

Advocacy Research Findings

June, 2021

Introduction:

This paper has been developed to offer background information, research and position statements to inform advocacy for teaching and learning in physical education and associated areas of the curriculum in schools.

The paper highlights the current and emerging issues in physical education and wellbeing relevant to school age children and young people including:

- Physical activity levels of Australian children and young people during school term and holidays
- Physical activity and mental health
- Physical activity, cognitive outcomes and academic performance
- Sleep in children and young people
- Supporting student wellbeing in schools
- Professional Learning in a model of practice (TPSR)
- Teaching PE during the COVID-19 Pandemic

Current situation:

As the professional education association for Health & Physical Education (HPE) in South Australia, and one of the most proactive education associations within SA, ACHPER SA have had a number of concerns from Educators regarding the lack of support for HPE within their local communities. ACHPER SA is concerned with the low priority of HPE within many Schools. A number of current trends that concern our Association include:

- The priority of HPE in Primary Schools. It is concerning that in many Primary Schools there is a low focus on HPE. With the recent experience of the Catholic Sector and the transition of year 7's to High Schools, around 10 Catholic Primary Schools (that ACHPER SA are aware of) had significant cuts to their HPE teaching staff. Some HPE teachers have lost their positions, and in many Schools they have been cut from full time to 0.4 FTE. We are deeply concerned that this trend will continue with many Department for Education Primary Schools losing year 7 students from 2022, and some local School decision makers are likely to reduce specialist HPE staff teaching positions/loads based on the reduction of enrolments. Schools should not be reducing HPE Staff who deliver a mandated key learning area of the Curriculum.

- Ongoing trends of inactivity and obesity, increased screen time and lack of sleep. These trends are getting worse and this document lists some of these concerning trends. The HPE learning area supports students to make informed decisions about their health and wellbeing. As a precursor to healthy lifestyle futures, students need to be critically health-literate (Fetro, 2010; Nutbeam, 2008; Peerson & Saunders, 2009). HPE provides the knowledge and skills for students to access information from a range of sources, services and organisations, to validate and respond to it, and to question current knowledge.

- Many Schools continue to use External Providers to deliver the HPE program. This is a significant concern to ACHPER as HPE staffing is reduced/replaced in many Schools. Any activity or program delivered by an external school provider and implemented during planned curriculum time must be a part of a planned, comprehensive HPE curriculum program and linked directly to learning outcomes or learning intentions of this balanced program. An external provider's program should not be used as a replacement for the HPE program or teacher.

The ACHPER SA Position statement *User pays Health and Physical Education Curriculum* outlines the following points:

- Well planned teaching and learning programs revolve around the needs of children and students and are moulded and adapted over time subject to continuous formative assessment. Drop in programs are unable to do this.
- It is the school's responsibility to provide a comprehensive and appropriately resourced HPE program.
- It is the school's responsibility, without charge, to provide a comprehensive and appropriately resourced HPE program as part of the curriculum
- Each school should have an appropriately qualified HPE educator delivering, monitoring and planning the school's HPE program, and
- External providers should value add to a school's HPE program, not be used as a substitute.

The ACHPER National Position Statement *Support of the Australian Curriculum: Health and Physical Education* states

"... that teachers are responsible for the delivery of the HPE curriculum and have to ensure that any level of engagement in programs delivered by outside providers enhance existing HPE programs within the school". At a minimum, it is expected that:

- Any part of the planned curriculum delivered by an external provider will be delivered by a professional, preferably a qualified teacher, but one who has the skills, experience and knowledge that are at a minimum, consistent with the AITSL Graduate Teachers Standards.
- The external provider would deliver content that reinforces the breadth and depth of the HPE program and draws links to the existing HPE and wider school curriculum as appropriate.
- Unless the external provider can demonstrate, at a minimum, delivery of programs consistent with parameter 2 above we would caution schools against using such providers during planned curriculum time.
- All education sites should have access to specialist teaching to enhance the development of quality and productive health and physical education pedagogy and programs. This should include direct teaching responsibilities, support to classroom teachers and the facilitation of school/community links.

It is important for schools to recognise that external providers enable schools to access support from a diverse range of community groups. Depending on the school context and the specific needs of their students, schools need to be aware of and actively promote, the many and varied activities available outside of the external providers programs and resources.

ACHPER SA encourages schools that choose external providers to ensure that all aspects of the program conducted during planned curriculum time are clearly implemented in a manner consistent with the school HPE and wider education program. ACHPER SA is committed to enhancing, supporting and advocating for quality Health and Physical Education and is available to support Schools ongoing important work.

ACHPER SA Beliefs:

ACHPER SA believes that an educated nation, comprising active and healthy young people is the best investment we can make for the future. School HPE teaching is central to the development of children and youth skills, knowledge and habits of mind that lead to active and healthy living.

HPE is concerned with the holistic development of the skills, knowledge and understanding necessary to be physically active and healthy throughout life. It encompasses learning

through physical activity [eg, fundamental movement skills, recreation, sport, dance, gymnastics, aquatics], healthy living, values, personal and social development. Central to HPE is the importance of learning using a range of physical activity contexts.

Physical Education is identified internationally as education in (movement skills), through (personal and social skill development) and about (bio-physical and social understanding) movement (ACARA, 2012; ACHPER, 2009; Arnold, 1979). Physical Education is more than simply an individual being active or moving. Health Education is the development of students functional, interactive and critical ability to use and access health information (health literacy) (ACARA, 2012). Health Education and Physical Education are interconnected by common curriculum objectives directed toward education for active and healthy living.

