

Worlds apart?

The importance placed on children's physical health is very much shaped by a society's wider priorities. *Dr Lala Manners* compare approaches in different countries around the globe



Despite Physical Development (PD) being a prime area of learning, it is fast losing ground in the education sphere – a situation that will inevitably compromise the ability of health professionals to fully support the well-being of young children.

The Common Inspection Framework, operational from this month, barely mentions PD (it is labelled 'exercise' twice); the two latest Ofsted reports (*Teaching and Play in the Early Years – A Balancing Act?* and the annual review) make no reference at all to PD, and none of the proposed baseline assessment models include a PD component. Added to this scenario is the woeful lack of accredited continuing professional development training in PD for practitioners – or any structured support for their practice in this field long term.

This does not reflect well on our professed commitment to support children's health/well-being and in fact relates closely to what we believe childhood is for – and about.

Childhood is a construct – a product of prevailing political, social,

scientific and economic thought. How children's physical health is monitored and managed will be a direct consequence of the value placed on their well-being as members of the society in which they live.

These issues are not particular to us, but apply worldwide. I contacted colleagues to discover how they addressed young children's PD. These were the snapshots that emerged.

FINLAND

Curriculum PD or physical activity (PA) is not officially a component of the early years curriculum; however, the Government has demonstrated a high level of commitment to and innovation in the field and formally acknowledges its importance to children's health and well-being. Practitioners have the autonomy to decide on practice and provision.

Workforce Finland's multi-professional early childhood and education workforce all have a high level of knowledge and understanding of PD and how to translate it into effective practice.

Parents Finland's 'outdoors culture' has meant that parents have

In Australia, autonomy is encouraged in the provision of PD opportunities for children (above left); in Kazakhstan, parents play a vital role in supporting children's physical health (above right)

The message is very clear: strong, skilled, disciplined children will work better

in general been effective role models in supporting their children's PD, both at home and in school. But this culture is at odds with the views of some immigrant families, who don't accept the importance of physical skills and well-being to learning.

Health and education Finland has always related children's PA to health, believing that outdoor unstructured physical play is the optimum way to ensure overall well-being. However, a recent educational research study, lasting three years, has created a growing understanding of the part movement skills play in supporting learning and its findings are influencing policy, giving PA equal status in both education and health spheres.

VALO (the Finnish sports federation) launched its national early years PD programme in March based on this research. In addition, Finnish children have not previously been assessed formally or tested for PD, but with the new emphasis on evidence-based practice there is a growing interest in the role that balance and motor skills play in promoting effective learning. Assessment procedures will be designed to accommodate recent research findings.

SOUTH AFRICA

Curriculum While the Government recognises the importance of PD/PA, it is not

included in what is a fairly new early years curriculum for South Africa. Active, outdoor play is encouraged, but there are no PD/PA guidelines or goals for practitioners to follow – it is just ‘a natural, important and intrinsic part of the day’ – and practitioners will for the meantime retain their autonomy in deciding practice and provision.

Literacy and numeracy are considered much more important than PD. However, the private school system is known to employ a range of monitoring and assessment measures of PD throughout the school years.

Training of early years practitioners is changing slowly, but remains limited, as does knowledge of PD. There is no specific training for PD. **Parents** Families, and educators, living and working in affluent areas have access to a range of private sports facilities. Adults in poorer areas are aware of the importance of children’s physical activity, but this will be experienced mainly in freely accessible streets and parks.

Health and education PD/PA has previously been linked to education and learning – in particular, the social and communication skills that children develop through physical activity were acknowledged and supported in practice. The physical skills considered necessary to acquire before starting school were rehearsed and refined to ensure children’s smooth entry to primary school.

With a child obesity problem looming, the Department of Health is focused on PA programmes designed specifically to combat weight gain – the financial implications of obesity-related conditions have forced this.

However, physical skills remain a significant issue for South Africa. Only 70 per cent of children experience the one-year early years programme before formal schooling begins. Only a third of children complete 12 years of schooling and research suggests this is directly related to their lack of pre-school experience. Less affluent children are demonstrably ‘less ready’ – half will drop out of school between age ten and 12, having never managed to acquire the range or level of physical skills needed to access the curriculum.

KAZAKHSTAN Curriculum Physical activity is considered a critical component of early years education, and all children will experience movement opportunities daily. As part of a curriculum guaranteed by law, the physical exercise programmes are designed centrally ‘to harden the health’ and must comply with stringent Government guidelines.

Parents play a vital role in supporting their children’s physical activity and health, at school and at home, and are encouraged to be role models. **Health and education** PD is monitored closely, using a range of formal medical assessments to ensure smooth development.

HUNGARY Curriculum As in Kazakhstan, physical activity is considered a critical component of early years education and children experience movement opportunities daily as part of curricula guaranteed by law.



Many parents in the United Arab Emirates consider physical activity ‘a break from real work’

Training All nursery staff gain at least a BA in nursery education and therefore have a good level of knowledge and understanding regarding the methodology of physical activity. They are very practised at designing activities based on observation and need.

Parents are encouraged to be effective role models in children’s physical activity both at home and nursery, where family ‘activity days’ are organised to encourage healthy lifestyles.

Health and education There is an acute obesity problem in the country and while historically early years professionals have embraced movement as underpinning learning, they are under increasing pressure to view PA as a preventive measure to combat child obesity.

Since 2012, all school children must have a structured physical activity session every day and nurseries are expected to ensure that children are able and physically prepared to engage in these sessions when they begin formal education. The PD of children is monitored closely, using a holistic and educational approach.

