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Intro:

You would have thought – given the current focus on children's health – particularly when 12% of children arrive at nursery overweight/obese – and 60.000 children per year start school in this condition – that physical activity would be right up there – playing a prominent role in any discussion of future initiatives to address this situation - that there would be a coherent, co ordinated, comprehensive plan to enhance children's activity levels.

As yet – this does not seem to be the case. Report after report is published in which food/nutrition takes up 80% of the text – with physical activity relegated to a brief mention – along the lines of ….'We recognise the importance of exercise to young children… but….'

Why? When we have the expertise, knowledge, national bodies specifically set up to promote physical activity – and a large workforce who are willing and able to get involved.

We need to redress the balance – and fast – to ensure physical activity remains firmly on the agenda.

In order to do this – we must be able to answer two fundamental questions:

WHY is physical activity important – and to whom?

HOW may children's physical activity be supported?

WHAT to do will emerge from the answers.

Yes – there is some wonderful work going on - but we now need a concerted effort to pull everything together and present a united front in our belief that physical activity really does matter.

It matters to : Government, children, parents and practitioners.

Yes – it does matter to **government** – though you may not think so from recent literature. Recognition that it matters is actually reflected in the two pillars on which our practice is based – one embedded in education – the other in health.

And herein lies the rub.

Physical Development is a 'prime area' of learning in the EY Statutory Framework. 'Moving and Handling – Health and Self Care' actually cover all the bases – no problem with the

content – although 'handwriting' was an interesting addition. The content very clearly supports an holistic view of development – that physical development supports all developmental domains and areas of learning. It is a 'prime area' for very sound reasons.

This reflects the thinking of our great pedagogues - of which we are proud inheritors – that physical competencies underpin and inform all learning – they are not skills to be practiced discretely in order to effect specific physical changes – eg. weight management. When Maria Montessori sprinkled tea leaves on the floor – and the children swept them up – this was definitely not linked to calorie expenditure!

In the last set of data we have for the FSP's – 88% of children achieved an 'expected' level of physical development – which in developmental terms is probably right.

We also have the Chief Medical Officers Activity guidelines for young children.

These are broadly in line with those from Canada, USA, Australia and NZ - although the Aussies are much keener on sleep – and the Americans are much fiercer about screen time. The guidelines are 180 minutes moderate/vigorous daily physical activity – cumulative.

These guidelines are primarily about physical activity to support *health.*

The latest data for activity levels suggests that only 10% of young children are actually hitting this target.

What we unfortunately end up with is two conflicting sets of data – that cannot inform, support or drive policy concerning children's health/wellbeing. Assessing physical development is not the same as assessing activity levels – of course they have a symbiotic relationship – but the assessment procedures required to gain relevant and meaningful data are quite different.

So – what to do?

We need to find a way to stay true to our roots in education – our belief that physical competencies form the basis of learning and development across all domains – but recognise that poor physical activity levels have serious consequences for health and wellbeing – and this needs to be reflected in our support of the activity guidelines – in curricular guidance, policy creation and practical implementation.

On its own - regarding physical activity as simply a means by which to address specific health concerns – doesn't really work for us.

But – we must recognise that the behaviours and dispositions that ensure lifelong engagement in physical activity – which undoubtedly do impact on later obesity prevention – are laid down in these early years through positive and enjoyable physical experiences.

Physical Activity matters – most of all – to **children** themselves – **why** is this so?

In purely physical terms – we know that physical activity is good for muscle and bone growth and integrating the many body systems that must work together to ensure smooth development.

Being active is how children engage with themselves, others and the world. Making any sense of life is fundamentally dependent on the acquisition, rehearsal and refinement of physical skills. From the first kick in utero – the first smile – the first point – the first wobbly steps – all these skills become part of a tapestry of communication – a means of understanding the self in relation to other people and the different environments experienced daily.

Non verbal interactions play a critical role in children's language development – the importance of gesture and experiencing language in relevant and meaningful contexts. This is particularly important for SCLN and EAL children.

Long term – we need children to fundamentally understand and respect their bodies – so they may make the right personal decisions later on.

If you really want to know how important being physically confident and competent is to young children – ask them three questions : What are you good at? What are your friends good at? What are you not so good at?

We conducted a small scale project last year – 50 children – 5 very different settings – equal number boys/girls – all aged 3.5 – 4.2 yrs.

Their answers were very revealing.

Top of the list of things they said they were good at : Running – Jumping – Catching – Hiding – Climbing. Two small boys inevitably wanted fighting on the list……

What were their friends good at? Exactly the same activities – even though some were definitely not friends with the children they cited.

