

## **Rethinking health-related physical education**

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The Cagigal lectures celebrate the contribution that José Maria Cagigal made to Physical Education and AIESEP. It was his leadership and vision that stimulated the inauguration of a community of scholars to pursue pedagogical research within AIESEP. A community that has generated a number of international endeavours that have influenced the world of sport pedagogy in powerful ways - witness all the conferences, publications, exchanges and international collaborative ventures. As a thinker who encouraged us to listen carefully to each other and entertain an open-minded approach to scientific conversations and debate, he was clearly a humanist with qualities that we need urgently now. Amidst a changing world and an age of scarcity Cagigal's spirit challenges us to continue to strive towards excellence, maintain high standards and pursue international friendships. José Maria Cagigal is an inspiration and guide to all of us. He has set high standards and today I hope that I fulfil his vision for AIESEP and Sport Pedagogy by stimulating a critical stance about the promotion of physical activity and health within Physical Education.

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## 1. INTRODUCTION

In this paper I propose to undertake three tasks. My first task is to propose that the health-related fitness movement has gone through three phases since its resurrection as a major focus for physical education in schools. In this task I shall attempt to identify key features of each phase which distinguish them from later phases. This is important because it locates the key features of a movement within a time frame and demonstrates how they influenced practice. In the second task I shall raise a number of issues and concerns in health-related physical education and explore some of the implications for this approach. Finally in my third task, I shall reconstruct a new perspective for promoting health-related physical activity within a physical education curriculum and highlight the key role of pedagogy in such a focus.

This paper represents a personal appraisal of what I see in schools and the perspective of a director of a national project striving to understand how we should represent ideas about the promotion of health-related physical education for young people.

## 2. THE EVOLUTION OF A CONCERN FOR HEALTH-RELATED PHYSICAL ACTIVITY

When I look back to the early 1980s and examine all the literature on health-related fitness that has been accumulated, it is apparent that we have witnessed a number of significant transformations. It is possible to construct a whole range of models to represent the changes that have occurred. For my purposes I have identified two major phases in England and the emergence of a third. These phases identify a number of key features that have changed as we have started to transform our practices.

### **1980 -1990s Fitness era**

During this phase teachers attempted to make their lessons much more active and vigorous and very often the fitness emphasis was on circuit training for boys and aerobics for girls. This was the era of fitness testing and for many schools it represented the major focus for promoting

health-related fitness. A training model informed practice and the components of fitness e.g. muscular strength and endurance, flexibility and aerobic capacity became the major centre of interest with training zones and pulse rates high on their agenda.

A strong justification for this approach emerged with the concern for coronary heart disease and the evidence of low levels of physical activity in the general population.

### **1985-1990s Turning Children ON to physical activity**

A changing focus emerged as teachers began to recognise the need to make physical activity more fun and move away from a high intensity regime which required determination and tolerance of pain. It was soon recognised that motivation may be a key issue in the problem of low physical activity levels. A concern for self-esteem and fitness independence soon became important features of the health-related fitness literature.

During this phase we began to see a series of lessons devoted to coronary heart disease, risk factors and the role of physical activity in health. At the same time health-related fitness began to be polarised with competitive sport in such a way that many people in sports saw this innovation as a threat to competition in schools. Aerobic activity was seen as the dominant health message.

Research on physical activity patterns of young people fuelled the debate about the need for a stronger emphasis on health-related fitness. However, the term fitness began to be seen as an inappropriate term with the result that health-related exercise or health-related physical activity became the preferred terms and finally became embedded within the National Curriculum.

It is interesting to note that we began to see evidence emerging from interviews with young people that fitness lessons were rated poorly.

### **1996 - A New Dimension**

By the mid 1990s new changes were emerging slowly as the role of moderate activity in health promotion was recognised. At the same time a wider concept of physical activity for health - it is more than aerobic activity - emerged as the health benefits of physical activity were enlarging.

ged to new areas e.g. recognition of the need to promote healthy strong bones. More evidence began to emerge about the poor rating of fitness related activities. Lifetime physical activity became a key term. However, inclusion theory and the idea of catering for differentiation became part of the debate.

