods of rest or recovery; removing minimum bout recommendations and daily thresholds; and clearly communicating the message that even relatively small increases in physical activity can contribute to improved health and quality of life.

As the Association for Physical Education promotes and supports physical education throughout the lifespan, guidelines for all the different age ranges (under-5s; children and young people; adults; and older adults) are included in this paper. This is followed in Section 5 by a particular focus on the 5-18 guideline as many members of the Association for Physical Education teach this age group.

Within the physical activity for health guidelines, 'moderate' intensity activity is described as that which causes participants to breathe faster, experience an increase in heart rate, and feel warmer. 'Vigorous' intensity activity is that which results in participants breathing very hard, being short of breath, having a rapid heartbeat, and not being able to carry on a conversation comfortably. The amount of activity needed for it to be described as 'moderate' or 'vigorous' varies from one person to another. people.

Infants (less than 1 year)

- Infants should be physically active several times every day in a variety of ways, including interactive floor-based activity e.g. crawling.
- For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over); more is better.



Toddlers (1-2 years)

- Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day; more is better.



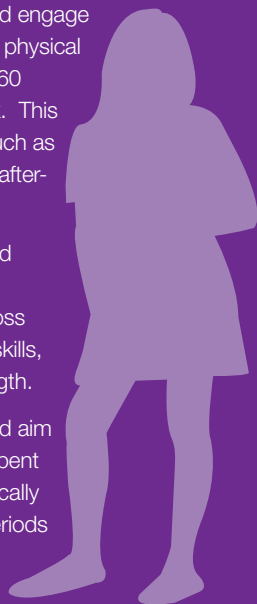
Pre-schoolers (3-4 years)

- Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better; the 180 minutes could include at least 60 minutes of moderate-to-vigorous intensity physical activity.



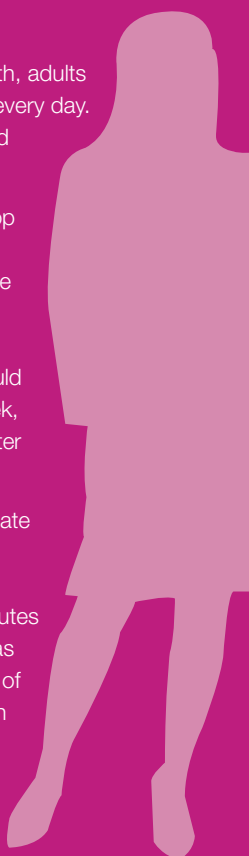
Children and Young People (5-18 years)

- Children and young people should engage in moderate-to-vigorous intensity 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.



Adults (19-64 years)

- For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.
- Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.
- Each week, adults should accumulate at least 150 minutes (2 ½ hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.
- Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity.



Older Adults (65 years and over)

- Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.
- Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.
- Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.
- Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.



Section 5: Significance and key features of the UK guidelines

The guidelines are flexible to encourage the creation of new ways to achieve the health benefits of an active lifestyle and to prompt the development of new partnerships to help create a more active society. The guidelines also highlight the risks of excessive sedentary behaviour, which exist independently of any overall volume of physical activity. Health inequities in relation to physical inactivity according to income, gender, age, ethnicity and disability are acknowledged. Organisations and professions with a part to play in promoting physical activity are challenged to work across communities to make physical activity a reality for all.

Particular features of the guidelines include:

- A life course approach with the overriding message that people need to be active throughout life and that physical activity should be a natural part of everyday life, from the early years through to older adulthood.
- Strong recognition of the role of vigorous intensity activity, acknowledging that previous national campaigns have emphasised the health benefits of moderate intensity physical activity in order to entice low active, non-sporty people to become more active but this may have led to an assumption that very vigorous or vigorous intensity activity does not benefit health which is not the case.
- Encouragement to combine moderate and vigorous intensity activity within different amounts and types of activity, as suits individual lifestyles and preferences.
- Emphasis upon daily activity so that individuals gain some health benefits which result from responses that occur for up to one to two days, following activity. Being active daily also helps to develop more sustainable, lifelong activity habits.
- A focus on limiting sedentary behaviour with the key message that some activity is better than none and the warning that it is possible for people to achieve recommended levels of physical activity but still put their health at risk if they spend the rest of the time sitting or lying down. Hence, the need to limit sedentary behaviour and to emphasise that action to achieve this is quite different to action to promote physical activity.

Of course, guidelines themselves do not change behaviour. Behaviour change is complex and difficult and can only be achieved through collaboration between organisations and professionals working together to make it easier for people to be more active and less sedentary. A good starting point is clear communication of the guidelines, matched with concerted and committed action on physical activity to tackle barriers to being active at all levels, from the personal through to the environmental. In schools and colleges, safe routes and active play areas need to be developed, alongside ensuring the provision of high quality

physical education and physical activity opportunities for children and young people of all ages and abilities through formal and informal curricula.

Implementing the physical activity guideline for 5-18 year olds

The following points assist with understanding and implementing the physical activity guideline for the 5-18 age group.