All education sites should have access to specialist teaching to enhance the development of quality and productive Health and Physical Education pedagogy and programs. This should include direct teaching responsibilities, support to classroom teachers and the facilitation of school/community links.

A positive relationship between physical activity, health and academic performance has been demonstrated in several studies. These studies suggest that when a substantial amount of school time is dedicated to physical activity and health education, academic performance meets and even exceeds that of students not receiving additional physical activity.

It cannot be expected that the curriculum will “fix” child and youth social problems and other issues that may contribute to young people’s health and wellbeing. The priority for HPE will be to provide ongoing, developmentally appropriate opportunities for students to practice, create, apply and evaluate the knowledge, understanding and skills necessary to maintain and enhance their own and others health, wellbeing and participation in physical activity (ACARA, 2012). Movement is central to the contexts through which learning occurs in HPE.

ACHPER SA recommends:

- That all schools have access to qualified HPE specialist teachers. This should not be compromised in Primary Schools with the loss of Year 7’s to High School in 2022.
- That consistent with the Melbourne Declaration (2008) HPE be positioned as a essential component of the curriculum for students within the compulsory ages of schooling (R-10); with physical education occurring weekly (ACARA, 2012 and the Alice Springs Education Declaration, 2019 to deliver world class curriculum and assessment).
- The reintroduction of “daily physical education” for all early years and primary school settings because of the vital role played by physical activity in healthy brain and body development (Ratey, 2008).
- The reaffirmation of the importance of “active schools” (Fox, 1996; Pill, 2006) where schools become sites that act to enhance daily physical activity accumulation.
- That eighty hours HPE in curriculum time per year (ACARA, 2012) is the minimum time entitlement for HPE for students within the compulsory age of schooling, and that 100 minutes per week is the minimum expectation for Physical Education (Government of South Australia, 1996)
- That South Australia introduce a specific Primary focussed HPE strategy to be implemented across South Australian Schools, to lead the way and showcase quality HPE. ACHPER SA has experience, networks, and skills to develop ideas for an immediate impactful project, so ACHPER can move quickly and efficiently.

ACHPER SA look forward to working with various Ministers and Government departments, and encourage Schools and ACHPER SA Members to advocate the value, importance and as we seek to raise the profile of HPE within South Australian Schools. Please contact ACHPER SA Executive Director, Matt Schmidt for further information.

Below is a summary of relevant research:

Life on holidays: differences in activity composition between school and holiday periods in Australian children

Olds, T, Maher, C & Dumuid, D, BMC Public Health, 2019 Jun 3;19(Suppl 2):450.
doi: 10.1186/s12889-019-6765-6.

Abstract

Background: Recently, a small number of studies have suggested that gains in fitness and reductions in body fat achieved during the school term are reversed or stagnate during the holiday period. This may be associated with changed activity patterns. The aim of this study was to compare 24-h activity compositions between school and holiday periods in Australian children.

Methods: The participants in this study were 366 children (53% female, 13.4 ± 2.3 years) who were a subgroup of the 2007 Australian National Children's Nutrition and Physical Activity Survey. Each child recalled use of time on at least one school day, one weekend day and one holiday using the Multimedia Activity Recall for Children and Adults. Composite "in-term" and "holiday" use-of-time profiles were generated by weighting school days by 5, and weekends by 2 where data were available. Difference between holiday and in-term time use was assessed using a compositional multivariate linear model for repeated measures. Subsequent models tested for interaction between time of measurement and socio-economic status or body mass index.

Results: Time use was significantly different between holidays and in-term days ($F = 103$, $p < 0.0001$). On holidays, children accumulated 140 min less School-related time, compensated by sleeping 40 min longer, 58 min more Screen Time, and 35 min more Domestic/Social time. Children spent 10 min less in vigorous physical activity, and although sitting time was 33 min/day less during holidays, estimated total daily energy expenditure (TDEE) was 5.4% lower. Differences between holiday and in-term activity compositions did not vary by parental education ($F = 1.2$, $p = 0.25$), postcode-level socio-economic status ($F = 0.9$, $p = 0.56$) or weight status ($F = 1.7$, $p = 0.07$).

Conclusions: In this subsample of a nationally representative survey of Australian children, holidays were characterised by longer sleep and higher TV and videogame time, lower vigorous activity and lower TDEE. Uncompensated by dietary adjustments, these differences would result in an accumulation of about 650 g of fat over a six-week holiday period. Holiday activity patterns may be a promising focus for obesity prevention efforts.

Sleep profiles of Australian children aged 11-12 years and their parents: sociodemographic characteristics and lifestyle correlates May 2020

DOI:10.1016/j.sleep.2020.04.017 Matricciani, L, Paquet, C, Fraysse, F & Wake, M

Abstract:

Background

Good sleep is a growing public health focus. Given the multidimensional nature of sleep, it is of interest to examine population sleep profiles and determine sociodemographic and lifestyle correlates.

Results

Four sleep profiles were identified: Short sleepers, Late to bed, Long sleepers, and Overall good sleepers. Compared to Overall good sleepers, Late to bed cluster were of lower socioeconomic position and had the least favourable diet and activity patterns. Compared to Overall good sleepers, those in the Late to bed cluster had higher sedentary time, lower levels of moderate-vigorous physical activity and a higher consumption of savoury snacks. In contrast, sugary drink consumption was higher in Late to bed children and Long sleeper adults.

