

## ACHPER NATIONAL POSITION STATEMENT:

### The importance of the Health and Physical Education learning area in schools

<b>Date developed:</b>	November 17, 2014	<b>Review date:</b>	NRF, 2017
<b>Audience:</b>	Teachers, parents and caregivers, school principals and administrators, kindred scientific, professional and service organisations		
<b>Principle Positions:</b>	<p>The position of ACHPER toward the Health and Physical Education (HPE) learning area in Australian schools is briefly summarised as:</p> <ul style="list-style-type: none"> <li>• ACHPER recognises HPE as a unique and essential learning area focused on educative purposes [Australian Curriculum – Health and Physical Education (AC-HPE), 2014].</li> <li>• ACHPER asserts that HPE is an entitlement for all young people in Australian schools.</li> <li>• ACHPER believes the purpose of the HPE learning area is to provide ongoing, developmentally appropriate and explicit learning about health and movement (AC-HPE, 2014).</li> <li>• ACHPER concurs with curriculum priorities that provide opportunities for students to: <ul style="list-style-type: none"> <li>- acquire the knowledge, skills and dispositions to advocate for and positively influence their own and others health and wellbeing; and</li> <li>- acquire movement skills, concepts and strategies to confidently, competently and creatively participate in a range of physical activities (AC-HPE, 2014).</li> </ul> </li> <li>• ACHPER subscribes to a strengths-based approach in Health and Physical Education, wherein teachers take account of the range of their students' current levels of learning, abilities, strengths, goals and interests (AC-HPE, 2014), and accommodate diversity by providing flexible groupings, multiple means of demonstrating knowledge and skills, and ongoing assessment.</li> </ul>		
<b>Rationale:</b>	<p>This Position Statement has been developed in ACHPER's role as the leading professional association for the purpose of contributing to discourse on the importance of the HPE learning area in schools. It is part of ACHPER's responsibility to present its position for the benefit of members as well as for productive, ongoing and future partnerships.</p> <p>ACHPER's positions are based on the belief that an educated nation, comprising active and healthy young people, is the best investment we can make in the future and an understanding that school is a very significant setting for children's intellectual, physical, social and emotional development. The assertions of this position statement have strong foundations in both research related to children and adolescents and in current curriculum.</p>		
<b>Definition of the Health and Physical Education learning area:</b>	<p>Health and Physical Education is the curriculum area that engages students in worthwhile learning experiences to develop skills, knowledge, self-efficacy and dispositions that will enable young people to live healthy and active lifestyles.</p> <p>The Health and Physical Education learning area draws on a number of sub-disciplines including, but not limited to, physical education, health education, personal development, outdoor education and recreation, nutrition and dance. Each of these is acknowledged as providing distinct learning opportunities. Contexts of physical activity and sport are central to HPE, but HPE is distinguished from 'physical activity' and 'sport' by virtue of its core focus on learning.</p>		