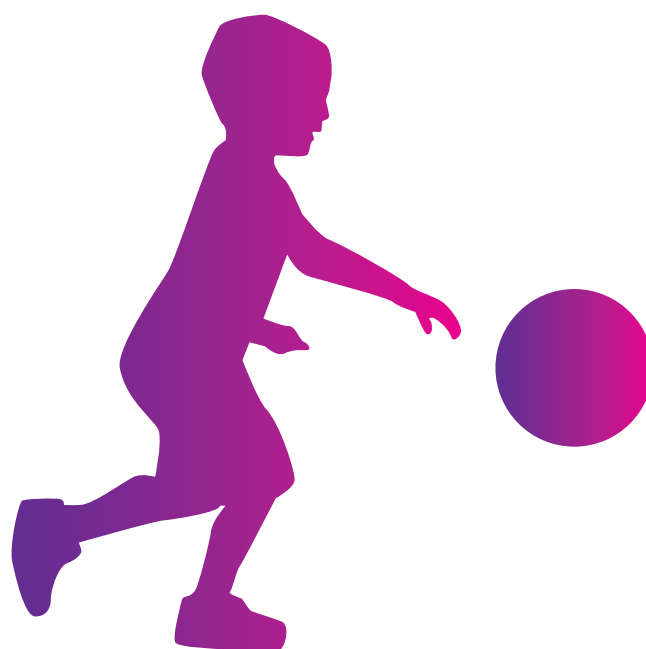
- The simple headline recommendation for this age group is 'a minimum of one hour a day of physical activity'. The 'one hour a day' message should be as well known to children and young people as the 'five a day' message associated with the consumption of fruit and vegetables.
- The intensity of physical activity should be above and beyond that experienced during daily living. This means that light activity such as moving around the house and walking slowly between school lessons or while shopping does not contribute towards the 'one hour a day' of physical activity. A reduction in sedentary time should, however, result in an increase in light intensity physical activity and total energy expenditure.
- The evidence supports recommendations on limiting sedentary behaviour, which may be associated with health risks that are independent of participation in physical activity. Physical activity has very low risks for most children and young people; however, the risk of poor health from inactivity is very high.
- Sedentary behaviours, such as TV viewing or accumulated total sedentary time, are associated with overweight and obesity and metabolic dysfunction in young people. This suggests that prolonged periods of sedentary behaviour are an independent risk factor for poor health. Therefore, reducing sedentary time and breaking up extended periods of sitting is strongly advised.
- The guidelines are relevant to all children and young people aged 5-18 years, irrespective of gender, disability, race or socio-economic status, but should be interpreted with consideration of individual physical and mental capabilities. For children and young people with disabilities, the guidelines need to be adjusted for each individual based on that person's exercise capacity and any special health issues or risks.
- For children and young people who are currently inactive, doing a small amount of physical activity, even if it is less than the guidelines, will provide some health benefits. For such individuals, a gradual increase in the frequency, duration and intensity of activity to achieve the guidelines is recommended.
- Children and young people who are overweight or obese can gain health benefits from meeting the recommended levels of physical activity, even in the absence of changes to their weight status. Overweight and obese children and young people may find physical activity uncomfortable and embarrassing so it is

important that their involvement is encouraged and supported by adapting activities to ensure they are inclusive, achievable and enjoyable.

- There is a dose-response association between activity and health outcomes such that regular participation in activity at a higher level than the guideline (e.g. of greater duration, increased intensity) is associated with even greater benefits.
- Some of the health benefits associated with physical activity result from acute responses that occur for up to 24-48 hours following activity. To reflect this evidence and to encourage regular activity habits across the week, daily physical activity is recommended.
- For some health outcomes, vigorous intensity physical activity is required. For example, vigorous activity is required to increase cardio-respiratory fitness in young people and it is also important in optimising bone health, particularly prior to the adolescent growth spurt.
- Muscle strengthening and bone health are most favourably affected by resistance training and impact activities. For children, this can include activities that require lifting their own body weight and jumping and climbing activities, combined with the use of large apparatus and toys. For young people, resistance-type exercise during high intensity sport, dance, water-based activities or weight (resistance) training are appropriate.
- The guidelines need to be interpreted with consideration for children and young people's growth and development. Children and young people are a heterogeneous population. Encouraging childhood physical activity is especially important for children and young people from disadvantaged or vulnerable groups or where family or peer support for being active is limited.
- Opportunities to be physically active need to be available on a daily basis, within the constraints of other pressures such as schooling. Activities should be varied and challenging, as appropriate for the age and stage of development.
- The degree of structure and organisation of activity changes gradually with a shift away from unstructured, active play predominant at younger ages towards structured and organised physical activity in youth (e.g. regular physical education, sport, dance and active travel). A balance of unstructured and structured activity enables young people to be active both independently and dependent on adults.
- If children and young people have positive experiences of physical activity, they are more likely to remain active. Children and young people should learn to manage physical risks

themselves, as this will enhance their development of physical and social skills.

- There is a substantial positive association between parental and social support and physical activity in young people. For girls in particular, the main facilitators to being physically active are likely to be social and family influences (e.g. having a peer group who approve of activity or having active siblings and supportive parents). This highlights the importance of taking account of 'pupil voice' when designing, delivering and evaluating PE curricula and physical activity programmes within school and community settings, and working with families to increase the opportunities and support for physical activity within the lives of children and young people.



Section 6: UK Governments' physical activity targets

Back in 2002, the government in England set the following target which became known as the '2 hours a week' target:

To ensure that **75%** of children do 2 hours of high-quality physical education and school sport a week by **2006** and **85%** by **2008**.

The government claimed that the 75% target was met in 2006 and that the 85% target for 2008 was achieved in 2007. Following this, a long-term government ambition was established in England for 2010 which became known as the '5 hours a week' target:

To ensure that all children should have 2 hours of curriculum physical education and the opportunity to access a further 2 to 3 hours of sport beyond the curriculum per week.