What did they think they were not so good at? Concentrating – Doing my work – Listening – Tidying up.

So – despite the teachers insisting how good they were at puzzles, reading, painting – what actually had the most currency for the children were physical skills.

Being physically able has huge status in their world – it is how friendship groups are formed – how disputes are settled – how they work out how and where to fit in – if that is what they want.

Data from Australia suggests that obese children are 30% more likely to be vulnerable on the social competence domain of the AEYDC. Data from the USA is even more alarming – in

a recent study of 7 yr olds – overweight/obese children were not even mentioned by their peers when children were asked whom they liked to play with – most and least.

There is also a persuasive argument that physical activity – plays a very significant role in supporting the concept of the '3rd Space' – the interface between home and school – that this is in fact where it all happens for them.

Understanding and appreciating the importance of physical skills to children themselves must lead to provision that is appropriate and meaningful.

What to do?

Offer them a 'canopy' learning experience over a day or week – a good mix of structured, semi-structured and free play opportunities – and observe – very closely – what is actually going on. Does their behaviour change when engaging in physical activity – who do they engage with and why – are there any generic difficulties possibly linked to housing, background, language – what do they most enjoy – is there anything they don't like doing?

Physical Activity matters to **parents** – why?

All parents want the best for their children – but they often feel overloaded with conflicting information around physical activity, inadequate, patronised and just very tired.

In a 2015 Bristol study – this became very clear when groups of young mums were presented with the CMO guidelines.

'He's not training for a *** marathon' – 'Here we go – just something else I've got to feel guilty about' – 'It's too stressful to think about' – 'I don't have time for all this.'

In short – the message was all wrong – the medium was all wrong – there was no way they were going to engage – at all.

It shouldn't be like this – so what may be an alternative?

We need to find a way to speak to parents in a way that makes sense – make the links for them – and answer the 'Why bother?' question for them – so they understand and believe in the importance of physical activity.

We need to emphasise that everything is a means to an end – how tummy time helps with overall strength and development – how crawling influences toilet training – that scootering is a really good homolateral movement – good for later writing – that climbing is good for upper body strength – what you need for a lot of school stuff – anything balancey affects core strength – what you need for sitting still…….

That screen time is not brilliant for eye development and hand skills….that being 'containerised' affects oxygen levels and therefore brain development……..

I do appreciate that 'School Readiness' is a very emotive and contentious term – and that it is interpreted in many and varied ways by children, parents and practitioners – here and around the world – certainly some educationists would claim that it is 'not really an effective organising principle.'

For *children* – what matters is that they can get to the loo on time (when you ask them – this looms large) – and that they will have someone to play with. As we know – the most physically able children are those with the better social skills, the most confidence and the most resilience. They absolutely do not want to arrive at school still in nappies and unable to join in because they are just not physically up to it.

In the PSLA study – what mattered to *parents* was that their children coped with the emotional issue of separation – and that they had some friends – well – ensuring that their children are physically competent and confident is a very sound preparation.

In a recent study from Pennysylvania – data suggests that children's activity levels went up by 61% if the parent joined in – and a Finnish study suggests that where children are most active – is outside – with adult involvement.

Parental support is absolutely critical – but we need to present the case for physical activity in a way that they 'get' – that is not 'nannying' in any way – but says that they have most things in place – they just need to believe it matters – and understand the reasons why.

What can we do?

Any message must be through a medium they understand – and use – eg. Facebook/Whatsapp. – stickers/sheets etc just don't work any more.

They need to feel that physical activity is not yet another 'issue' they have to address or factor into their day – that it is fun – but that small bodies grow slowly – that endless repetition and practice is what children actually enjoy – and most of all – they love it when parents are involved.

Trying to explain to a very burly Dad why it was great that he had spent an entire evening with a pair of tights on his head took a bit of doing – but eventually – he did see the point (we had been doing a project on 'stretch') – transfer of language, gross-motor skills – doing something funny with his son.

When 75% of parents in a recent MiMedia study reported their children were able to use tablets before speaking – and 58% were using DT quite happily before aged three – we have to find a way to convince them that physical activity really does matter – on every level.

Why does Physical Activity matter to **practitioners?**

Mainly – because it is of profound importance to children themselves – but also – because Physical Development is one of the three 'prime areas' of the statutory framework.