It is difficult to determine in 1996 what the new key features really are. Later in this paper, however I have spelt out in greater detail what these key features could be.

Though these three phases represent an emphasis on different features of the health-related physical activity movement it does not mean that each phase supersedes the previous one - far from it. In 1996 many teachers still believe that fitness testing is important and this represents a significant feature of their P.E. programmes. On the other hand some teachers are ensuring that fun and excitement are central features as they examine carefully how to motivate young people. In the same way, we see a number of teachers struggling to come to terms with new ideas, perhaps failing to grasp their significance or meaning, but nevertheless striving hard to understand them and make their practice better informed and relevant to children's needs. There are many other different scenarios throughout each country as teachers practice their art and impose their own priorities on the learning opportunities that they create.

Thus, at any one time the range of teachers' practices is vast with many teachers at one end of the scale striving to promote sound and informed practice whilst others may simply go through the motions of occupying children's time.

We must remember that ideas and their implementation in practice need time as particular ideas need to be translated into practical possibilities which can be assimilated and accommodated first by the early adopters, later by the interested teachers and much later by the majority of teachers who regard the ideas as worthy of 'picking and mixing' with their own. Of course in this process, and within the time frame of the implementation, much has changed as practices have been evaluated and transformed. It is this process and the time frame of innovation which offers some explanation for the huge variety of practice that we see today under the title of health-related fitness.

Change is often slow and cumbersome and it is important to recognise also the difficulty of making new ideas and developments accessible to large numbers of teachers. This problem is made worse when new ideas are also in a state of change as the advocates make them available for discussion and as a result modify, expand and develop the original conceptions. A new idea in the teaching of physical education, such as an alternative approach to games teaching or health-related fitness is not a fixed entity with clearly identifiable features, it is a changing mixture of established ideas, unworked thoughts and practices. This makes it difficult for teachers and lecturers in Universities, who are not part of the process of development, to follow the train of thought and changes in interpretation.

### **3. A COMMENTARY ON RECENT TEXTS CONCERNED WITH PHYSICAL ACTIVITY**

Let me turn now to a number of papers that could have an important bearing on rethinking the promotion of health-related physical activity. I would like to focus on two major points which generate a whole host of issues. In my brief analysis of three movements I referred to lifetime physical activity in the third phase. This concept is central to two papers that Corbin (1994; 1995) and his colleagues have written over the past two year and represent important contributions to the profession. This represents my first starting point.

In two important papers Corbin (1994; 1995) and his colleagues propose a shift from what they call the traditional approach to improving cardiovascular fitness to a strategy that highlights a lifetime physical activity model (LPAM). In this model important health benefits can be gained from moderate daily exercise where the focus is on the amount of physical activity rather than performance. This point is reinforced in the International Consensus Conference on Physical Activity Guidelines for Adolescents (Sallis et al. 1994) which recommended that "all adolescents should be physically active daily, or nearly every day, as part of play, games, work, transportation, recreation, physical education, or planned exercise in the context of family, school and community activities" (p.307).

I would reinforce their point by proposing also that the fitness model should be replaced and we need to seek a different focus for this work in schools. Fitness may well be a commonly acceptable term but its associations may well damage any move to create a new focus for teachers. For example, fitness and its association with performance means that adaptation, improvement and progression are key features. But, in terms of health and physical activity once a person has achieved a health standard (this has not been clearly defined yet ) maintenance of that level is all that is required. Thus, the theory behind fitness and performance may well be inappropriate in the context of health and it could hinder a move from a fitness-based physical education programme to health-related physical activity focus.

This is a radical change for many teachers and as I have suggested earlier the transition is not easy and we need to provide more clear-cut guidelines and examine carefully how we can generate a shift of focus in many schools.