The Primary PE and Sport Premium, launched in 2013 to improve the quality of PE and sport in primary schools in England, has reportedly led to an increased focus on curricular and extra-curricular provision and provided new opportunities to increase the quality of PE teaching and sport provision; it has also increased primary pupils' engagement and participation in PE and sport (Department for Education, 2015). In 2016, the Childhood Obesity Plan for England set out that children and young people should achieve the recommended 60 minutes of physical activity daily through 30 minutes during the school day and 30 minutes outside of school. More recently, the Department for Education's 2019 Healthy Schools Rating Scheme requires schools to provide 2.5 hours or more of curriculum physical education for all year groups to attain the Gold award, and schools offering fewer than two hours of physical education to all year groups cannot achieve Gold or Silver awards.

With respect to Scotland, the Scottish Executive similarly aimed to increase and maintain the proportion of physically active children and young people in Scotland and set a target of 80% of all children and young people aged 16 and under meeting the minimum recommended levels of physical activity by 2022, these being the accumulation of at least one hour of moderate activity on most days of the week. There were also recommendations for curriculum provision, with the expectation that schools would work towards the provision of 2 hours of good quality PE for each child every week, in addition to offering physical activity and sport opportunities during and beyond the school day. Scotland's Physical Activity Delivery Plan (2018) refers to 99% of schools meeting the PE curricular commitment of 2 hours (primary) and two periods (secondary) per week.

The Welsh Assembly Government also committed itself to increasing activity levels within the Welsh population. It declared an aspiration that schools should provide at least 2 hours per week of effective and meaningful physical education for every pupil, to contribute to the recommended physical activity level for children and young people of one hour per day of at least moderate intensity activity. In addition, it launched a '5x60' Secondary School Sport Programme, aimed at increasing the number of secondary aged pupils taking part in physical activity for 60 minutes, at least five times a week. By targeting children and young people who do not take part in physical activity, the Welsh Assembly Government hoped to reach a target of 90% of secondary school pupils taking part in '5x60' minutes of physical activity per week by 2020. Sport Wales supported a vision of 'Every Child Hooked on Sport for Life' which described schools as 'central to the physical education, health and wellbeing of every child'. It also stated that 'the role of the teacher is paramount. We need more teachers who are competent, confident and enthusiastic about teaching PE and further commitment to teacher training. The links between provision in school and in communities is absolutely critical if we are to achieve our aspiration of engaging children and young people for life'. The National Assembly for Wales' 2019 publication entitled 'Physical Activity of Children and Young People' recommends a minimum statutory requirement of 120 minutes of physical education in schools. It also recommends that physical education be given greater priority in the curriculum and in the inspection regime for schools.

The current statutory curriculum for Northern Ireland (2007) states that physical education is a compulsory part of the curriculum for all pupils from age 4 to 16 and that it is up to schools to determine how much time is devoted to PE in the curriculum but departmental guidance recommends that they should provide pupils with a minimum of two hours curricular PE per week. The Northern Ireland Strategy for Sport and Physical Recreation 2009-2019 (Department of Culture, Arts and Leisure, 2009) included the following targets:

By 2011, to have established a baseline for the number of children of compulsory school age participating in a minimum of two hours quality physical education;

By 2014, to provide every child in Northern Ireland over the age of 8 years with the opportunity to participate in at least two hours per week of extra-curricular sport and physical recreation.

The relationship between physical activity for health guidelines and government physical activity targets

National physical activity targets are very much welcomed as they offer a formal acknowledgement of the value of physical activity to society. They also complement physical activity for health guidelines but are clearly different from them. The 'one hour a day' recommendation is how active children and young people should be to gain health benefits.

England's previous 2010 ambition for '5 hours a week' target, along with the other home nations' targets for curriculum physical education and physical activity/sport beyond curriculum time, make significant and important contributions to the physical activity recommendation, but still fall short, for the following reasons:

- 4 to 5 hours a week is 2 to 3 hours short of the 7 hours a week required to meet the 'one hour a day' recommendation.
- Children and young people will not be actively moving during all of the 4 to 5 hours a week of physical education and school sport, since this involves changing time, and time spent on valuable learning activities such as planning, observing, analysing, coaching and officiating.

It is a challenge for schools to involve every child in up to 5 hours of physical education and school sport a week, especially younger children whose school days tend to be shorter; and learners at the top of the school age range, when there is much competition for young people's time and commitment.

To increase the amount of physical activity in physical education lessons, afPE recommends that pupils be actively moving for 50-80% of the available learning time. This can usually be achieved through effective planning and efficient management and organisation of pupils and resources.

In summary, the physical activity for health guideline and government physical activity targets support each other, in that increased time available for physical education and school sport can help to deliver the physical activity for health guideline. The high quality experiences afforded by physical education and school sport should also motivate and encourage children and young people to be active in their own time, to pursue activities that they particularly enjoy, and provide children and young people with the necessary knowledge, skills and understanding to enable them to take up and pursue activities now and in the future.

There is the added challenge of ensuring that all children and young people (some possibly resistant to organised activity, others meeting difficulties in accessing it for a range of social, cultural and economic reasons) are willing and able to find ways of being active for at least 2 to 3 hours, away from the school setting, such as in and around the home, and with family, friends or as individuals. This emphasises the importance of the school context in supporting the entitlement of all children and young people to the provision of high quality physical education and to additional high quality physical activity opportunities.



Section 7: Physical activity headlines on children and young people



Data on children and young people's physical activity and their attitudes towards physical activity is collected on a regular basis via, for example, national surveys. Details of this data for the UK are presented in Appendix 1. This section presents headlines emerging from the increasing volume of physical activity information on children and young people.