<p><b>Background Information:</b></p>	<p>The Health and Physical Education learning area has strong foundations in scientific fields. These ongoing links with scientific research and best practice evidence provide a firm base on which to build curriculum as well as teaching and learning skills.</p> <p>Health education is informed by research in epidemiology, health promotion, sociology of health, medicine and psychology of health. Schools are recognised as key settings for developing health-related knowledge and skills. The National Health and Hospitals Reform Commission (2009) and the National Preventative Health Taskforce (2009) both suggest “health literacy” should be a core element of HPE.</p> <p>The Health and Physical Education learning area supports students to make informed decisions about their health and wellbeing. As a precursor to healthy lifestyle futures, students need to be health-literate (Fetro, 2010; Nutbeam, 2008; Peerson &amp; 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.</p> <p>It is important, however, to recognise that HPE is a learning area and not a health profession. Although it supports the development of the knowledge, understanding and skills students need to make healthier choices, it cannot be expected that HPE will resolve the complex nexus of contributors to young people’s health and wellbeing (St. Ledger, 2004).</p> <p>Physical education is informed by research in movement concepts, motor skill learning, strategic awareness in sports and games, biophysical sciences (physiology, biomechanics), behavioural sciences (psychology, health promotion) and sociological sciences. Because all physical activity uses fundamental locomotor, non-locomotor, manipulative and specialized movement skills, these skills set the foundation for adult activity and form the basis of competent movement. Research shows that if children develop competencies in fundamental motor skills, they are much more likely to participate in physically active pursuits in adolescence, thus making childhood particularly critical (Pate, Trost, Felton, Ward, Dowd, &amp; Saunders, 1997; Stanley, Ridley, &amp; Dollman, 2012; Cohen, Morgan, Plotnikoff, Callister, &amp; Lubans, 2014). Through experiencing a range of educational physical activities, each student learns to evaluate her/his own movement strengths and build the physical self-efficacy to choose activities that are safe and satisfying throughout life.</p> <p>HPE encourages a habit of physical activity. Regular activity for children increases the probability of an active adult lifestyle, so an active lifestyle during childhood has a direct benefit to students’ health, both now and in later years via a lower disease risk compared to an inactive person (Bar-Or, 1995; Hardman &amp; Stensel, 2009; Janssen &amp; LeBlanc, 2010). Research evidences the continuity of an active childhood with an active adolescence and adulthood (Raitakari, Porkka, Taimela, Telama, Rasanen, &amp; Viikari, 1994; Telama, Yang, Laakso, &amp; Viikari, 1997; Telama et al., 2014). Healthy and physically active living benefits individuals and society in many ways. Positive associations have been found between sufficient levels of physical activity, good nutrition, psychological wellbeing, musculoskeletal health, cognition and readiness to learn. Thus, HPE contributes to a preventative health agenda as well as an educational agenda.</p> <p>Children learn to be physically literate and health literate in and through HPE. Students acquire movement language/words and non-verbal communication skills in a physical education setting and they learn to read and interpret the movements and non-verbal language of others. They learn to translate sensations and perceptions from the environment into movement. Understanding the language of movement is essential for students to be able to analyse their own and other’s movement performances and to effectively respond to feedback in order to develop movement competence. Students become aware that there are culturally, socially and institutionally different ways of thinking about and valuing personal, family and community health.</p>
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	<p>HPE develops an appreciation of the importance of movement in daily life, not only as a functional requirement, but as a medium for social interaction. Learning that takes place in, through and about physical activity in HPE also benefits children by promoting and supporting lifelong dispositions of physically active living.</p> <p>A unique aspect of the Health and Physical Education learning area is the wide range of learning contexts that provide substantial opportunities for developing interpersonal and collaborative skills, good communication, and decision-making and goal-setting skills. Movement is a powerful medium for learning and, through it, students can develop and practise a range of personal, social and cognitive skills. The nature of HPE is such that each educational episode opens the possibility to development of leadership, positive team behaviours and strategies to cope with individual challenges.</p> <p>HPE is a contributor to the development of resilience strategies and skills for conflict resolution and assertiveness. There is a growing body of research that shows that a systematic focus on social and emotional learning and wellbeing within educational settings is associated not only with reduced levels of disruptive behaviour (Mahar, Murphy, Rowe, Golden, Tamlyn Shields, &amp; Raedeke, 2006; Maher, 2011; Howie, Beets, &amp; Pate, 2014), better student engagement and improved academic achievement during the school years (Rasberry, Lee, &amp; Robin, 2011), but also better outcomes in adult life (Schweinhart, 2004; Australian Institute of Health and Welfare, 2011).</p> <p>Children and adolescents spend 1/4 of their lives at school and may one day have the opportunity to influence their own children. Learning in HPE makes an important, positive difference to their time as students and to future generations.</p>
<p><b>Links to Curriculum:</b></p>	<p>Australian Curriculum – Health and Physical Education, 2014</p>
<p><b>References:</b></p>	<p>Australian Curriculum and Reporting Authority (2014). <i>Australian Curriculum – Health and Physical Education</i>, Sydney: Author.</p> <p>Australian Institute of Health and Welfare (2011). <i>Young Australians: their health and wellbeing</i>, Canberra: Author.</p> <p>Bar-Or, O. (1995). Health benefits of physical activity during childhood and adolescence. <i>Physical Activity and Fitness Research Digest</i>, 2(4), 1-6.</p> <p>Cohen, K.E., Morgan, P.J., Plotnikoff, R.C., Callister, R., &amp; Lubans, D.R. (2014). Fundamental movement skills and physical activity among children living in low-income communities; a cross-sectional study. <i>International Journal of Behavioral Nutrition and Physical Activity</i>, 11(49).</p> <p>Fetro, J.V. (2010). Health literate youth: evolving challenges for health educators. <i>American Journal of Health Education</i>, 41(5), 258-264.</p> <p>Hardman, A. &amp; Stensel, D. (2009). <i>Physical Activity and Health. The evidence explained</i>. New York: Routledge.</p> <p>Howie, E. K., Beets, M.W., &amp; Pate R.R. (2014). Acute classroom exercise breaks improve on-task behaviour in 4<sup>th</sup> and 5<sup>th</sup> grade students: A dose-response. <i>Mental Health and Physical Activity</i>, 7(2), 65-71.</p> <p>Janssen, I. &amp; LeBlanc, A. (2010). A systematic review of the health benefits of physical activity and fitness in school aged children and youth, <i>International Journal of Behavioural Nutrition and Physical Activity</i>, 7(1), 40.</p> <p>Mahar, M.T. (2011). Impact of short bouts of physical activity on attention to task in elementary school children, <i>Preventive Medicine</i>, 52 (Supp. 1), S60-S64.</p> <p>Mahar, M.T., Murphy, S.K., Rowe, D.A., Golden, J., Tamlyn Shields, A., &amp; Raedeke, T.D. (2006). Effects of a classroom-based program on physical activity and on-task behaviour. <i>Medicine and Science in Sports and Exercise</i>, 38 (12), 2086.</p> <p>National Health and Hospitals Reform Commission – Final Report (2009). Retrieved 11/2014 from: <a href="http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report">http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report</a>.</p> <p>National Preventative Health Taskforce (2009). <i>Australia: the healthiest country by 2020</i>. Canberra: Commonwealth of Australia.</p>