The behaviours (organising, negotiating, delegating, facilitating, mediating) and dispositions (independence, creativity, self-motivation and resilience) that ensure lifelong engagement with physical activity (that we know is a critical component of obesity prevention and later – dementia prevention) are laid down early on.

If our job is to prepare children for a healthy and productive life – ensuring these patterns are embedded early is hugely important.

In terms of preparing children for the next stage – the 'school-readiness' issue – what makes the difference to children between a positive and negative experience is actually couched in the small stuff – being able to sit still on the carpet – line up – get changed for PE – turn the taps on and off – hold a knife and fork – put shoes and coats on - and take them off.

All these tasks are dependent on well developed vestibular and proprioceptive systems – that need continual refreshment through movement alone – they cannot work effectively without it.

In the recent 'State of Education Survey Report 2016' the two biggest issues for reception teachers are children's 'lack of social and self-help skills' – by appreciating the critical role played by physical activity in supporting these skills – we would be doing our colleagues a very big favour.

So – to answer the 'How' question- for practitioners.

Observe children moving in different environments – inside, outside, with and without adults – in gym, ballet, swimming sessions.

Build on the skills and knowledge you have already – observing, planning, reflecting. Appreciate the roots of the work you already do regarding PD – nothing is ever wasted – and try not to treat physical activity as yet another 'issue' that must be addressed. What we do is only part of the picture – nutrition, sleep and oral health also play a part – but we need to embed physical activity in daily practice – as something organic and critical to supporting children's overall wellbeing and development.

Regarding the CMO 180 mins guidelines – the *what* to do ……..

My main message to practitioners is – Find A Role.

Not everyone is suited to practical delivery – much better to be honest about this - but everyone can find something within this field that interests them – and that they are good at – liaising with parents, finding resources, making posters, linking up with local amenities and independent providers – and – making better use of DT.

We could use DT so much more effectively to support physical activity in settings – and at home.

Try creating a project around something physical – we did a project on 'running' last year – that culminated in the children filming themselves – the parents submitting mobile phone footage – and a great afternoon when the montage we created was viewed by all those who participated.

Why not think of the 180 mins less in terms of time – but more like – 5 a Day.

Five different activities or two longer ones that accumulate to 3 hours over the day.

It is something to aim for (not everyone eats 5 a day – but most people know about it – and at least try occasionally) – but maybe this would be a better way of keeping track of what the children (and you) are doing?

To conclude:

We need to acknowledge and respect our deep roots in the work of our great pedagogues – for whom physical experience informed, underpinned and supported ALL learning and development.

But – we now need to find a visibly proactive way to respond to Health bodies – who currently consider physical activity as 'important' – but not critical – until they are faced with the reality of the 12% arriving at nursery overweight/obese – rising inexorably over the years to come.

We also need to be embraced as a vital component of the Wider Workforce – that PHE are so keen to promote. Why were we not included in the recent 'Fit for the Future – Public Health People' report? Surely – parents and practitioners are the epitome of Public Health People?

Who is going to be ultimately responsible for the long-term health and wellbeing of these children?

And what plans are being put in place??

Is obesity going to end up as a serious Safeguarding issue – an SEN issue – does anyone actually know?

What must we do ……..

Embed the CMO guidelines within PD practice by amending the statutory framework – then this will become part of the Ofsted remit – how are the guidelines being supported by practitioners and the environment?

Create National Quality Standards for PD – no one knows what good practice looks like at present.

Sort out our data collection issues – so everyone knows what data is being collected – why it is being collected – and where it actually goes to? How and why have we got to the point at which – come September – the only official data to be collected regarding children's health at the point of school entry is their weight and height – and this – in England – remains optional. With the on going confusion over the status of the Baseline and FSP's – is someone, somewhere going to recognise that we do have a pretty serious issue here?

Ensure that sugar tax monies (if and when this ever appears) are ringfenced for EY (not just primary and secondary) physical activity, health and wellbeing. We need to put together a coherent and unified argument for the deployment of monies and people to support PA - against defined and measureable targets.

When the obesity strategy is finally revealed – we must be ready, willing and able to respond – with confidence in our skills - to whatever is expected of us.

We have a lot in place already – PD – and the CMO guidelines – we have National bodies who can support us – but we now need to co operate much more closely and speak with one voice – whatever approach to PA practitioners adopt.

We must feel that we are a valuable and respected part of the bigger picture.

We need to stand up with confidence and say that we can – and we will play a much more visible and effective role in supporting children's health.

Physical Activity is a critical component in ensuring children's smooth development and overall health and wellbeing.

It really does matter.

Thank you.