Headline 1: *The vast majority of children and young people do not meet the 'one hour a day' physical activity for health guideline.*

Headline 2: *Boys are more active than girls across all age groups.*

Headline 3: *Boys participate in formal sports more than girls.*

Headline 4: *Children and young people become less active with increased age and the decline is greater amongst girls than boys.*

Headline 5: *The proportion of children and young people who walk or cycle to school has fallen and the proportion of car journeys has increased.*

Headline 6: *Children and young people from the lowest socio-economic groups are less active than those from the highest.*

Headline 7: *Only 1 in 10 children and young people aged 11-15 years are aware of how much physical activity they should do. Only 1 in 4 adults are aware of the correct physical activity for health recommendation for children and young people.*

Headline 8: *There is a positive association between knowing the physical activity guideline and achieving it.*

Headline 9: *Most children and young people perceive themselves as either very or fairly physically active compared with other children their age; two thirds of children and young people in the lowest activity group think that they are very or fairly physically active compared with others.*

Headline 10: *Girls are more likely than boys to want to do more physical activity, regardless of age.*

To add to the complexity of the picture, national survey data point to differences in physical activity participation according to a range of variables such as: geographical region, urban/rural location; culture/religion; special needs and disabilities. Each of these require a specific, targeted approach in order to effectively increase physical activity participation across all groups within the UK.



Section 8: Monitoring health, fitness and physical activity in schools



afPE considers that fitness testing can have a place within the physical education curriculum, providing that it is approached in such a way that it addresses the limitations of narrow versions of fitness testing and offers a positive, educational experience for all learners and contributes to the promotion of healthy, active lifestyles.

Any form of health, fitness or physical activity monitoring carried out with pupils in curriculum time (including, for example, the use of health behaviour questionnaires, activity diaries, pedometers, activity trackers, heart rate monitors, and fitness tests) should be positive, meaningful, relevant and developmentally appropriate, and be part of a planned, progressive programme of study, the primary aim of which is to promote healthy, active lifestyles.

Fitness testing is a controversial issue in education and has had its proponents and critics over the years (see papers by Cale and Harris between 2006 and 2013). afPE's stance on this issue is to consider all perspectives but to focus predominantly on the quality of the learning that takes place within curriculum physical education and the effect of this on learners. Clearly, a very narrow view of fitness testing simply involving the production of scores is not appropriate for the curriculum because it reduces a complex concept to raw figures and is therefore limiting in itself, but mainly because it is likely to be a limiting learning experience with inadequate knowledge and understanding associated with it, including little or no provision of personalised feedback to help learners make sense of their scores and to respond positively to the experience.

Fitness test results should be interpreted with caution as there are limitations in the validity, reliability and accuracy of field-based fitness tests. Many factors influence children and young people's performance and scores on fitness tests such as their maturation, genetic potential, skill at taking the test, motivation and the environment. Furthermore, fitness test scores do not necessarily reflect children and young people's activity levels as is sometimes assumed. Another common assumption is that fitness testing is an effective tool for promoting physical activity. Indeed, the rhetoric underlying fitness testing proposals and programmes often implies that it will contribute to the promotion of healthy, active lifestyles. However, for some children and young people (often the least healthy and active), fitness testing can be a negative, embarrassing and humiliating experience. afPE therefore cautions against the over use of fitness testing as a means of helping children and young people adopt healthy, active lifestyles. Instead, it favours monitoring of physical activity levels to determine which pupils are and are not meeting the physical activity for health guideline; this can occur instead of, or alongside, the monitoring of health-related fitness components.

afPE considers that fitness testing can have a place within the physical education curriculum, providing that it is approached in such a way that it addresses the limitations of narrow versions of fitness testing and offers a positive, educational experience for all learners and contributes to the promotion of healthy, active lifestyles. This clearly depends not only on what is done but how it is done. It is important to recognise that afPE is not anti-fitness testing per se; afPE fully supports alternative pedagogical approaches to health, activity and fitness monitoring within the curriculum and has supported the development of teacher resources which present pedagogical alternatives to limited testing practices. For example, approaches which incorporate criterion-referenced standards and provide individualised feedback on both activity and health-related fitness measures are considered more desirable from a learning perspective than narrow, normative approaches to testing.

All field-based measurements within complex social settings such as schools are problematic in some way but the precise accuracy of the measures is not the main issue; the focus is on the learning that goes on before, during and after the measurement process. The process of children and young people measuring each other's fitness and self-reporting their activity is conducive to the learning process. Children and young people can develop knowledge and understanding, skills and attitudes which steer them towards the adoption of healthy, active lifestyles.

From time to time, it is proposed that fitness testing becomes a compulsory aspect of school physical education. For example, this was recommended within the 2009 Annual Report of the Chief Medical Officer in England. In addition, the 2015 ukactive's 'Generation Inactive' report recommended formal fitness testing in primary schools as part of the National Child Measurement Programme. In response to this latter recommendation, afPE declared that it does NOT support formal fitness testing in primary schools. It considers this a retrograde step in terms of promoting healthy, active lifestyles and takes this position for the following reasons:

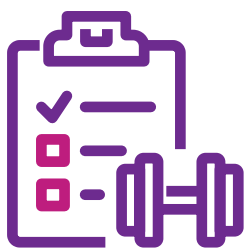
- Fitness testing is not good use of the limited curriculum physical education time in primary schools.
- Fitness testing is not a proven effective strategy for promoting active lifestyles.
- Fitness testing can be dull, dreary and dreaded, especially by the very children and young people whom we want to be more active.
- Fitness test scores can be misleading and do not accurately reflect physical activity levels.