Conclusion

Examining sleep profiles may provide a more holistic way of monitoring sleep at the population level. Future health promotion strategies may be best to consider sleep in terms of profiles, with emphasis on sleep timing and duration.

Children's sleep and health: A meta-review April 2019 [Sleep Medicine Reviews](#) 46

DOI: [10.1016/j.smrv.2019.04.011](https://doi.org/10.1016/j.smrv.2019.04.011) Matricciani, L, Paquet, Galland, B, Short, M & Olds, T

Abstract

Background

Sleep is essential for children's health and well-being. Characteristics of children's sleep such as sleep duration, timing, quality and variability are increasingly being associated with a wide range of health outcomes. The purpose of this study is to conduct a meta-review (systematic review of systematic reviews) to examine the relationship between sleep and health in children.

Method

A systematic search of four electronic databases (Medline, PsychInfo, Scopus, and Embase) was conducted to identify systematic reviews that examine the association between characteristics of children's sleep and health. Key findings, as well as areas in need of further research were synthesised descriptively. A total of 39 systematic reviews were identified for inclusion, covering areas of cognition, psychosocial health, cardiometabolic health, adiposity and other outcomes such as musculoskeletal pain.

Results

There is substantial and consistent evidence relating sleep duration to adiposity and emotional outcomes. The relationships between sleep quality and timing and blood lipids and glycaemic control merit further research. Links between sleep and metabolic syndrome in children appear to be weak and inconsistent. Key areas identified in need for further research included studies that objectively assess children's sleep and move beyond cross-sectional study designs and consider characteristics of sleep other than duration. It was also noted that covariates applied across studies varied considerably and the issue of residual confounding was raised in a number of reviews. Lastly, all reviews reported studies adopted a traditional approach of examining only one aspect of children's sleep.

Conclusion

Systematic reviews support the notion that sleep is important for children's health. However, further studies that objectively assess sleep and consider characteristics of sleep other than duration and outcomes other than adiposity are needed. An understanding of sleep as a multidimensional construct and as a component of the 24-hour day, is also needed to better understand the relationship between sleep and health in children.

Results from Australia's 2018 Report Card on Physical Activity for Children and Youth

Journal of Physical Activity and Health, 2018, 15(Suppl 2), S315-S317

<https://doi.org/10.1123/jpah.2018-0418>

2018 Human Kinetics, Inc

Authors

Schranz, N, Glennon, ., Evans, J., Gomersall, S, Hardy, L, Hesketh, K D, Lubans, D, Ridgers, N D, Straker, L, Stylianou, M, Tomkinson, G R, Vella, S, Ziviani, J, & Olds, T

Introduction

A decades worth of high quality surveillance sources have consistently shown that Australian kids are not meeting the physical activity (PA) guidelines of at least 60 min moderate-to-vigorous PA (MVPA) each day of the week.

This is concerning because physical inactivity is associated with a myriad of unfavourable health outcomes. This paper will summarise the results from the 2018 Active Healthy Kids Australia (AHKA) PA Report Card, with the assigned grades based upon representative national and state/territory-based data sources.

Results and Discussion

Australia is fortunate with regards to the number of PA data sources available at national and state/territory levels; however, further investigation is required to address remaining gaps. Specifically, high quality national data for Active Play and PA in Schools is required to assign grades and have more confidence in the grades assigned; national data that explore PA for the early years are also lacking; and ongoing collection cycles are needed. More consistent and thorough national data collection efforts are needed to further our understanding of PA in the Australian context.

Conclusion

The 2018 AHKA Report Card shows that, despite living in a country advantaged by good schools, programs, facilities and spaces, Australian children and youth do not move enough, lack movement skill mastery, and compare poorly to their international peers when it comes to physical fitness. Stronger strategic commitment from government is required at all levels to drive a cultural shift to see Aussie kids moving more every day.

(See the Report Card below)