AUSTRALIA Curriculum and services

Although all children’s services are under the aegis of national law, autonomy in the provision of PD/PA opportunities for children is encouraged energetically. At local level, there is a wealth of agencies working together to ensure opportunities outside school, and all early years settings are expected to provide resources for children in compliance with national guidelines to ensure children are ready and able physically to enter formal schooling.

Parents Settings must provide comprehensive translation and interpretation services to explain to parents why PA is important and how they may access services ➤

POINTS FOR REFLECTION

In practice

- What messages about their bodies are children absorbing from adults?
- What level of physical control do you expect children to display in personal hygiene, spatial sensitivity, curricular activities and independence? Is it always appropriate and does it cause tension with parental expectations?
- Do you recognise that parents may hold very different values regarding PD/PA? Are you sensitive and supportive of their beliefs? Do you ensure that they are aware of your expectations in daily practice?

Sending out positive messages

- All bodies are the same in some ways – but different in many others. Respect and appreciate similarities and differences.
- Physical activity is to be enjoyed and celebrated as confidence and competence grows.
- Parents should be encouraged to support and participate whenever and wherever possible.
- Bodies need looking after: eating well, sleeping well, good hygiene, fresh air and activity are all required to sustain optimum health and well-being

to support and enhance their children's physical health.

Health and education All children undertake the AEDC (Australian Early Development Census) assessment procedure when they start school. This is a national strategy linked firmly to – and underpinning – policies concerning health, housing, planning, community and education.

The 'physical' component covers three areas: readiness for the school day, independence, and gross and fine motor skills. The approach is holistic and aims to identify children who are developmentally 'on track', 'vulnerable' or 'at risk'.

It clearly acknowledges the critical importance of physical competencies in ensuring children are willing and able to access the curriculum and is designed to drive policies, not simply provide data to support whatever initiative is considered relevant.

CHINA

Curriculum 'Chinese' schools – as opposed to schools in China offering a British curriculum – follow accepted PD/PA curricula guaranteed by law. Physical activity is considered a critical component of early years and children experience movement opportunities daily.

The Ministry of Education decides on the form and content of the PD programmes to ensure they align with the Early Learning and Development Guidelines for children three to six years.

All practitioners are expected to deliver competently games-based activities in settings. No encouragement is afforded to design their own physical activity programmes or to develop reflective practice about PD.

Health and education Physical activity is included for entirely health-related reasons. Specific routines are followed at regulated times, and although these may be enjoyed by the children and presented enthusiastically by the practitioners, the message is very clear: strong, skilled, disciplined children will work better and achieve more. Obesity demonstrates lack of self-control and is a medical issue to be managed by relevant agencies.

In schools, physical activity is seen as necessary to ensure children are able to 'work and learn more'. Knowledge is seen to come from rigorous application to paper-based learning, perseverance and tenacity – not from engagement with the real world.



Health standards and evaluation systems play an important role in monitoring PD. Tests involve 'scales, measuring tape and a stopwatch'. An entirely medical model is used to ensure children reach milestones at the right time in the right order – fundamentally 'norm sensitive'.

UNITED ARAB EMIRATES

Curriculum As in China, there is a dichotomy between 'local' schools and 'British' settings offering the Early Years Foundation Stage curriculum. Expatriates (80 per cent of the population) don't have access to centrally funded schools and nurseries, so the majority of settings are commercial or not-for-profit enterprises.

Generally, 'British' settings view PD/PA as being of educational benefit, are well resourced, with outside spaces and swimming pools, and employ specialist teachers to ensure all children experience movement opportunities.

In contrast, the local Indian, Pakistani and Arabic schools attach no importance to PD/PA. The emphasis is on desk-bound rote learning, and practitioners are under pressure to prepare children for competitive primary school entrance exams. As these tests are entirely paper based, physical activity is not considered relevant to ensuring a pass.

The Ministry of Social Affairs (which licenses all early years settings) has no stipulation regarding PD/PA, so this area of development may be ignored without censure or practitioners may choose whatever programme and resources best fit the children in their setting.

Parents The country is such a melting pot of cultures that inevitably a wide range of beliefs

MORE INFORMATION

- Active Matters, www.activematters.org
- BHF Early Movers Pack, www.bhf.org.uk
- *Child Development* (A Unique Child Series) by Linda Pound, Practical Pre-School Books
- *Health and Well-Being* (A Unique Child Series) by Anne O'Connor, Practical Pre-School Books
- *The Power of Physical Play*, DVD, Siren Films, www.sirenfilm.co.uk/product/the-power-of-physical-playdevelopment-effective-learning

emerges regarding what education is – and what it is for. PA is generally not considered an important educational aid. Rather, it is 'a break from real work' and as such has little intrinsic value. Children must produce visible 'evidence of learning', which PA is unable to create.

In addition, parents of girls often don't want their daughters engaging in PA. As the temperature is over 40°C for seven months a year, the children learn to swim early; but girls are not allowed to wear normal swimwear or change in the same room as boys, causing staffing issues.

Health and education In local schools, physical activity is viewed as a very specific and targeted therapeutic intervention to combat obesity issues. Medically-approved PA programmes are implemented to address the health issues that accompany obesity in children, such as diabetes, joint pain and high blood pressure.

CONCLUSIONS

The priorities vary for each country. For those experiencing war, famine and disease, resources will be allocated mainly to maternal health, vaccination and nutrition. In countries where obesity is an issue, medical and family programmes will be created and funded centrally. Countries that employ sophisticated monitoring and measuring procedures concerning children's health will experience a degree of tension and uncertainty regarding the use of data to justify expenditure: should monies be spent on preventive measures (health) or training (education)? ■

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