

A school reviews its 'health and fitness' programme

Chris Worcester

Quorn Rawlins School and Community College, Leicestershire

The revaluation of an existing PE curriculum to promote 'fitness for health' is described. The principal objects are to increase knowledge about the individual's life-style and health choices, and to encourage a higher level of physical activity. 'In practical terms, they must find the success and enjoyment that will encourage them to maintain physical activity for the rest of their lives.'

The health-related fitness programme to be described here has been developed to suit one particular 14-18 school. It must be recognised that every institution is unique, and given a particular flavour by its facilities, equipment, staff, and students. The programme given here is therefore not necessarily suited to everyone, but it is hoped that it may offer some different methods of approaching present-day PE.

The first step is to look at the pupils, and to evaluate what the present PE programme offers that is of long-lasting value to their later lives.

A traditional programme

Young children enjoy a challenge, and frequently have to be restrained in practical activities, as they can harm themselves through over-exuberance when climbing trees, hanging upside-down from bars, and so on. They do not need coercing into physical activity — it usually comes naturally. However, as these children grow older, their sports and pastimes frequently become more organised and competitive, which causes some to drop out.

The teaching profession has inherited a traditional programme which normally includes soccer, rugger, hockey, netball, athletics, gymnastics, and a few others. These have been good for those who are suited to them — but not all children, let alone adults, find these activities agreeable. There are many reasons, such as the wide range of physical development or skill that can make competition meaningful; children are very quick to weigh up the benefits or otherwise that they will get from participating in different activities! They will put in more effort if they feel enjoyment, achievement, success, or social gain. Winning is a part of this, but it is certainly not the only thing. If they feel failure, humiliation, fear, or conflict with their image, they will not want to participate at all — let alone make an effort.

Valuing exercise

Very few of our pupils' parents take part in sport, but that does not mean that they do no physical activity at all. They walk, cycle, swim, and sometimes jog. Society is becoming increasingly aware that lack of physical exercise is one

important factor in increasing the risk of heart disease. The British Isles are becoming world leaders in death-rates from this cause; the British Heart Foundation says that heart disease is today's biggest killer, with a thousand victims daily. Research in many countries has shown the value of exercise in the prevention of a whole range of hypokinetic diseases.

Consequently, there are millions of people today taking physical exercise in various forms – aerobics, pop-mobility, multi-gyms, fitness centres, and so on. These people want to look good, feel good, and avoid illness. Sports are not essential for a normal healthy life, but physical activity is – as a profession, we must face up to this. We can have a healthy, normal adult life without ever doing most of the activities more traditionally provided in schools – millions do.

However, physical activity does confer the following necessary benefits on pupils.

1. The acquisition of motor competence.
2. The acquisition and maintenance of physical fitness.

Although sports are not essential for this, it does not follow that they have no place: they have to be put in perspective, and possibly adapted to meet the aim of 'PE for life'.

Planning our programme

There are other factors involved in health-related fitness as well as the need for physical activity. Such factors as diet and nutrition, stress and relaxation, smoking and drinking, body composition, strength, stamina, and suppleness all play a significant part here. It is not sufficient simply to provide different practical activities and have a new philosophy: *intelligent decisions about activity in our life-styles require knowledge of the facts*. This includes knowing not only what is necessary for the individual to be able to diagnose, evaluate, prescribe, and subsequently take the correct course of action.

The 4th and 5th years in our school each have about 500 pupils, and six years ago they all took a CSE course, approximately 350 of them taking the exam. The PE department felt that this exam went only some way to giving the pupils the

Year 4	Unit 1	Physical fitness: exercise The importance of exercise and physical activity. Cardiovascular fitness, strength and muscular endurance, and flexibility: their measurement, and how to achieve and maintain them. How to exercise safely and effectively.
	Unit 2	Accidents, First Aid, and safety How to deal with accidents relating to motor vehicles, sporting activities, the home, and everyday life. Their avoidance and prevention.
Year 5	Unit 3	Life-style management I Preventive medicine. Cardiovascular illness and fitness. Diet and nutrition. Weight control. Stress and relaxation.
	Unit 4	Life-style management II Life-style problem-solving – an appraisal of individual life-style patterns. Links with the community: sports clubs and leisure facilities.
(Continuous)		Individual record cards of height, weight, skinfold measurements, and fitness evaluations.