On a further point, Corbin and his colleagues interpretation of health benefits is associated with risk factors that emerge later in life and thus, for them, it is essential that we address the problem of childhood inactivity tracking into adulthood. Though they point out that children are seldom subject to chronic lifestyle diseases, Corbin and his colleagues are emphasising future long term public health concerns. This is fine but I would suggest that the health benefits for children are radically different. In a recent qualitative study (Aggleton et al., 1996) of young people's perceptions of health, conducted for the Health Education Authority Aggleton, and his colleagues suggest that they differ remarkably from adult concerns (or more appropriately medical concerns). It could be argued that young people are concerned about emotional problems, personal relationships, identity, self-esteem and self-worth, peer and adult pressures and these represent their health issues. The important point, therefore, is that health may have a very different meaning to a young person and it is very different from the academic and medical problem-setting notion. Thus, if health is an important focus for Physical Education we need to address young people's interpretation of its meaning and their perceptions of its association with physical activity and translate them into

meaningful guidelines. Physical Education may have important roles to play in such a health perspective.

Instead of focusing only on why we should promote active lifestyles now to prevent future problems perhaps we should address the role of physical activity within Physical Education in promoting better child-perspective health, in other words dealing with health from their current perspective. It may well have a profound impact in later life as well because it may address covert health issues that influence future chronic diseases. For Tinning (1994) relevance to young people's lives would be a most appropriate starting point.

In the same way Kimiecik and Lawson (1996) have criticised the health promotion field for using what they describe as the human capital model and they have proposed an alternative perspective which they call the human development potential model. The Kimiecik and Lawson perspective is concerned with adults but their proposals are also relevant for the promotion of physical activity with young people.

They believe that it is timely to speak of 'cultivating or nurturing lifestyles and life choices' rather than 'regulating lives' and their first step is to ask people about 'their dreams, aspirations, and life goals and to ascertain people's beliefs about what is preventing or facilitating their achievement'. They make the point that as soon as we ask people what they want the one-size-fits-all model is inappropriate. It is inappropriate from a pedagogical perspective. Clearly, their points are relevant to the context in which schools promote physical activity as part of an active living philosophy. It is precisely the points they make which support my contention.

My second point refers to the notion of 'activity must occur for a lifetime' or what they call 'regular lifestyle physical activity' (Corbin et al., 1995; p.347). There are at least 4 interpretations of this:

1. Young people need to acquire motor skills (which take substantial practice, time and energy expenditure) otherwise participation in lifetime activities will be limited. Of course, I can accept this and endorse it in principle. My point of departure is I prefer competence in a range of sporting skills (not techniques) to motor skills. It may be that we use different terminology and differ in transatlantic interpretation but motor skills for

me brings a vision of drilling and the learning of skills is separate from 'getting on the inside of a sport'. The Teaching Games for Understanding philosophy may well illustrate this difference of opinion and interpretation. I believe that the teaching of motor skills in isolation does little to promote further participation or understanding of a game.

I am certainly convinced that we need more debate about motor skills and how this is interpreted by teachers as they translate ideas into common practice. I would suggest that problems surrounding this issue lie at the very heart of the promotion of physical education. Also, it needs to be pointed out that an over-emphasis on fitness and increasing activity time in lessons may well have precipitated a neglect of sports skills.

2. Lifetime activities like walking, cycling and home-based tasks (like gardening) contribute to an active living philosophy and need to be encouraged. In England national promotions like walking and cycling to school stimulate and raise consciousness (with parents, teachers and the general public) about the recent decline in such activities and may well encourage better physical activity habits. Of course, Corbin is right to make these points, we need to stimulate more participation through this route.

3. Lifetime activities (swimming, cycling, badminton or tennis) mean also activities that one can continue throughout one's life rather than activities which appear to have a limited time scale (soccer, hockey, rugby) commitment. Some schools have taken on board this approach and reduced traditional sports in favour of lifetime activities.

On one hand this is a questionable philosophy because most sports can be continued well into older age bands and the advent of master events has stimulated participation well into the third age. On the other hand, it may be that these activities have more appeal to young people. However, there is another factor, where is the empirical evidence that this form of substitution is more effective in promoting more physical activity outside of the school?

