afPE’s position on health

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In September 2015, the Association for Physical Education (afPE) published its latest Position on Health paper. This replaced the version published in 2013. Although the paper is too comprehensive to appear in full in Physical Education Matters, this article summarises and highlights some of the key areas included in the paper and their implications for physical education.

Overview
The full afPE Position on Health covers the following areas:

Section 1: Physical activity, physical education and school sport definitions

Section 2: Physical education’s contribution to public health

Section 3: Physical activity for health guidelines

Section 4: Significance and key features of physical activity for health guidelines

Section 5: UK governments’ physical activity targets

Section 6: Physical activity information on children

Section 7: Monitoring health, fitness and physical activity in schools

References

Appendix 1: Summary of actions taken by afPE to embrace ‘health’

Appendix 2: Physical activity data on children

Appendix 3: Practical recommendations for physical education teachers for addressing childhood obesity

Section 1: definitions
Physical activity, physical education and school sport are similar in that they all include physical movement, but there are important differences between them.

- **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 and routine activities such as using the stairs.

- **Physical education** is the planned, progressive learning that takes place in school curriculum time and is delivered to all pupils. This involves both ‘learning to move’ (becoming more physically competent) and ‘moving to learn’ (learning a range of skills through movement, for example, co-operating with others). The context for the learning is physical activity, with children experiencing a broad range of activities, including sport and dance.

- **School sport** is the structured learning that takes place beyond the curriculum within school settings. Again, the context for the learning is physical activity. It 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.

While all pupils may be encouraged to be involved in school and community sport, not all choose or are able to do so. 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 two hours of physical education a week and that this is of the highest quality.

Section 2: physical education and public health
Physical education contributes to public health and personal wellbeing through the physical learning context that it provides for every child. Health and wellbeing 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’s health and wellbeing – 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 aged 5-18 which is associated with:
improved cardiovascular health
improved bone health
reduced body fat and maintaining a healthy weight
improved cardiorespiratory fitness
stronger muscles
improved self-confidence
improved social skills
reduced symptoms of anxiety and depression.

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

- 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.

Addressing childhood obesity

Physical education’s specific contribution to addressing childhood obesity focuses on promoting active lifestyles which will assist children 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, overweight or obese children 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.

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. The physical education profession has a responsibility to ensure that the curricular and extra-curricular experiences offered to children of all shapes and sizes are meaningful, relevant and positive.

Whole school approaches

In addition to every child receiving valuable learning in curriculum physical education, there should be numerous other opportunities to be physically active within the school context. The most effective way of maximising physical activity opportunities in schools is through a whole school approach to activity and health promotion, such as the ‘Healthy School’ and the ‘Active School’. Examples of strategies to promote healthy behaviours include: safer travel to school (for example, walking buses); providing attractive, appealing play areas; and making equipment and facilities accessible for both organised and informal activities.

In 2014, Public Health England published a paper for head teachers, governors and staff in education settings which set out the link between pupil health and wellbeing and attainment. The paper affirmed a positive association between academic attainment and the physical activity levels of pupils. In particular, it reported on physical activity being linked to pro-social behaviour and enhanced peer relationships leading to reductions in disruptive classroom behaviour and improved examination results. The paper also confirmed that: pupils with better health and wellbeing are likely to achieve better academically; effective social and emotional competencies are associated with greater health and wellbeing and better achievement; and the culture, ethos and environment of a school influence the health and wellbeing of pupils and their readiness to learn.

afPE recommendations

To promote healthy, active lifestyles amongst children and young people, afPE recommends the following:

- The key role of curriculum physical education should be recognised and supported in any strategy addressing children’s health and wellbeing.
- 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 teaching about the physical, psychological/mental and social health benefits of physical activity, the physical activity for health guidelines for children, and how to access the broad range of physical activity opportunities within the school setting and the local community.
- Physical education should be centrally and collaboratively involved in addressing the physical activity aspect of whole school approaches to health.
- Physical activity sessions, such as energy breaks during lessons or lunchtimes, are welcomed as an important addition to physical education. They complement curriculum physical education but should never replace it.
- 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 to take on board their ideas.
- Schools should identify pupils who do not meet the physical activity for health guidelines 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.
- Physical education teachers should have the knowledge, understanding and skills to be effective promoters of physical activity.