Table 1 Grades and rationales for Australia's 2018 Report Card

Indicator	Grade	Rationale
Overall Physical Activity	D-	Self-report data show 18% of 12-17 y olds ⁶ ; 6-22% of 15-17 y olds ^{2,3} ; and 15-41% of 5-17 y olds ^{7-13,15} accumulate 60 mins of MVPA every day (or on average) in the past week.
Organized Sport Participation	B-	Self/parent-report data show that 73% of 5-14 y olds participate in organised sport once per week ³ ; 81% of 10-11 y olds and 53% of 14-15 year olds participate in organised sport regularly (i.e., at least once per week over a whole sporting season or school term) ⁵ ; and 89% of 12-17 y olds ⁶ participate in organized sport at least once over a 12 month period.
Physical Activity in School*	B	Time-use-diaries show for 11-12 y olds, the chance of a randomly chosen child on a randomly chosen school day getting at least 30 min of MVPA at school is 70%. ⁵
Active Play	INC	Self-report data show 16% of 12-17 y olds participate in at least 2 hours of non-organised PA per day ⁶ ; and 7-21% of 12-17 y olds engage in various non-organised activities for more than 2 hours on an average school day.
Active Transportation	D+	Self/parent-report data show 43% of 12-17 y olds, ^{6,8} 37% of primary students ^{7,9,11,13,14} and 36% of secondary students ⁸ use active transport as their usual mode to get to school.
Sedentary Behaviours	D-	Self/parent-report data show 14% of 12-17 y olds engage in ≤2 hours of screen-based recreation every day ⁶ ; and 32% of 6-17yolds engage in ≤2 hours of screen-based recreation when at home on a typical day. ⁴
Family and Peers	C+	Self/parent-report data show 60-80% of primary and 28-45% of secondary students have screen-free bed-time routines/rules or screen-free sleep-time ^{4,13} ; 60-74% of primary and 22-48% of secondary students have limits placed on screen use ^{4,13} ; 54-75% of 12 17 y olds, ⁶ 61-82% of primary and secondary students ^{7,8} and 54% of secondary students ⁸ receive some form of encouragement from their parents and/or peers to be active; and 25-32% of parents meet the national physical activity guidelines. ⁵
School	B+	Teacher-report data show that 75% of 10-11 y olds and 98% of 14-15 y olds have access to a Physical Education teacher ⁵ ; parent/teacher-report data show 66% of students aged 10-11 y ⁵ and 43% (on average) of grades 8, 9 and 10 students ⁶ receive ≥120 minutes of Physical Education per week; a high proportion of primary and secondary schools/ students have access to various physical activity facilities/equipment during school hours (on average 82% have access to various facilities/equipment) ^{5,6,13} ; and teacher-report data show 82% of secondary schools allocate at least 60 minutes for students to be active at recess and lunch. ⁶
Community and Environment	A-	Parent-report data show that: 76% of 10-11 and 14-15 y olds are not faced with heavy or problem traffic in their home or school neighborhood, 75% have access to good roads and footpaths and 76% have access to public transport in their neighborhood ⁵ ; and 77-86% of 10-17 y olds have a park or playground near their home and 66-71% live in a safe neighborhood. ⁵
Government	D	Since the 2016 Report Card we acknowledge that there is evidence of both positive and negative leadership and financial commitment from the different levels of government. This has led to no notable progress in policy making and implementation and no sustained commitment to getting more Australian kids active.
Physical Fitness	D+	Objectively measured cardio-respiratory and muscular fitness data show children aged 9–15 y fall in the 35th %ile relative to international and European norms (mean [95%CI]: 35 [29–41]). ¹³
Movement Skills*	D+	Objectively measured movement skill data show 36% of girls and 41% of boys in Grade 6 demonstrate mastery in locomotor movement skills, with 25% and 54% respectively demonstrating mastery in object-control movement skills. ¹³

*Indicates grades that were not included in the Global Matrix 3.0.

Physical activity and exercise in youth mental health promotion: a scoping review.

Pascoe, M, Bailey A P, Craike M, et al. *BMJ Open Sport & Exercise Medicine* 2020;6:e000677. doi:10.1136/bmjsem-2019-000677

Abstract

Background/Aim This scoping review examined the breadth and outcomes of controlled trials testing the effect of physical activity and exercise interventions across all mental health outcomes for mental health promotion and indicated prevention studies in young people. **Methods** The literature search was conducted using 'Evidence Finder'.

Results Thirty publications were included. Available evidence suggested that interventions of varying intensity may lead to a reduction in depression symptoms and that moderate-to-vigorous- intensity and light-intensity interventions may reduce anxiety symptoms. Effects of physical activity/exercise interventions on additional mental health outcomes were also shown; however, the number of studies was small, indicating a limited evidence base. Robust research regarding the effects of physical activity/exercise on mental health promotion and as an indicated prevention strategy in young people is lacking.

Conclusion The available evidence suggests that physical activity/exercise is a promising mental health promotion and early intervention strategy and warrants further investigation.

What is already known

- Considerable impairment in functioning is associated with elevated mental disorder symptoms in young people, which are equally, if not more, prevalent than diagnosed disorders.
- Young people are often reluctant to seek help for mental health concerns; therefore, interventions need to be youth-friendly, acceptable, feasible and non-stigmatising.
- Physical activity/exercise is a non-stigmatising intervention with few side effects and is viewed by young people as helpful in promoting mental health and treating mental health problems.

What are the new findings

- Interventions of varying intensity may lead to a reduction in depression symptoms.
- Moderate-to- vigorous-intensity and light-intensity interventions may reduce anxiety symptoms.
- Effects of physical activity/exercise interventions on additional mental health outcomes were also shown; however, the number of studies was small, indicating a limited evidence base.

Effects of physical activity interventions on cognitive outcomes and academic performance in adolescents and young adults: A meta-analysis

Haverkamp, B F, Wiersma, R, Vertessen, K, van Ewijk, H, Oosterlaan, J & Hartman, E (2020) *Journal of Sports Sciences*, 38:23, 2637-2660, DOI: 10.1080/02640414.2020.1794763

ABSTRACT

Aim

The aim was to provide a meta-analysis of studies investigating the effects of physical activity interventions on cognitive outcomes and academic performance in adolescents or young adults.

Method

A systematic review with meta-analysis was performed using the following databases: Embase, ERIC, MEDLINE, PsycINFO and Web of Science. Studies had to meet the following criteria: controlled study design, investigating the effects of physical activity interventions on cognitive outcomes and academic performance in healthy adolescents or young adults (12–30 years).