4. Lifetime activity may well give the impression that we want young people to sign on to physical activity for a lifetime. Perhaps we ought to consider this as problematic because such a message may convey an unrealistic expectation - young people's time scales cannot envisage a future orientation of this nature. It may also be inappropriate for most adults.



What we need to know is:- what features of a child's physical activity participation career influences a commitment into adulthood? If such data was available it may well have a profound impact on how we plan physical activity opportunities in schools. Perhaps the leisure research field may provide some insights into this issue.

Teachers need more guidance about lifetime activities and what they constitute together with practical support to inform their practice. It is too easy to misinterpret ideas and the communication of such ideas needs to be clarified.

In the HELP philosophy outlined by Corbin and his colleagues there are two key elements:

the E for Everyone

the P for Personal

which represent a commitment of a different sort. I cannot emphasise these two elements enough because they ought to be central tenets to any new strategy for promoting health through regular physical activity. They represent important pedagogical concerns. If we can translate these two ideas into strategies that can truly guide practice we will have made great strides in developing a health-related physical activity pedagogy. For me, one of the weakest features of current pedagogy is the reluctance of teachers (and many physical educators) to adopt practices which encompass these two elements within the HELP philosophy. The practices of many teachers clearly demonstrate that it is not a priority.

There will be many amongst you who will take me to task over this assertion but where is the evidence to show that it is common practice?

Corbin and his colleagues need to expand his HELP philosophy into a more explicit framework because I feel sure that the points they makes have far reaching implications for a new dimension of the health-related physical activity movement.

They make a plea in their final summary when they write 'we also believe that there are other horses in the barn that have been overused and need a permanent rest' (p.351) Absolutely right, there is a need to identify such horses but permanent rest may not always be appropriate. Perhaps the training metaphor is appropriate. It is not that they have been ridden too hard but they have been subject to inappropriate and uncritical practi-

ces. Even thoroughbreds can be badly handled and their trainers need access to better informed and clearer guidelines.

The papers from Corbin and his colleagues are important contributions to the profession and in the same way as Tinning's paper they represent the starting point for creating a new agenda. An agenda that needs to take us away from the broadly based current conceptions of the role of health-related physical activity and move towards a more relevant and more clearly focused role.

I believe that health-related physical activity in the school curriculum is not a separate objective but is bound up with a commitment to generating an active living perspective instead of being bound up with disease prevention. Thus, instead of health-related fitness being seen as a discrete objective within the aspirations of physical education and therefore delivered in schools as a separate unit often divorced from the central thrust of the curriculum, we need to consider it as something that **permeates** our philosophy about the values of physical education and the delivery process in schools. Thus, it becomes a pedagogical concern.

#### **4. A PERSPECTIVE ON PHYSICAL ACTIVITY PROMOTION**

Let me turn now to two studies that I have been conducting over the past 9 years. The first one is an attempt to portray the type of Physical Education department that I meet when I observe student teachers, or in schools in which I am co-operating with on a curriculum development project, or teachers that I meet on inservice training courses.

The second study is my observations (together with detailed and long interviews ) of children starting at the age of 5 (when my twin daughters started school) which I have followed for the past seven years. This study has involved observing young people in a variety of settings - playing in the locality, participation in club activities, transportation to and from school, playtimes (or recess) at school and school club activities. In total I have collected case notes of 40 children but I have only been able to monitor 26 children over the whole 7 year period.

In both cases my observations over time have led to a rather simple three category model. These models serve an important function because

they throw a different light on the problem of 'turning on children to physical activity' and 'generating a commitment to being active'.

Let me try to illustrate what I mean? First, the teachers fall into three distinct categories which I call:

Committed

Comfort Zone

Can't be bothered!