Table 1. A theory component for health-related fitness.

Aspects	Application	Provision
How to exercise	Compulsory	Gymnasium-based course and weight-training
Activities for fitness and leisure	Optional	Jogging, aerobics, pop-mobility, swimming for fitness, keep-fit, dance
Sports for fitness and leisure	Optional	Individual sports: badminton, tennis, weight-lifting, etc. Team sports: soccer, basketball, hockey, netball, etc.
Remedial work	Withdrawal	Counselling and practical help for students
School teams and coaching	Extra-curricular	Cross-country, soccer, hockey, rugby, basketball, cricket, etc.

Table 2. A practical component for health-related fitness.

kind of knowledge referred to above, so the essential parts of this course were developed and other parts were added to them. Lessons progressed through chalk-and-talk to worksheets, and finally to group work, and the best of these have been employed in our present programme. During this time, the PE staff were busy working in pairs to prepare resources by attending courses, inviting experts in, and training with the local Health Education Office. We converted a music room into a fitness laboratory where we teach an average of 24 mixed-ability pupils for two periods of 50 minutes each week, in 5- or 6-week blocks over the two years.

There are four such blocks as the pupils rotate around RE, Careers, and Health Education. The theory part of the Health Related Fitness course is shown in Table 1.

The practical side is not ignored, and has been planned to be consistent with the stated aims of the theory course. All 4th and 5th-year students have two periods of PE a week. They are taught only by PE staff, and there are no games lessons. A gym-based course – which relates closely to the theory of different methods of training – and the weight-training course are compulsory for all pupils, as shown in Table 2. All groups are mixed, and three or four activities are offered at any one time in 5-week or 6-week blocks.

Considering individual needs

Extra-curricular activities are also important, but they, too, have changed in recent years. Practices are not just for the best players: they are available to all, and the only criterion is that the pupils should wish to learn more about their chosen activity. In basketball, for example, more than 24 pupils have represented the 4th year so far this season.

Another relatively new feature in our teaching is in remedial PE. Two PE staff now have a total of four periods a week in which to help pupils on a more individual basis by withdrawing them from lessons. We liaise with the high schools, the school nurse, and local doctors, and we help those with weight problems as well as those recovering from illness or injury. These periods can also be employed for counselling pupils about PE-related problems.

We feel that the individual must have sufficient knowledge about the relationship between fitness and life-style to be capable of evaluating, diagnosing, prescribing, and taking action on their own behalf both now and later in life. In practical terms they must find the success and enjoyment that will encourage them to maintain physical activity for the rest of their lives. We shall never 'win them all', but we can hope to be more successful with this approach than we have sometimes been in the past.

© John Balding 1984

20. DURING THE PAST YEAR, which of the following sports did you play when they were in season, and how often?

(Please tick the appropriate boxes. If you play the same sport IN SCHOOL and OUT OF SCHOOL, you will need to tick two boxes.)

	IN SCHOOL (including school clubs)		OUT OF SCHOOL	
	At least once a week	At least once a month	At least once a week	At least once a month
TEAM ACTIVITIES	Baseball	<input checked="" type="checkbox"/>		
	Basketball			
	Cricket			
	Football	<input checked="" type="checkbox"/>		
	Hockey			
	Netball			
	Rounders			
	Rugby			
	Volleyball			
	Other (please state)			
INDIVIDUAL ACTIVITIES	Aerobics			
	Track / field events		<input checked="" type="checkbox"/>	
	Badminton			
	Canoeing			
	Cross-country			
	Cycling			
	Dancing			
	Gymnastics			
	Horse riding			
	Jogging			
	Fitness exercises			
	Motorcycling			
	Roller or ice skating			
	Rowing			
	Sailing			
	Scrambling			
	Skiing			
	Squash		<input checked="" type="checkbox"/>	
	Swimming			
	Table tennis			
Tennis				
Walking				
Water-skiing				
Weight-training				
Wind-surfing				
Other (please state)				

Fig. 1. A page of the Health Related Behaviour Questionnaire, showing the analysis of physical activity from which an 'activity index' may be derived.