Results

Results showed that acute interventions (n=44) significantly improved processing speed (ES=0.39), attention (ES=0.34) and, inhibition (ES=0.32). In a subsequent meta-regression, shorter duration of intervention was significantly associated with greater improvements in attention ($\beta=-0.02$) and cognitive flexibility ($\beta=-0.04$), whereas age, percentage of boys, intensity and dose were not. Chronic interventions (n=27) significantly improved processing speed (ES=0.30), attention (ES=0.50), cognitive flexibility (ES=0.19), working memory (ES=0.59) and language skills (ES=0.31). In the meta-regression, higher percentage of boys was significantly associated with greater improvements in attention ($\beta=0.02$) and working memory ($\beta=0.01$) whereas age, duration, frequency, dose and load were not.

Conclusion

In conclusion, acute and chronic physical activity interventions might be a promising way to improve several cognitive outcomes and language skills in adolescents and young adults.

A Review of the Research. Report prepared for the Association of Independent Schools of New South Wales.

Runions, K C, Pearce, N, & Cross, D (2021). How Can Schools Support Whole-school Wellbeing?

EXECUTIVE SUMMARY

The Australian Student Wellbeing Framework (ASWF) has progressed the vision of Australian schools as “learning communities that promote students’ wellbeing, safety and

positive relationships so that students can reach their full potential". Student wellbeing has been defined as a "positive sense of self and belonging and the skills to make positive and healthy choices to support learning and achievement, provided in a safe and accepting environment for all students".

How can schools support student wellbeing? The ASWF focuses on active leadership, authentic student involvement, cultivation of a supportive setting for positive behaviour, partnerships with families and the broader community, and a school community that is inclusive and respectful.

This report aims to assist schools to identify and implement evidence-based whole-school proactive wellbeing approaches that foster safe, supportive, and respectful environments so that wellbeing outcomes are enhanced now and in the future. This literature review aims to inform the core AISNSW wellbeing work to support independent schools by providing an overview of the current state of evidence for whole-school approaches to wellbeing.

The key questions of this review are:

1. How effective are whole-school student wellbeing approaches in improving student wellbeing outcomes and academic performance?
2. What are the implementable elements and/or characteristics of effective whole-school approaches to student wellbeing?

To answer these questions, a search of meta-analysis and systematic reviews addressing whole-school approaches to student wellbeing was conducted for the years 2006-2020. Additionally, a systematic review of new research studies published between 2016-2020 was conducted to identify the cutting edge of school interventions to support student wellbeing.

Three meta-analyses and four systematic reviews were identified. These indicated that, on average, school-based programs focusing on social and emotional learning showed an overall significant impact on a range of outcomes including positive social behaviours, emotional wellbeing and academic achievement. Programs were effective overall for both primary and secondary levels. Whole-school interventions have been shown to be effective overall for social emotional learning outcomes, behavioural adjustment and in reducing internalising problems.

Six relevant new studies were identified published in the last five years. The Australian Friendly Schools and the Strengthening Evidence-base on School-based Interventions for Promoting Adolescent Health Programme (SEHER) program in India have shown efficacy in improving wellbeing-related outcomes, but two other large-scale trials failed to show an impact.

This highlights the variance in how well interventions work and is a reminder that not all programs are effective. Thus, it is imperative to consider factors that are related to successful wellbeing interventions.

The review of implementation factors associated with successful student wellbeing interventions provided a rich set of recommendations.

1. Adopt a Whole-School Approach

Multicomponent and multileveled interventions that include the whole school community including parents/carers have been effective, especially when they provide adequate implementation support. This includes establishing effective leadership and implementing strategies with sufficient duration and intensity. Whole-school initiatives that are led by a team constituted of school leadership, teachers, parents/ carers, and students are most likely to succeed.

2. Focus on Interventions with Evidence of Effectiveness

Not all interventions will work. Choose an intervention with a robust evidence base. Interventions that build problem-solving skills, personal insight, and opportunities for the practice of new skills and engaging multimedia activities to reinforce learnings appeared to be most effective. Interventions that explicitly teach social and emotional skills are recommended. Such skills are highly linked to overall student wellbeing. Social and emotional learning curriculum interventions that are Sequential, Active, Focused and Explicit (SAFE) have been shown to be more effective than those that are not.

3. Establish a Dedicated Leadership Team to Drive Implementation

Different schools have different needs. A key first question is who will drive the intervention? Some studies have success with teacher-led implementations; others work better with a dedicated individual appointed to oversee it, often the case in whole-school interventions. Hand-in-hand is finding the right person for the task. Analyses of implementation success and failure point to the need for the key facilitators to be approachable and unambiguously interested in the students' wellbeing. Finally, although fidelity to the intervention is important, so too is the opportunity to adapt the intervention to the local context as needed, based on the awareness and expertise of the school facilitators and oversight team.

4. Prepare the School and Staff Early

A key to successful implementation is sharing evidence and promoting the need for the whole-school intervention. A lack of buy-in from educators is a fundamental challenge to a whole-school intervention.

Ideally, educators will feel a burning desire to do something new to support student wellbeing. This helps to ensure meaningful whole-school action at sufficient dosage. Token efforts will not work; space may need to be found in a crowded curriculum to ensure the intervention is meaningfully delivered.

To support this, schools should train often and train well, as rigorous professional learning is essential for whole-school interventions. It is important to note that in both the Australian and NSW Curricula, social and emotional learning is embedded through key learning areas via personal and social capabilities and the NSW Personal Development, Health and Physical Education (PDHPE) K-10 Syllabus.