Section 3: physical activity guidelines

In 2010, the World Health Organisation published global recommendations on physical activity for health. One year later, a report on physical activity for health was published by the four UK home countries’ Chief Medical Officers which included guidelines for the early years (under 5s), children and young people (5-18 years), adults (19-64 years) and older adults (65+ years).

Within the 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.
Section 4: significance of the guidelines

The physical activity 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. Health inequalities in relation to physical inactivity according to income, gender, age, ethnicity and disability are acknowledged.

A particular feature of the guidelines are their 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. There is also an emphasis on daily activity, which helps to develop more sustainable, lifelong activity habits. Another feature is the 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.

Implementation for 5-18 year olds

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

- The headline recommendation for this age group is a minimum of one hour a day of moderate to vigorous physical activity.
- The intensity of physical activity should be above and beyond that experienced during daily living. This means that light activity such as walking slowly between school lessons does not contribute towards the one hour a day of physical activity. A reduction in sedentary time should result in an increase in light intensity physical activity and total energy expenditure.
- 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. They also need to be interpreted with consideration for children and young people’s growth and development. 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. Encouraging childhood physical activity is especially important for children from disadvantaged or vulnerable groups or where family or peer support for being active is limited.
For children and young people who are currently inactive, doing some 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 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 adults encourage and support their involvement by adapting activities to ensure they are inclusive, achievable and enjoyable.

Maximum benefits are achieved through daily physical activity and regular participation in activity at a higher level than the guidelines (i.e. of greater duration or increased intensity).

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.

Activities that strengthen muscle and bone should be incorporated on at least three days a week. 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.

Reducing sedentary time and breaking up extended periods of sitting are strongly advised.

If children have positive experiences of physical activity, they are more likely to remain active. Children 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 friends and family members. This highlights the importance of taking account of pupil voice when designing, delivering and evaluating physical education and physical activity programmes, and working with families to increase opportunities and support.

Section 5: government targets

The four home countries have small variations in their targets but their focus on increased time for physical education and school sport can help to deliver the physical activity for health guidelines. The high quality experiences afforded by physical education and school sport should also motivate and encourage children to be active in their own time, to pursue activities that they particularly enjoy, and provide children with the necessary knowledge, skills and understanding to enable them to take up and pursue activities now and in the future.

Levels of activity in physical education

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

Section 6: information on children’s levels of physical activity

The vast majority of children in the UK do not meet the one-hour-a-day physical activity for health guideline.

<table>
<thead>
<tr>
<th>Country</th>
<th>Girls meeting the one hour a day guideline</th>
<th>Girls NOT meeting the one hour a day guideline</th>
<th>Boys meeting the one hour a day guideline</th>
<th>Boys NOT meeting the one hour a day guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>England (5-15 years)</td>
<td>16%</td>
<td>84%</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Northern Ireland (8-12 years)</td>
<td>8%</td>
<td>92%</td>
<td>20%</td>
<td>80%</td>
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<tr>
<td>Wales (4-15 years)</td>
<td>30%</td>
<td>70%</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Scotland (5-15 years)</td>
<td>72%</td>
<td>28%</td>
<td>78%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Sources: Health Survey for England 2012; Scottish Health Survey 2013, Welsh Health Survey, 2013; Experience of Sport and Physical Activity by Young People in Northern Ireland, 2014.

Editor’s note: Read more about the debate on fitness testing in schools on page 11.

afPE would like to thank Dr Jo Harris for compiling the afPE Position on Health paper. Dr Harris is a Reader in Physical Education and Sport Pedagogy and Director of Teacher Education at Loughborough University.

This version has been modified by the editor of Physical Education Matters.

Remember that this article is an edited précis of the full paper. Please visit the afPE website to read the full position statement: www.afpe.org.uk/advocacy-a-leadership/afpe-policy-statements/health