However, afPE fully supports effective promotion of active lifestyles in primary schools and considers that this requires:

- Increased curriculum physical education time in primary schools (many primary schools only have PE twice a week and this is not sacrosanct as it is sometimes shortened or cancelled).
- Increased time on training primary teachers to teach high quality physical education (this should include teaching a sequence of PE lessons during training and working alongside teachers with good knowledge of high quality PE). Well qualified staff teach PE that is more active for children as they plan better, are clearer about what is being taught and how learning is progressed over time, and can adapt tasks so that pupils of all abilities fully participate in and enjoy lessons.
- The identification of primary children who do not meet the current UK physical activity for health guideline of being active for a minimum of at least one hour a day, followed by offering these children free access to additional, enjoyable opportunities to be active within the school environment, and also liaising with their parents/carers to support them in being active at home and in their free time.
- Increasing the proportion of primary children who are active during break times, lunch times and before and after school (there are still many children who are not active at these times).
- Increased physical activity in curriculum time involving the teaching of subjects in 'active' ways which require pupils to get up and move to learn, where appropriate, both within the school building and in the outside environment. This will help to reduce the amount of time children are sedentary during the school day.

If fitness testing were to be introduced for population surveillance purposes (as suggested by the Chief Medical Officer in 2009 and ukactive in 2015), it would be best undertaken by independent, trained specialists in fitness measurement in order that the tests are standardised and that the process has rigour and the results are as robust as they can be. afPE acknowledges that there is merit in obtaining accurate fitness scores from children and young people, with respect to adding to the research literature on what is known about this. However, it does not believe that this is good use of limited curriculum time. Curriculum time is precious and physical education time is best used to increase children and young people's movement competence and confidence in order to encourage them to be active outside of lessons, in their own time.

In summary, if the limitations of fitness testing are understood and addressed, and if it is incorporated as just one component of a broad, balanced physical education curriculum which also includes monitoring of physical activity, then it can potentially play a positive role in promoting healthy active lifestyles.





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For further information, or to inform afPE about good practice in this area, please contact enquiries@afpe.org.uk

Appendices

Appendix 1: Physical activity data on children and young people

The most recent data on the physical activity levels of children and young people aged 5 to 16 years in England is from Sport England's 2019 Active Lives Children and Young People Survey. Headlines from this survey include:

- 46.8% of children and young people are categorised as 'active' and are active for an average of 60+ minutes a day.
- 24.2% of children and young people are categorised as 'fairly active' and are active for an average of 30-59 minutes a day.
- 29.0% of children and young people are categorised as 'less active' and are active for less than an average of 30 minutes a day.
- The proportion of children and young people reporting that they were active increased by 3.6% over the previous year.
- There was a decrease of 3.9% in the proportion of children and young people reporting that they are less active during the previous year.
- Activity levels peak at ages 5-7 and 11-13.
- Boys (51%) are more likely to be active than girls (43%).
- Children and young people from low affluence families are the least likely to be active (42%) in comparison with high affluence families (54%).
- Children and young people with a disability or long term health condition are more likely to be less active than those without.
- Asian (35%) and Black (34%) children and young people are the most likely to be less active in comparison with White British (27%).
- 40% of children and young people do an average of 30 minutes or more of physical activity a day at school while 57% do so outside school.
- Outside school activity levels have increased compared to the previous 12 months across all year groups. At school activity levels remain unchanged overall during this time but increased for ages 7-11.
- Active play and informal activity is the most common activity amongst children aged 5-7. 70% of children aged 5-7 walk to school or other places, and over half take part in swimming activities.
- Active play and informal activity remains the most common activity amongst children aged 7-11, closely followed by team sports.
- Team sports continue to be the most common activity amongst children and young people aged 11-16.
- 78% of children and young people aged 11-12 can swim 25 metres unaided.

- 38% of children and young people 'volunteered' at least twice in the last year to support physical activity and sport.
- There is a positive association between levels of engagement in physical activity and sport and levels of mental wellbeing (e.g. 'happiness' scores).
- There is a positive association between levels of physical activity and sport and levels of individual development (e.g. responses to 'If I find something difficult, I keep trying until I can do it').
- There is a positive association between levels of physical activity and sport and levels of community development (e.g. responses to 'How much do you feel you can trust people of a similar age to you?').

Previous physical activity data in children and young people, derived from the Health Survey for England 2015, found that:

- Excluding school-based activities, 22% of children and young people aged between 5 and 15 met the physical activity guidelines of being at least moderately active for at least 60 minutes every day (23% boys, 20% girls). These proportions had increased since 2012, when 21% boys and 16% girls met the guidelines.
- The proportion of both boys and girls aged 5 to 15 meeting current recommendations was lower in the higher quintiles than in the lower quintiles of equivalised household income.
- Girls aged between 5 and 10 who were obese were less likely to meet the current guidelines than those who were neither overweight nor obese; 14% compared with 28% respectively.
- Four in five children and young people (79%) participated in activities such as walking and sports in the last week while in a lesson at school.
- Time spent being sedentary (excluding time at school) during the week and at weekends increased with age.

Attitudes to physical activity

Sport England's 'Active Lives Children and Young People' Survey (2019) also provided an insight into children and young people's attitudes to physical activity. The survey focused on physical literacy which is a combination of a person's enjoyment, confidence, competence (how easy they find it), understanding (that it is beneficial) and knowledge (knowing how to get involved and improve).