5. Provide Meaningful Engagement with Families

Families are essential partners in student wellbeing. Engaging families early in planning and oversight of the whole-school intervention is recommended. To best engage families, a strong hook is recommended, one that speaks to their concerns.

6. Create Meaningful Opportunities for Student Voice and Engagement

If an intervention is about students, it should not be done without students being involved in meaningful ways. Students whose wellbeing is at risk may also benefit from targeted wellbeing support. "Nothing About Us Without Us" is the motto.

In sum, careful implementation of whole-school wellbeing interventions can ensure that student wellbeing is maximised, and students have the best opportunity to reach their fullest potential.

Physical Education, Obesity, and Academic Achievement: A 2-Year Longitudinal Investigation of Australian Elementary School Children

(Am J Public Health. 2012; 102:368–374. doi:10.2105/AJPH.2011.300220)

Telford, R D, Cunningham, R B, Fitzgerald, R, Olive, L S, Prosser, L, Jiang, X and. Telford, R M

Objectives.

We determined whether physical education (PE) taught by specialists contributed to academic development and prevention of obesity in elementary school children.

Methods.

Our 2-year longitudinal study involved 620 boys and girls initially in grade 3 in Australia, all receiving 150 minutes per week of PE. One group (specialist-taught PE; n=312) included 90 minutes per week of PE from visiting specialists; the other (common-practice PE; n=308) received all PE from generalist classroom teachers. Measurements included percentage of body fat (measured by dual-emission x-ray absorptiometry) and writing, numeracy, and reading proficiency (by government tests).

Results.

Compared with common-practice PE, specialist-taught PE was associated with a smaller increase in age-related percentage of body fat ($P=.02$).

Specialist-taught PE was also associated with greater improvements in numeracy ($P<.03$) and writing ($P=.13$) scores. There was no evidence of a reading effect.

Conclusions.

The attenuated age-related increases in percentage of body fat and enhanced numeracy development among elementary school children receiving PE from specialists provides support for the role of PE in both preventive medicine and academic development.

Student outcomes of the physical education and physical literacy (PEPL) approach: a pragmatic cluster randomised controlled trial of a multicomponent intervention to improve physical literacy in primary schools, Physical Education and Sport

Telford, R M, Olive, L S, Keegan, R J, Keegan, S, Barnett, L M & Telford R D (2020): Pedagogy, DOI: 10.1080/17408989.2020.1799967

ABSTRACT

Background:

Health organisations such as the United Nations continue to place an expectation on school physical education (PE) programmes and wider school strategies to ensure students develop physical literacy and receive the well-established benefits of meeting physical activity guidelines. Barriers to meet this expectation such as lack of trained PE teachers, lack of time and greater emphasis on academic achievement are ongoing challenges to schools. The purpose of this study was to evaluate the impact of the multi-component Physical Education Physical Literacy (PEPL) intervention, designed to improve students' fundamental movement skill, perceived physical abilities and level of physical activity.

Method:

A qualified PE teacher implemented the PEPL intervention across seven schools, and another seven schools formed a control group as part of a randomised cluster-based trial. Grade 5 students ($N = 318$, age 10.4 years \pm SD 0.4) completed assessments of physical activity, fundamental movement skill, attitudes towards PE, and self-perceptions of physical abilities before and after a 33-week intervention. Intervention effects were examined using general linear mixed models. Post-intervention focus groups with students were used to develop insights into experiences and outcomes.

Results:

With no significant gender interactions, the PEPL approach led to enhanced object control skills ($\beta = 1.62$; $SE = 0.61$; $p = 0.008$), with little evidence of any other fundamental movement skill improvements in excess of those in the control group. There was also modest evidence for an effect on accelerometer measured moderate-to-vigorous physical activity (MVPA) during school time ($\beta = 4.50$; $SE = 2.39$; $p = 0.058$), but this was not accompanied by any significant intervention effect over the entire week. Questionnaires indicated students in the PEPL programme became less satisfied with their own sporting ability ($\beta = -0.20$; $SE = 0.08$; $p = 0.013$) but qualitative data analyses suggested that they enjoyed the PEPL approach experience, becoming more motivated and confident in their physical abilities.

Conclusions:

Evidence of enhanced object control skill, increased confidence and motivation to be physically active, and moderate evidence of more MVPA during school time, indicate that the introduction of the PEPL approach contributed to the development of student physical literacy. A decrease in perceived sporting competence warrants greater attention on student's self-perceptions in future iterations of the intervention.

Teacher and school outcomes of the Physical Education and Physical Literacy (PEPL) approach: a pragmatic cluster randomised controlled trial of a multicomponent intervention to improve physical literacy in primary schools, Physical Education and Sport

Telford, R M, Olive, L S, Keegan R J, Keegan S & Telford R D (2020):
Pedagogy, DOI: 10.1080/17408989.2020.1799965

ABSTRACT

Background: Physical education (PE) can be considered the centrepiece of school physical literacy (PL) programs, but ineffective lessons or an absence of PE across the public primary school system has raised concern. This study aimed to evaluate the implementation, acceptability and impact of teacher delivery of PE as part of a multicomponent Physical Education Physical Literacy (PEPL) approach, designed to improve classroom teachers' provision of PE and PL opportunities within a cluster of suburban primary schools.

