

Viewpoint

No risk, no reward for the 'forgotten many'

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I pounced on your May edition with great interest. Here was what appeared to be the perfect complement to my own rapidly-developing views on the fitness (or more accurately the lack of it) of our pupils. What did I find? That (once again) those below the age of 11 are considered to be in a state of limbo, either not really existing or else in suspended animation until that magic day when they begin to have all the problems and worries that will accompany them for the rest of their lives. What nonsense! Problems can start at birth, and *must* be tackled as soon as possible.

I am not alone in thinking that something has gone seriously wrong with the 5-11 year olds in our care. Several of my staff are thinking along the same lines. We are witnesses to a progressive deterioration in fitness, stamina, flexibility, and the general will to do anything about it. There is a growing apathy and general malaise in the air. It is difficult to put one's finger on it — there seem to be many factors — but the children certainly seem to be receiving less encouragement outside school to be active. They constantly see bad examples set by parents and others who will not consider going more than a hundred metres without getting the car out, and so they expect to be delivered and collected on schooldays in the same way.

Don't do it!

Play, in our view, has also become restricted. Due to many pressures (some, but by

no means all, genuine), activities undertaken by previous generations are now frowned upon. If there appears to be the slightest risk to life and limb (often no more than that experienced every day by just getting out of bed), there is someone or some organisation visiting schools, or sending out leaflets, saying *Don't do it!* In consequence, most children have never climbed a tree (you may fall/injure yourself/kill yourself/damage the tree), scrambled over rocks on a beach (you will break bones/be trapped by tide/buried under rock fall), gone on a day's adventure with their lunch in their pocket (you may be hurt and not found/assaulted/your asthma may come on/you may get lost), and so on, and so on. Of course, it is unfortunate that the factor of assault is all too real today, and is one of the worries that *have* to be listened to and acted upon; but the others are, in my view, over-kill.

How can children be fit with this lack of active play? Perhaps we, in the schools, are as much to blame as anyone. We haven't looked at our PE from the point of view of recognising and correcting a slowly-developing malaise. We do not tend consciously to do stamina-building aerobic work with primary children. In fact, how many of us really have a comprehension of aerobics — how to apply such work, and what it does for the child? I cannot remember this ever being a major section of any PE course for primary teachers. Indeed, I do not remember the word 'aerobic' being mentioned in this connection. My knowledge has been picked up through self-interest — a desire to be fitter myself. In consequence, I now have first-hand experience of the benefits, and wish to see the children in my care benefit the same way.

Our plan here, which is really still in its early stages of development, is to promote health and fitness in a package. Excellent work has been done this year on smoking, drugs, dental hygiene,

sensible eating, and so on, and it has been worked around to show its effects on physical fitness as well. As we introduce some new form of exercise, we are trying to explain what it's doing to their bodies, and why it is needed. I give, as an initial example, warm-up exercises. In the past we have rarely given a thought, even as teachers, to the actual need for these, and certainly not to the 'how'. I cannot recall, again, ever being told more than "warm them up before starting the lesson". It could have meant putting them in front of a fire, as far as I was concerned. But now we gently stretch different groups of muscles to prevent damage later in the lesson, and the children, by learning which area they are dealing with and why, become more aware of their bodies.

A small price to pay?

As another example, we now go twice a week for a 10- to 15-minute jog, once as a voluntary club-type activity before eating lunch, and again at the beginning of an hour-long games period. In both we promote the idea of enjoyment, of what good it will do them, and the sense of achievement. Nobody ever feels left behind because we split into four groups, from the fastest to the slowest, and an adult is with each group to encourage, support through their discomfort, explain what 'stitch' really is, and how their own legs feel as bad as the children's but it is a small price to pay for a fit, long life.

I could go on, of course, into what I see as a growing pandering to asthma and its use as an excuse. It really is the 'in' thing. Or one could look at the lack of support from parents ("the poor dear must not go swimming as he doesn't like it and he becomes so upset," etc.). However, I will not, as this would probably stir up a hornets' nest. Suffice it to say that we are worried, but are trying to do something about it. How about more support by way of useful articles, in your otherwise excellent publication, on the 'forgotten many' who have not yet achieved the apparent recognition of the magic age of 11?

VERSION 11 is coming!

Version 10 of the Health Related Behaviour Questionnaire was introduced in June 1984. During its two years of use, this curriculum-planning instrument has been used by more than 35,000 secondary-school pupils.

In line with our policy of constant validation and revision of all our enquiry instruments, we have responded to the comments of schools and health-education personnel, which indicated where changes and additions could usefully be made. The main areas affected are as follows:

Physical activity

A more sensitive measure of the physical demands made by the different sports and activities, so that a more meaningful 'activity index' is attainable, has been developed.

In addition, the 40 sports and activities listed in the Questionnaire will be identified on the printout, so that the pupils' levels of involvement in each one, both inside and outside school, may be seen.

Diet

The attempt to measure the amounts of nutrients and dietary items consumed during the previous day will be replaced by a measure of the frequency of consumption, and a rating of personal preference for different foods.

Additional drugs questions

An extra two pages of questions, which may be omitted if desired, will measure aspects of knowledge, attitude, and behaviour with respect to drugs other than alcohol, tobacco, and common pain-killers, which are already included in the main body of the Questionnaire.

These changes will be incorporated in Version 11 of the Health Related Behaviour Questionnaire, which is scheduled to appear in January 1987.