The survey identified the following key findings:

- Physical literacy changes (reduces) with age.
- There are important inequalities that must be tackled; girls are less likely to enjoy being active than boys, with the biggest gap between the genders found around confidence and enjoyment; those from the least affluent families are less likely to enjoy being active; understanding of why taking part is good for them is lower for children and young people with a disability or long term health condition; physical literacy differs across ethnic groups.
- More physically literate children and young people are more likely to be active.

- More physically literate children and young people are happier, more resilient and more trusting of others.
- The number of positive attitudes is the key driver of how active children and young people are.

Back in 2007, the Health Survey for England provided information on 11-15 year old children and young people's knowledge and attitudes to physical activity and found that:

- When asked how much physical activity children and young people should do, only 1 in 10 children and young people aged 11-15 suggested that it should be 60 minutes on all 7 days of the week. A further 8% of boys and 3% of girls overestimated the minimum recommendations.
- There was some association between thinking that children and young people should be active for at least 60 minutes per day and actually achieving the recommended targets. 12% of boys and 13% of girls who thought children and young people should do physical activity at the recommended level also achieved this compared to 9% of boys and 6% of girls who did not think this.
- Most boys and girls perceived themselves to be either very or fairly physically active compared with other people their age (90% and 84% respectively). The proportion of boys who perceived themselves to be very physically active was similar from age 11 to 15 (47% and 42% respectively) compared with a significant decline in girls between ages 11 and 15 (38% and 19% respectively).
- For the most part, children and young people who achieved a high level of activity accurately perceived themselves as being either very or fairly physically active compared with others (94% of boys and 92% of girls). However, 68% of boys and 67% of girls in the lowest activity group thought they were very or fairly physically active compared with others.
- Girls were more likely than boys to want to do more physical activity (74% and 61% respectively), regardless of age. The proportion who wanted to do more physical activity declined with age among boys, but not among girls. The most frequently mentioned sports and activities boys would like to do more were ball sports (39%), riding a bike and swimming (both 35%), whereas among girls the most frequently mentioned was swimming (47%). For both boys and girls, there was a pattern of declining interest in some activities with age.

National and international comparisons

The Scottish Health Survey (2018) found that:

- 67% of children and young people aged 2-15 had participated in sport in the last week, with similar rates for boys and girls.
- 33% of children and young people aged 5-15 met the guideline of at least 60 minutes physical activity on each day of the previous week.
- The proportion of children and young people meeting the physical activity guidelines declined with age, from 45% (5-7 years) to 38% (8-10 years) to 28% (11-12 years) to 18% (13-15 years).
- Participation in sport was lowest for teenage girls (45% of those aged 13-15) and for pre-school boys (48% of those aged 2-4).

The National Assembly for Wales (2019) 'Physical Activity of Children and Young People' publication informs that:

- Evidence from the Welsh Government states that 51% of children and young people aged 3-17 meet the physical activity for health guidelines; however, only 14-17% of children and young people aged 11-16 partake in the recommended amount of physical activity.
- Sport Wales' School Sport Survey reports that 48% of children and young people are taking part in sport or physical activity three or more times a week. This figure has remained static from 2015-2018.

Northern Ireland's Young Persons' Behaviour and Attitude Survey 2016 (2017) found that:

- 1 in 8 of children and young people reported doing the recommended 60 minutes of moderate physical activity during every day of the last week.
- Boys (17%) were twice as likely as girls (8%) to attain this.
- One and a half times as many children and young people (13%) reported doing at least 60 minutes of moderate physical activity during every day of the last week compared with those who reported not doing 60 minutes on any day of the week (8%).
- Although the number of children and young people achieving 7 days of physical exercise is similar between the most deprived and least deprived quintiles, there are a quarter fewer from the most deprived achieving 4 days or more (43%) compared with the least deprived (57%).

In 2017, the Organisation for Economic Co-operation and Development (OECD) published 'Health at a Glance: OECD Indicators' which reported the following data on physical activity among children and young people:

- Rates of physical activity meeting World Health Organisation guidelines (60 minutes per day) reach 20% in Canada and Spain, and are lower than 10% in Israel, Italy and Switzerland.
- Physical activity rates are consistently higher in boys than girls, and by a large margin.
- Physical activity is lowest in girls in Austria, Israel, Italy and Portugal (5%) and in boys in France, Israel, Italy and Switzerland (under 15%).
- Sufficient physical activity is most prevalent in girls in Canada, Iceland and Latvia (14-15%) and boys in Canada and Spain (nearly 30%).

In 2019, a study led by the World Health Organisation (Guthold et al, 2019) reported that more than 80% of 11-17 year olds around the world were not sufficiently physically active, putting their current and future health at risk. It also found that boys were more active than girls in all but four of the 146 countries involved in the study. The authors concluded that failing to take the recommended hour a day of physical activity is a universal problem in rich and poor countries, and that urgent action is needed to increase the physical activity levels of adolescents worldwide.

Appendix 2

Practical recommendations for physical education teachers for addressing childhood obesity (adapted from Cale & Harris, 2013 and Harris & Cale, 2019).