Method: Within a pragmatic randomised cluster-based trial with mixed methods, a PEPL coach was appointed to seven schools for one school year, with another seven schools continuing their usual practice as the control group. The coach's role was to support and professionally develop classroom teachers to teach PE and to create opportunities that develop PL inside and outside the school environment. Focusing on Grade 5 teachers, the implementation, acceptability and teacher impact were assessed using direct observations of PE teaching style, a daily log kept by the coach and interviews with principals and teachers.

Results: The PEPL coach visited each school on average once a week for the 33 available weeks of the school year. There were several positive effects for teachers and schools. With no classroom teacher initially taking PE or classroom physical activity breaks, all seven teachers regularly introduced a PE lesson and activity breaks into their weekly schedule. PE class instructional time increased (intervention; +4.8 vs. control; -3.5 min/lesson; $\beta = 1.69$; SE = 0.76; $p = .05$), with lessons of greater duration (intervention; +8.6 vs. control +1.9 min/lesson; $\beta = 1.14$, SE = 0.58, $p = .05$) and moderate and vigorous physical activity increased 5.7 min in intervention classes ($p < .05$). The PEPL coach introduced regular physical activities before and after school and linked the schools with a national sports coaching scheme. Interviews indicated that the PEPL approach was both valued and well-accepted by staff, that classroom teacher confidence to teach PE increased and that principals perceived a shift toward a school 'culture' of physical activity.

Conclusions: Well-received by classroom teachers and principals, the PEPL approach resulted in classroom teachers introducing both PE and activity breaks into their weekly teaching program and schools were linked to external sport coaching programs. These effects suggest that the PEPL approach enhanced opportunities for the development of physical literacy in this suburban primary school setting.

United Nations Educational, Scientific and Cultural Organization, Quality Physical Education: Guidelines for Policy-Makers, UNESCO, France, 2015

Executive Summary: A Call to Action

<https://en.unesco.org/themes/sport-and-anti-doping/sports-education/qpe>

These Guidelines have been developed, in partnership with the European Commission, the International Council of Sport Science and Physical Education (ICSSPE), International Olympic Committee (IOC), UNDP, UNICEF, UNOSDP and WHO, to inform the provision of quality physical education across the full age range from early years through secondary education. In this regard, the Guidelines provide a framework to support policymakers (i.e. heads of department or senior officials within ministries) reshape physical education policy to accelerate the development of several dimensions of human capital in a unique, comprehensive way.

Users of the Guidelines will benefit from the inclusion of benchmarks for QPE provision and teacher training, checklists for strengthening provision, good practice examples and a policy matrix to develop inclusive QPE within a full policy cycle. A connected infographic for ministers and a toolkit for practitioners have been developed to complement these Guidelines, each with its specific target audience in mind.

Benefitting from the input of more than 50 organizations and individual experts, from all world regions, the Quality Physical Education policy package aims at:



Background

In 2013, UNESCO joined forces with the North-Western Counties Physical Education Association (NWCPEA) to **undertake a global survey and literature review on the situation of physical education**. The fundamental aim of the research was to determine a set of [benchmark indicators on Quality Physical Education \(QPE\)](#), which could be framed as core aspects and be adopted and adapted for global implementation.

The research concluded that there are instances of government-level policy commitment to physical education, but while some governments have committed themselves through legislation to school physical education provision, others have been either slow or reticent in translating this into action through actual implementation and assurance of quality of delivery.

The survey identified seven areas of concern:

- Persistent gaps between PE policy and implementation;
- Continuing deficiencies in curriculum time allocation;
- Relevance and quality of the PE curriculum;
- Quality of initial teacher training programmes;
- Inadequacies in the quality and maintenance of facilities;
- Continued barriers to equal provision and access for all;
- Inadequate school-community coordination.



Key findings show **Participation in QPE, as part of a rounded syllabus, can support the development of:**

- Responsible, active global citizens
- Skills and values, such as critical, creative and innovative thinking, problem-solving, decision making, empathy, interpersonal/communicative skills, respect, tolerance, and intercultural understanding, which are required to solve 21st century challenges
- Physically literate pupils with the knowledge and confidence required for academic achievement
- Lifelong engagement in physical activity

The cost of not investing:

Physical inactivity contributes to 3.2 million premature deaths annually and accounts for 6% of global mortality;

It is estimated that non-communicable diseases (NCDs) will become the major cause of death in Africa by 2030;

Physical inactivity causes more deaths than smoking;

80.3% of 13-15 year olds worldwide do less than 60 minutes of exercise per day;

Children in early care and education spend only 2-3% of time being active.