In the first category there appears to be commitment to providing lots of activity for young people in the form of extra-curricular activities. There is whole school support for these endeavours and Physical Education is seen to be important. The teachers are energetic and have a heavy time commitment to young people which means that very often they are monitoring their progress and ensuring follow up to expressed interests. It is clear that the structure of the department is essential in maintaining the commitment.

In some schools the major emphasis is on inter-school matches and practices and all age groups in a wide range of sports. Whilst in other schools the teachers have a more open access philosophy and there tends to be wider range of activities.

The second category is quite different. In the 'comfort zone' the teachers care but there appears to be a commitment to only a narrow range of activities interspersed throughout the year. They enter young people for local competitions but there is little provision made for preparing them adequately for such events. Some of the Physical Education teachers have taken on different or additional responsibilities which means that their priorities have changed and there is little time available for the demands of long term extra-curricular provision. There is little real follow up to young people's interests.

Finally, teachers in the third category make only a minimum time commitment to providing opportunities for young people to take part in additional activities. There is no ethos of participation and it would appear that they only go through the motions of pretending to express interest. A recent national survey of schools (Mason, 1994) supports this observation.

In all three categories it is difficult to determine whether there is any real depth to extra-curriculum provision, and neither is there an idea of progression or development - where is this all leading to? Of course, provision is made, in some cases a very comprehensive programme is available and large numbers of young people are involved, but there is a sense in which the idea of young people's progressive development in sport is missing.

Let me turn now to children. When I peruse my case notes and attempt to make sense of them, I am left with a feeling that some young people appear to be spontaneously active and have always been this way from a very early age. Whilst others appear to adopt a more casual approach and are quite prepared to engage in physical activity sometimes but they can take it or leave it. At the other end of the scale there are a number of children who just appear to be reluctant.

In my active category some children attend sports clubs in which there is a strong element of training and commitment to attending regular weekly sessions throughout the year. Many of these children are spontaneously active and have been steered into club activities by parents whilst others attend club activities because of their parent's commitments and they have learned to like it. On the other hand I see a number of young people who are simply spontaneously active all the time and simply haven't taken up the opportunity to play for a club and train with them. I am beginning to believe that some young people are programmed into being active from an age and therefore they seek out more opportunities which reinforces their commitment.

When I examine my casual category I see young people who are willing to do physical activity and like it but somehow there is little or no structure to sustain their interest therefore their involvement is spasmodic. Whilst others simply blow hot and cold, some days they like being active whilst on others they can't be bothered.

Finally, my reluctant category worries me because I see young people who haven't been switched on to enjoying physical activity and they are simply not interested. In some cases it is because they have a heavy commitment to another activity like music but usually it is because they can't be bothered. They are what I call the 'mights' - they might do something if the fancy takes them.

Let me turn now to the work of two of my Ph.D. students who are exploring why young people choose to engage in physical activity or turn away from it. One student is looking at young people aged 7-10 years old whilst the other has completed his study of 11-14 year olds. In both cases, three important factors emerge:

Support: from parent or teacher

Structure: they need to be part of a system

Competence and confidence

You may well respond by saying that we know all this, it doesn't move the debate on any further therefore what relevance is this to my thesis?

In the first instance if an active child goes to a school where there are few opportunities to develop their interest, a negative or neutral environment may well blunt their interest unless there is parental interest or support. On the other hand young people in my casual and reluctant categories who go to such schools are unlikely to be given the impetus to love physical activity. This makes the whole process of generating a commitment to being active and learning to sustain this commitment a kind of lottery - you may well be lucky - but on the whole the experience of learning to love physical activity and having this sustained and developed is unlikely to be a common occurrence.

This is important because it may well be that we need to consider different strategies in promoting active lifestyles. Clearly, the process of getting into the active mode is both a pre-school factor and one for schools dealing with young people aged 4-7. What strategies precipitate an active way of life? In the same way how can schools and families support this interest and help young people make a commitment and sustain it? Are we expecting too much, however?

