Family learning for the ‘young at heart’

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A secondary school decided to involve the parents of 2nd-year pupils in their children’s health and fitness lessons. The result was a course of evening family activity sessions – complete with homework! It was so successful that the parents asked to book the school facilities for future family health and fitness activities.

For children to develop a healthier way of life, the family living patterns must be conducive to healthy practices. How knowledgeable and interested are parents with respect to their own and their children’s healthy living? It appears to depend upon individual attitudes towards health and fitness, and so particular family lifestyles develop. Both parents can make equally valuable contributions, for by-and-large they make the rules – what foods to buy, how much, how often and when to eat; the interests and examples to pursue in leisure times and during holidays; opinions on smoking and other health hazards, and, at least initially, decisions on ‘going to bed’ and ‘getting up’. So health is very much a family matter, and seems to rely heavily on the training and standards set by parents.

33 Teachers usually do not know the extent of parents’ health knowledge, or the attention given in the home to family practices of good health. Also, for all sorts of reasons, knowing what is good for one does not ensure that these healthy habits are adopted. It must be frustrating for some offspring to be unable to implement a healthier life at home. Informed schoolchildren could experience conflict if they voiced criticism and wished to break away from the family routine, or they could be regarded as ‘being difficult’ or ‘passing through an awkward phase’. So if school health work could aim to reach not only the child, but include the parents (and maybe even brothers and sisters) then all working to the same end could be of great family benefit.

An invitation to the parents

Having valued the article by Halbert (1987), it seemed logical to venture a stage further and invite the parents to come to school and take part in both theoretical and practical aspects of a Health Course. So with the co-operation of Mr Foxon, Headteacher of Harris Church of England Secondary School, Rugby, and the enthusiastic support of the head of the girls’ Physical Education Department, Fiona Williams, a family course was devised. A 2nd-year class of boys and girls was selected because it was felt that they were of an age (12-13...
The tests were chosen for easy execution, and all but No. 5 could be retested at home without requiring complicated equipment:

1. Resting heart rate: carotid pulse over 10 secs x 6 = beats per minute.
2. Girths:
   - Waist, hips, \( \% = \left( \frac{\text{waist}}{\text{hips}} \right) \times 100 \)
3. Height.
4. Weight.
5. Strength: hand grip, right and left.
6. Flexibility: stand and reach.
7. Endurance: Californian 6-minute walk/jog.
8. Working heart rate taken immediately following 6-minute walk/jog.

A positive outcome
At the final session, everyone underwent a re-test. There were many individual changes for the better, but the common improvement amongst the adults was that they were not nearly so stressed at the end of their 6-minute run, even with improved times. They were aware of feeling distinctly better, they had a general sense of well-being and felt pleased with their new-found energy. They had worked towards the re-test and were pleased that noticeable changes could be brought about in such a short time.

It was disappointing that more parents did not come to the evening sessions, but all the children were still encouraged to take the information home, discuss it, and if possible act upon it. Whereas two children admitted receiving no interest or response, more than half of absent parents said that they would attend if another course was offered. Half the class claimed that they had instigated changes at home in order to promote healthier family lifestyles.

A drawback to the course was presenting theory work for half a session marked P.E. on the school timetable. Although the total course programme was explained, the pupils felt that they were 'missing out' on practical time and the periods had become more like other lessons! In schools it would be better if the theory work could span more lessons - straight-
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<td>Double period in school (1 hour 10 mins) only</td>
<td>Exercise for its own sake. Heart fitness contributes to total fitness.</td>
<td>Questionnaire to assess pupil success in passing on information to family. Handout: Key to ‘Young at Heart’ 1) Attitudes 2) Exercise 3) Healthy eating 4) Health Hazards Practical Work Energetic small sided games. Prepare for retest &amp; measuring.</td>
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<tr>
<td>Children’s homework</td>
<td>Pass on information to parents &amp; explain % of cardiac reserve.</td>
<td>Explain the key to ‘Young at Heart’ &amp; discuss re-testing.</td>
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<td>One &amp; a half hour session in the evening Children &amp; Parents</td>
<td>Small group discussion on exercise achievements &amp; schedules. Theory a) A healthy diet, booklets &amp; leaflets; all choose a different area to prepare for discussion next week. b) No smoking. Practical Work Exercise for enjoyment (aka Retests &amp; recording) Warm up followed by lively exercises well done, interesting &amp; fun to do. Games activities outdoors. Partners (adult &amp; pupil) Devise own activity with specified equipment, e.g. a) 2 quots + 3 hoops b) 4 cricket stumps + 2 balls, etc. Rotate to next equipment after 5 mins.</td>
<td>Questionnaire - evaluation of course. Discussion on key handout. Contributions to discussion on a healthy diet. Practical Work (**) Retests &amp; recording. Swimming or Tennis. Conclusion - Through knowledge &amp; understanding they are entirely responsible for own heart &amp; general fitness. No excuses! You now become the instigator.</td>
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<tr>
<td>Homework for everyone during the week</td>
<td>Read, discuss &amp; practice a healthy diet. Keep monitoring the week’s activity schedule. Check &amp; adjust targets.</td>
<td>On-going weekly schedules - adjustments &amp; progressions.</td>
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Fig. 2. The planned second two weeks of school and home activities for the ‘Young at Heart’ pupil and family health-related fitness course.