[Download the final report of the Worldwide Survey of Physical Education](#)


The QPE policy package

Further materials have been produced by the UNESCO. They are:

- Quality Physical Education Guidelines for Policy Makers
- Infographic QPE <https://en.unesco.org/themes/sport-and-anti-doping/sports-education/qpe>
- Infographic QPE Poster <https://unesdoc.unesco.org/ark:/48223/pf0000233111>
- QPE Policy guidelines: methodology
- Making the Case for Inclusive Quality Physical Education Policy Development: A Policy Brief
- How to influence the development of Quality Physical Education Policy: A Policy Advocacy Toolkit for Youth

Additional Resources

- [Info Sheet](#) also available in [French](#) and [Spanish](#)
- [International Benchmarks on Physical Education \(ICSSPE\)\(link is external\)](#) *(A great rubric to assess the performance of Government Policy makers, Curriculum Designers, School Providers, Teachers and Learners)*
- [Physical education and school sport in Europe \(European Commission\)\(link is external\)](#)
- [Global recommendations on physical activity for health \(WHO\)\(link is external\)](#)
- [Sustainable development starts and ends with safe, healthy and well-educated children \(UNICEF\)\(link is external\)](#)
- [Learning Metrics Task Force \(Brookings\)\(link is external\)](#)
- [Physical Education MOOC \(massive open online course\)\(link is external\)](#) - University of Birmingham, United Kingdom
- Olympic Values Education Programme, International Olympic Committee <https://olympics.com/ioc/the-olympic-foundation-for-culture-and-heritage/olympic-value-education-programme>



PROMOTE

QUALITY PHYSICAL EDUCATION POLICY

SUSTAINABLE DEVELOPMENT BEGINS WITH SAFE, HEALTHY, WELL-EDUCATED CHILDREN

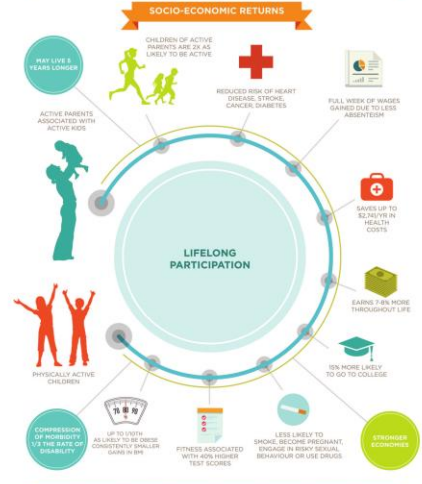
QUALITY PHYSICAL EDUCATION CONTRIBUTES TO 21ST CENTURY EDUCATION



QUALITY PHYSICAL EDUCATION DRIVES INCLUSION



THE BENEFITS OF INVESTING



THE COST OF NOT INVESTING



CLOSING THE POLICY-PRACTICE GAP

DESPITE THE BENEFITS, POLICY IS NOT BEING TRANSLATED INTO PRACTICE...



TAKE POLICY ACTION

HOW? SUPPORT QUALITY PHYSICAL EDUCATION IN YOUR COUNTRY

SOURCES
 UNESCO (2015). Sustainable Development Goals and Links With Safe, Healthy and Well-educated Children. (Paris document on 100 Sustainable Development Goals/Physical Education, October, para. 20-24). Date accessed 24 July 2017.
 Learning Metrics Hub (n.d.). (2017). United Nations Learning Global Framework for Meaningful Learning. Report No. 2. At the Learning Metrics Task Force Meeting and Workshop- UNESCO Method for Measuring and Comparing Global Education at the Elementary Level.
 American College of Sports Medicine (ACSM). International Council of Sport Science and Physical Education (ICSSPE) and Nike, Inc. (2012). Designed to Move: A report on active living opportunities. Retrieved 01/10/16.
 Designer: Antonio di Vito

Professional Development for Teaching Personal and Social Responsibility: Past, Present, and Future, Dunn, R. J. & Doolittle, S. A., *Journal of Teaching in Physical Education*, 2020, 39, 347-356, 2020 Human Kinetics, Inc.

Don Hellison presented his ideas to teachers and coaches who sought strategies for enhancing responsible behaviours in youth of underserved communities. He also conveyed his concepts to teacher educators charged with preparing professionals in sport and physical activity all over the world. Using a variety of formal and informal ways of sharing teaching personal and social responsibility (TPSR), Don, his colleagues, and those responsible for educating teachers and coaches have shared TPSR as a way to help youth learn social and emotional life skills through sport and physical activity. This article reviews what is known about how teachers and other physical activity professionals learn to do TPSR by exploring the literature and research as well as summarizing lessons learned about the process. These ways include Independent Learning, Books and Articles, Conferences, Personal Communication, Apprenticeships, Workshops, University-School or Program Collaborations, Formal or Institutionalised Teaching, University based Teacher Education, Service Learning, Graduate Programs, Professional Development Workshops, Communities of Practice and Study Protocol Training. Common barriers to successful implementation of TPSR and future directions for research and practice on professional development in TPSR are discussed.

‘Just do some physical activity’: Exploring experiences of teaching physical education online during Covid-19 Cruickshank, V, Shane Pill, S & Mainsbridge, C, *Issues in Educational Research*, 31(1), 2021

This study aimed to explore teacher experiences of online delivery of physical education (PE). Research has noted the use of blended learning and flipped classrooms in PE, yet little is known about the delivery of fully online school PE. The move to online teaching required by Covid-19 suppression measures in 2020 provided an opportunity to explore the delivery of PE online. Data was obtained from teachers forced to shift to online teaching delivery of primary school PE in one Australian state during 2020. Semi-structured interviews occurred with 11 primary school PE specialist teachers providing qualitative data for analysis. The analysis of teachers’ experiences indicated that in most cases PE did not happen, rather, physical activity provision was initiated or PE was marginalised to a movement break between subjects with perceived higher status and priority. The importance of teacher-student connection to the teachers and inconsistency surrounding the use of online learning platforms emerged as concerns of the teachers. The results show that the move to online provision of PE resulted in diminished educative purpose.