	<p>Nutbeam, D. (2008). The evolving concept of health literacy. <i>Social Science and Medicine</i>, 67, 272-278.</p> <p>Pate, R.R., Trost, S.G., Felton, G., Ward, D.S., Dowd, M., Saunders, R. (1997). Correlates of physical activity behavior in rural youth. <i>Research Quarterly in Exercise and Sport</i>, 68 (Supp.) 241-248.</p> <p>Peerson, A. &amp; Saunders, M. (2009). Health literacy revisited: What do we mean and why does it matter? <i>Health Promotion International</i>, 24(3), 285-296.</p> <p>Raitakari, O.T, Porkka, K.V.K., Taimela, S., Telama, R., Rasanen, L., &amp; Viikari, J.S.A. (1994). Effects of persistent physical activity and inactivity on coronary risk factors in children and young adults. <i>American Journal of Epidemiology</i>, 140, 195-205.</p> <p>Rasberry, C.N., Lee, S.M., &amp; Robin, L. (2011). The association between school-based physical activity, including physical education, and academic performance: a systematic review of the literature. <i>Preventive Medicine</i>, 52 (Supp.1), S10-S20.</p> <p>Schweinhart, L.J. (2004). <i>Perry preschool study through age 40: Summary conclusions and frequently asked questions</i>. Washington, USA: High/Scope Educational Research Foundation.</p> <p>St Leger, L. (2004). What's the place of schools in promoting health? Are we too optimistic? <i>Health Promotion International</i>, 19 (4), 405-408.</p> <p>Stanley, R., Ridley, K., &amp; Dollman, J. (2012). Correlates of children's time-specific physical activity: A review of the literature. <i>International Journal of Behavioural, Nutrition and Physical Activity</i>, 9.</p> <p>Telama, R. Yang, X., Laakso, L., &amp; Viikari, J. (1997). Physical activity in childhood and adolescence as predictors of physical activity in young adulthood. <i>American Journal of Preventative Medicine</i>, 13, 317-323.</p> <p>Telama, R., Yang, X., Leskinen, E., Kankaanpaa, A., Hirvensalo, M., Tammelin, T. Viikari, J., &amp; Raitakari, O.T. (2014). Tracking of physical activity from early childhood through youth into adulthood. <i>Medicine and Science in Sports and Exercise</i>, 46(5), 00-00.</p>
<p><b>Appendices:</b></p>	<p>None</p>