General

- Adopt a critical attitude towards health and obesity discourses and question what you hear and read about obesity, weight, diet and physical activity and encourage young people to do likewise.
- Remember that some of the research is conflicting and there is a degree of uncertainty surrounding the issues.
- Adopt a broad and holistic approach to health, health education and promotion. Recognise the importance of all dimensions of health rather than allow weight and weight status to dominate.
- Examine your own attitudes, beliefs, values and prejudices concerning the overweight/obese and seriously and honestly question any biases, the foundations on which these are based and the influence they may have on your practice (e.g. in terms of the information and messages you give). Avoid transmitting weightist prejudices but rather try to counteract and challenge them, including any shown by others.
- Carefully consider the health information and messages you give, the validity of these, how they may be received, interpreted and made sense of and how they may make young people feel about themselves and their bodies.
- Avoid sensationalising 'obesity' or 'weight' and adopt a sensitive, caring approach in which you focus on inclusion and learning through physical activity to try to enable all young people to engage, enjoy and achieve within the physical activity and physical education context.
- Avoid focusing on 'weight' as a problem. Outside of the extremes (of thinness and fatness), people can be healthy at any weight if they engage in moderate amounts of physical activity and have a healthy diet. Adopt and promote the view, health at any size and the message that 'it is better (and healthier) to be in shape than to be a particular shape'.
- Carefully consider the judgments and comments you make about food. Avoid generating unhelpful dualism around food types (e.g. chips_bad; celery_good) but instead focus on quality and moderation. Also, avoid criticising or ridiculing the food young people eat as this can damage the relationships they (and others who make it) have with food. As well as for health, recognise that food is an important part of one's culture and that people eat for fun, pleasure and social reasons.
- Physically educate young people about their bodies. Help them to understand that bodies change and are not fixed (i.e. as during puberty). Also help them to understand how the body responds to friendly treatment (i.e. the benefits of physical activity and a healthy diet).
- Help all young people, regardless of their size or weight, to feel good about their bodies in order to build their competence,

confidence and sense of control. Promote the message 'learn to like your body' and help them to see the body not as the enemy but as part of the whole person.

- Help obese youngsters to learn to understand and deal with their individuality, strengths and weaknesses and to be proud of who they are and what they have. Promote the message 'celebrate being special'.
- Provide young people with specific guidance about the importance of physical activity, its contribution to healthy weight management and how to go about becoming more active.
- Identify young people with low activity levels and provide them with personalised guidance and encouragement to achieve manageable physical activity targets.
- Encourage your department and physical education colleagues to work alongside other subject staff (e.g. those from personal, social and health education, science, food technology) to ensure that consistent messages are promoted about the contribution of physical activity to healthy weight management.
- Consider how 'obesogenic' or physical activity promoting, the school and physical education environments are. Focus efforts on making the environment more conducive to physical activity.

Activity recommendations

- Consider kit/clothing and changing/showering policies and procedures. Be sensitive as to how obese children and young people are likely to feel about what they wear and undressing in front of others and be flexible and accommodating where possible. For example, try to provide private changing facilities and allow children and young people to wear tracksuit bottoms and, for swimming, T-shirts.
- Encourage obese children and young people to adopt and maintain regular physical activity, including participation in physical education, even if weight loss is slow or does not occur. They will still derive physical and mental health benefits from the activity.
- Most obese children and young people will know their capabilities and limitations where participating in physical activity is concerned. Some are also often quite skilled (e.g. in techniques involving small muscle groups) or often have considerable muscular strength and may excel in certain physical activities.

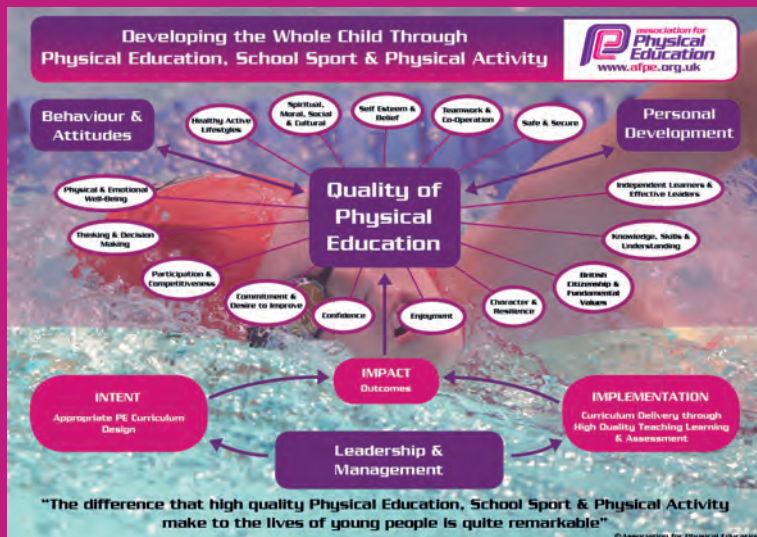
Consult with them to establish what they can and cannot do.

- Where possible, frequently change and vary the choice of activity/activities for obese children and young people (and encourage them to do likewise if exercising on their own), to avoid over use or fatigue of the same muscle groups and joints.
- Adopt aerobic activity as the principal type of activity that involves working the large muscle groups for a sustained period of time. In so doing, keep the activity of a low to moderate intensity (and recognise that it may need to be of a very low level initially). Place emphasis on increasing the duration and frequency of the activity rather than the intensity. Low impact activities (e.g. walking, stepping) are also likely to be more

appropriate as these will reduce stress on the bones and joints and be easier and/or more comfortable.