I am not convinced that schools provide the structure or the support that is needed to promote an active living philosophy. What is needed is a concerted effort to see the promotion of active living as a whole school priority with action plans that illustrate how they propose to achieve this. In this way we promote the idea of an Active School and it may well be that we need a national initiative that stimulates schools to formulate a policy and attempt to implement it. From a national initiative we could

evolve a Recognition System that rewards schools for their efforts. A National Active School promotion could lead to a support structure that nurtures an active living philosophy and enables teachers to generate commitment and help them to evolve strategies which sustain young people's commitments. Unless we make the effort we are left with a system that does not appear to be successful.

## **5. A FRAMEWORK FOR PROMOTING HEALTH-RELATED PHYSICAL EDUCATION**

I turn now to highlight what I see as a health-related perspective for physical education. In this proposal I have identified 4 major features.

### ***Focus one: The promotion of well-being***

Here the role of the teacher is to help young people learn to love being active. For some young people the task is to help them retain the satisfactions and feelings that spontaneous play generated from an early age and for others to rekindle and sustain a love of being active in purposeful physical activity. A love of physical activity which can stimulate:

1. Further participation beyond the school, and
2. Psychological well-being in the context of physical activity

### ***Focus two: Technical features of health-related physical activity***

There are number of technical features involved in the promotion of physical education which are instrumentally valuable such as:

#### ***a. Enhanced development of body systems with a focus on***

1. Optimal functional capacity
2. Understanding energy balance
3. Role of exercise in management of conditions e.g. asthma

#### ***b. Safe and effective exercise practices***

1. Teaching evidence-based exercise practices
2. Avoiding overuse or abuse (reference to sport and dance)
3. Rest, recuperation, recovery (reference to sport and dance)
4. Preparation for vigorous activity, concluding a vigorous exercise session (not warming up and cooling down)

In one sense these represent an important practical knowledge base that all young people need to acquire.

*c. A therapy role*

It needs to be recognised that up to 20% (7-10% having moderate to severe problems, Kurtz, 1992) of young people may suffer from mental health problems and the promotion of physical activity may provide beneficial therapy.

***Focus three: School Promotions such as:***

1. Walking / cycling to school: identifying safe routes.
2. Active School: promoting a whole school approach to increasing participation in purposeful physical activity.
3. Healthy Schools Award. There is a European Healthy Schools Award which has potential for supporting the work of a physical education department.

***Focus four: Pedagogy***

In this important focus teachers need to recognise that the promotion of physical activity goes way beyond simply making purposeful physical activity available to more young people. In this recognition I am proposing that teachers need to acknowledge that they have, what I call, an educational role in the promotion of physical activity.

*a. Educational Role of Health-related Exercise*

First of all, it needs to be recognised that one of the educational roles of physical education is concerned with providing opportunities for young people to recognise the value of physical activity in their lives and how it can enhance the quality of people's lives. This issue is particularly relevant to the points made by Kimiecik and Lawson (1996) which I quoted from earlier in this paper. I believe they are right when they say that it is timely to speak of 'cultivating and nurturing lifestyles and life choices'. Thus, schools need to:

1. Help young people make informed decisions about the role of physical activity in their lives.
2. Ensure that everything is done to remove distortions to their well-being which arise from (a) what people around them say and do, and

(b) the environment in which we promote physical activity. This environment can have negative as well as positive reinforcement which can affect one's well-being.

3. Ensure that all young people have the opportunity to become competent, confident and acquire esteem and respect for their capabilities.

However, in addition to this educational role there is a need to focus more clearly on specific pedagogical concerns. Thus, I shall attempt to spell out what they mean to me and how they relate to the promotion of purposeful physical activity.

*b. Pedagogical*

A pedagogy which promotes active living for all young people needs to take onboard the following:

1. We need a commitment to an EVERY CHILD concept: **Every child**

is important

can be good at exercise

can learn

can achieve success and make progress

can achieve satisfaction

can acquire confidence

can recognise their own self-worth.

Teachers must believe in a commitment to the **Everychild** concept and their **practice** needs to match this commitment. Teachers need to ensure that they make regular contact with **all** children.