forward theoretical messages are required which can be incorporated into the practical work and applied there and then, thus making the work meaningful. Discussion at the end could clarify any points and relevant detail could emerge. This of course strongly reinforces the move to Health Based Physical Education.

Some consumer comments

However, the advantages of the course seemed to outweigh the aforementioned disadvantages. The following statements combine tutor observation with replies from pupils and parents to the several questionnaires. These were designed not only for feedback information, but also to focus the respondent’s mind on the course content and to encourage informed decisions about their own health and fitness.

1. Families attending the evening sessions worked well together and children did not mind interchanging to work with other parents. Many pupils attended all the evening sessions despite the fact that their parents did not come. They preferred the evening parts of the course because, ‘the presence of parents made it more fun and they were treated as equals’.

During partner work the children often acted as the teachers and the innovators; partly because they were on home ground and therefore took on the responsibility for the equipment and showing ‘how we do it’.

2. Parents approved of the balance of theory and practical work as they found it relaxed, interesting, and relevant. They appreciated the why, what and how of exercise, and in the light of this information they could enjoy exercise for a variety of individual reasons, not least for its own sake. The main benefits they saw for continuing with an active lifestyle was that it would keep them young physically and mentally and thus offset the decline of old age. Some however valued the therapeutic effect of exercise in helping them to unwind and feel less tense after the work stresses of the day.

3. In the mixed discussion groups parents gave a sympathetic hearing to the child-ren’s contribution and often built on the comment to make it very constructive. In general discussion the children were impressed with the way that parents remained at the end of any points and relevant detail could emerge. This of course strongly reinforces the move to Health Based Physical Education.

The school’s view

The course tutors saw the major success in two stages. One was in the request that came at the end of the prescribed four weeks for the mixed evening sessions to continue for another four weeks until the end of term. So a programme of activities was devised to include preliminary teaching and coaching, followed by free practice times where pupils were encouraged to set targets and implement their own rules. Some ‘orphan children did not attend this continuation to the course, but there were quite a few additions of other members of the family, friends and neighbours. So a good time seemed to be had by all.

Then a second request came from this nucleus of parents to book the school facilities for next term so that they could continue to meet as a family group to promote their health and fitness. They asked to keep contact with their tutors for further guidance, and to secure occa-
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Catchment area and health related behaviour

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What effect does where you live have on your lifestyle? In a recent study organised by a District Health Authority, using the Health Related Behaviour Questionnaire, an analysis of 4th-year pupils’ responses was made with reference to the schools’ catchment areas. The result revealed some differences in the lifestyle of pupils living in the inner-city, outer-city, and rural areas in the sample. These differences have implications for appropriate health education provision in the schools serving these different areas.

For almost a decade the Health Related Behaviour Questionnaire has been used by individual schools in order to discover levels of children’s behaviour in the community they serve and to inform their own health education curriculum. More recently, groups of schools from one Local Education Authority or District Health Authority have been invited to join a study area, usually funded by the LEA, DHA or outside organisation concerned with the health of young people, or jointly funded by co-operating organisations. The results are sent back to the schools individually as before, but the opportunity is also there to create summaries of data for the whole LEA or DHA. Many of the large studies have used this facility to explore behaviours for the whole Authority, and it has also allowed schools to examine their own data in the light of results for their own area.

The area-type study offers a great deal to the individual schools as well as the LEA or DHA: for example, external support to health education work, seminars for teachers and workers involved, setting up working groups, and so on. In this article, as an example of this exciting new approach, we examine the way in which one particular area study was conducted, and present some of the data.

Background to the DHA study

Within this District Health Authority’s geographical area of responsibility, the use of the General Health Related Behaviour survey with 2nd- and 4th-year groups in all the secondary schools was made possible through joint funding and other support from the DHA, the LEA and one independent organisation concerned with alcohol abuse. All schools were invited to participate, and 23 out of 31 responded to the invitation.

The programme of events is displayed on the next page, and notes on some of the items follow.