- Encourage obese children and young people to engage in non-weight bearing activities (e.g. swimming, aqua aerobics, seated aerobics, seated multi-gym work, cycling, indoor rowing). These are considered particularly appropriate as the body weight is supported, thereby also reducing stress on the bones and joints and making movement easier and/or more comfortable.
- Incorporate physical activities that will promote and improve muscular strength and endurance. These are important to enable obese children and young people to carry out everyday tasks more easily, which may in turn facilitate a more active lifestyle. Circuits or resistance exercise can be beneficial for this and can also help to increase fat free mass and improve muscle tone. If using fixed resistance equipment, however, intense or maximal resistance work must be avoided. Consult the Guidelines on Health-Related Exercise within Safe Practice in Physical Education (afPE, 2012) for specific guidelines on resistance training.
- Try to incorporate physical activities that will promote and improve balance and posture. This might be through dance or gymnastic activities or via circuits or resistance exercise (e.g. the flamingo balance or working the postural muscles such as the shoulders (trapezius/rhomboids) and back (erector spinae) as in 'shoulder squeezes' and 'back lifts').
- Games are suitable for most obese children and young people as they typically involve intermittent or short bouts of physical activity with rest periods. Ensure games and team games especially are managed sensitively though to ensure children and young people are appropriately included and accepted within the group (see points below).
- Where appropriate, make adjustments to the size of the activity area, team size or equipment used to accommodate for an individual's body size and/or poor exercise tolerance or movement efficiency. For example, reduce the size of the court/pitch, increase the number of players, use different weight/sized equipment.
- Avoid practices that highlight and focus on size and weight to avoid stigmatising and causing obese children and young people embarrassment and humiliation. For example, weighing and measuring to calculate BMI, using skinfold calipers, introducing 'fat' clubs.
- Select physical activities, tasks, as well as the positions and responsibilities you allocate to individuals carefully and sensitively to avoid obese children and young people becoming disheartened, embarrassed and humiliated. For example, avoid assault courses that involve children and young people squeezing through or jumping over equipment, unfair races, public displays, or activities/games that require constant running or jumping. Also avoid always allocating inactive and/or lower status roles or positions to the obese individuals(s) in the class (e.g. scorer, goal keeper, equipment helper).
- Consider grouping procedures carefully (e.g. avoid letting the children and young people pick teams) and take weight and size into account when grouping for specific tasks and activities with a partner or within a group/team (e.g. marking/defending or tackling in games, supporting or partner/group balancing in gymnastics).
- Beyond the structured and organised physical activity you promote, encourage children and young people to participate in lifestyle activities such as walking or cycling to school and/or the shops, using the stairs instead of the lift and assisting with household chores around the home such as cleaning the car and gardening. All of these will increase total energy expenditure.
- Encourage children and young people not to spend too much time in sedentary activities such as watching television or playing computer or video games. At the same time, avoid labelling sedentary activities as 'bad' activities for, as potentially 'relaxing' activities, they have a role to play in the promotion of mental health. It is advisable to carry out all activities (physical and sedentary) in moderation.





Definition of Physical Education, School Sport & Physical Activity*

Physical Education, School Sport and Physical Activity are similar in that they all include physical movement, but there are important differences between them as outlined below:

Physical Education
Physical Education is the planned, progressive learning that takes place in school curriculum timetabled time and which is delivered to all pupils. This involves both 'learning to move' (i.e. becoming more physically competent) and 'moving to learn' (e.g. learning through movement, a range of skills and understandings beyond physical activity, such as co-operating with others). The context for the learning is physical activity, with children experiencing a broad range of activities, including sport and dance.

Physical Activity
Physical Activity is a broad term that describes bodily movement, posture and balance. All require energy. It includes all forms of physical education, sports and dance activities. However, it is wider than this, as it also includes indoor and outdoor play, work-related activity, outdoor and adventurous activities, active travel (e.g. walking, cycling, rollerblading, scooting) and routine, habitual activities such as using the stairs, doing housework and gardening.

School Sport
School Sport is the structured learning that takes place beyond the curriculum (i.e. in the extended curriculum) within school settings: this is sometimes referred to as out-of-school-hours learning. Again, the context for the learning is physical activity. The 'school sport' programme has the potential to develop and broaden the foundation learning that takes place in physical education. It also forms a vital link with 'community sport and activity'.

* Authorised Physical Education, School Sport & Physical Activity Framework

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Designing Your Curriculum

The focus on the curriculum in the Education Inspection Framework (2019) has presented us with an excellent opportunity to reflect on and review our practice. Perhaps the most significant piece of thinking is around how we plan and implement what we do so that students 'learn the curriculum'.

This resource can be used to help your thinking around the quality of your curriculum. It is not a curriculum planning tool but a series of questions which can be used to help inform the debate within your own planning teams as you design or re-design your own curriculum.

It is very important that you are honest with these answers as nobody will be policing it! You will be asking yourself these questions out of a genuine desire to continuously improve.

Once you have used this to start the debate you should be able to create your own plan of action to help to continually develop your way of working.

If you need support with curriculum development, contact afPE at enquiries@afpe.org.uk.

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Questions to Ask When Designing Your Curriculum

- Is the planning you undertake consistent with the whole school approach and aligned to your overarching school curriculum philosophy (i.e. is it systemic)?
- Is your physical education curriculum well planned or a series of piecemeal events?
- How do intent, implementation and impact link together in your 'story'?
- Does your curriculum have real breadth?
- Is it sequenced and scaffolded?
- Is it inclusive?
- Are you narrowing the curriculum for SATs or GCSEs?
- Do you help pupils to 'learn' the curriculum?
- Are your pupils ready for the next stage of education?
- Are your pupils 'world' ready?
- Is assessment used effectively and not burdensome?
- Are SLT/governors aware of, and on board with, the physical education curriculum?
- Can SLT/governors articulate how physical education fits into the whole planned learning experience?
- Does your school invest in physical education CPD?

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