2. Teachers need to provide opportunities for:

a. Physical activity to be: fun, exciting and purposeful (it has a point, it leads somewhere) and not simply mindless repetition of movements.

b. A real challenge with mastery possibilities: this involves learning to answer a **task** (which has a point or focus) with clear **targets** which: (1) are visible manageable and attainable, (2) lead to achievement, progress and confidence, (2) generate self-worth. It is important to point out that such challenges need to be based first on **personal striving (can do, participation or creative personal challenges)** and if pupils wish to extend their competence and **compete against others** it should be something that they wish to opt into and not something they are made to do.



*c. Activity to be personalised and accommodate differentiation principles*

Differentiation principles:

1. Matching tasks with different capabilities, abilities, needs and interests  
2. Making provision for different:

(1) starting points

(2) rates of progress

(3) routes

(4) outcomes

(5) motivations within a class

3. Recognising need for management/organisation styles which accommodates variety and diversity

*d. Pupils to obtain positive, constructive and supportive feedback from teachers and their peers.* This latter point is important because we may need to encourage all pupils to see this as being important and something they ought to try to do.

*e. Pupils to work productively within a clear structure* that is consistent and provides support and one which provides constant encouragement and justified praise. At the same time it may be necessary to 'nag, push and shove' - a colloquial term which simply means persuading pupils that real effort is needed to achieve anything of worth.

*f. Pupils to:* (i) **learn from doing** (planning for an activity, performing the activity and evaluating their efforts and actions), (ii) **share in the learning process** through helping others and learning with and from others (this may involve peer education or child to child approaches), (iii) **learn to acquire independence**, and (iv) experience a **sense of ownership** of their work.

Such a pedagogy needs: A school **reward structure** with **motivation schemes** (personal and social) and a **recognition system** (by the whole school, individual teachers, pupils).

## 6. CONCLUSION

In conclusion, my main task in this paper was to stimulate a critical stance about the promotion of purposeful physical activity and its asso-

ciation with health within a Physical Education programme in schools. I deliberately set out an agenda from my perspective which is clearly an English one and the points that I raise may have less relevance in some countries. Nevertheless, there are many issues in this paper which relate directly to how we promote purposeful physical activity.

I see the association between purposeful physical activity and the promotion of health within physical education programmes as one that focuses on how schools generate a commitment by young people to being active and how they provide programmes that sustain and support this commitment. Learning to love being active is central to this commitment. If we are successful in this endeavour we are promoting a purposeful physical activity career ( in the same way that people speak of leisure careers) that is likely to track into adulthood and be sustained, bringing with this commitment clear public health benefits. Of course, there is a practical knowledge base to be acquired about exercise which should ensure that young people do not undertake practices that lead to ill-health.

However, I am very conscious that I raised the prospect that health for young people is different from the current medical model of health. Their concerns have a different focus and we need to be conscious of their implications and explore if physical education can make a significant contribution to the here-and-now health issues of young people. There is clearly a need to identify the specific contributions that physical education can make to health because there appear to be so many taken for granted assumptions about the association. I hope that my contribution can serve as a starting point for a thorough debate. Young people are probably the healthiest population of any generation therefore what added-value can physical education contribute to their well-being? What added-values can we realistically claim for physical education? In other words have we made a difference?

I do believe that physical education can make a contribution to the health of the nation and this contribution lies at the very heart of its mission - helping young people to learn to love being active. However, a commitment to this mission is all about pedagogy which should be a central concern of all teachers. Thus, I have attempted to spell out in greater detail what I mean by pedagogy. Whilst I recognise that this is a personal state-

ment, I hope that my colleagues will elaborate on my framework, identify and eradicate weaknesses and articulate a more clear representation that can guide practice.

Finally, I appreciate the opportunity in this Cagigal lecture to discuss these issues and I would welcome any critical commentary from my colleagues. In inviting such comments I am hoping to enhance my understanding of physical education and my own attempts at improving practice.

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