

## **Dr Kristy Howells – Written evidence (NPS0072)**

**(responses to questions 1, 2, 3, 6, 8, 9, 10).**

*Short bullet point summary of all the responses to the questions to compliment the six pages of responses to the seven questions as per guidance.*

- Developing a shared language is key to help coordination and understand for all. There is currently great confusion between and within the use of sport, recreation, physical activity, physical education, physical development and play, and what these all mean within educational and community contexts.
- Children and young people can be encouraged through individualised physical activity interventions.
- Children and young people can be encouraged through whole class physical activity interventions.
- More education and curriculum time is needed to share the benefits of physical activity, sport and recreation with children and young people to encourage participation.
- The wider implications of leading an active lifestyle to encourage participation such as health education, importance of hydration, is needed within the national plan.
- To ensure under-represented groups are represented physical therapy and targeted physical activity are needed for children with physical disability within school settings. Pregnant women need support and the myths and fears of what pregnant and postpartum women can do in terms of sport and recreation is needed to be shared more widely. More women and girls are needed as role models throughout all sport. Steps need to be continued to be made for those with intellectual disabilities to continue to help support and encourage them to participate as skills learnt within sport are transferrable into life skills.
- Sport equality needs to be focused on to tackle homophobia, misogyny and racism, this also applied to elite sports.
- Lessons can be learnt from international analysis of policy and practice particular those focusing on young children.
- A national plan needs to be embedded into everyday life for all.

**Dr Kristy Howells, (responses to questions 1, 2, 3, 6, 8, 9, 10).**

**1) How can local delivery, including funding structures, of sport and recreation be improved to ensure that people of all ages and abilities are able to lead an active lifestyle? For example, how successfully do local authorities and other bodies such as Active Partnerships, Leisure Trusts, local sports clubs and charities work together, and how might coordination be improved?**

### **Developing shared language to help coordination**

The use of shared language could help to coordinate and improve overall delivery of sport and recreation. For example, what does sport or recreation include? Could a glossary of terms be included within the national plan? This would ensure all terminology is fully understood by all and no confusion or misinterpretations are made. This would mean all target audiences: parents, carers, as well as the stakeholders of Leisure Trusts, local sports clubs and charities to work more effectively together through common language. The wide use of language and terminology has been illustrated by the [All Party Parliamentary Group \(APPG\) on Fit and Healthy Childhood's \(2019\)](#) report that focused on Movement and Mental Health. The term 'movement' was used as a holistic approach to healthy living to improve physical, social and mental health and included playground provision, after school clubs, youth clubs, sports clubs, and charities as well as analysing strategies and policies. These included play and physical activity strategies and also the impact of the initial teacher education provision for Physical Education and Sport when discussing movement, sport and recreation.

The Association of Physical Education ([AfPE, 2015](#)) identify there are many similarities between physical activity, physical education and school sport and these are often used interchangeably (although they do have distinct differences) within an educational setting as they all include physical movement. More recently in their resource, putting PE at the heart of school life, the AfPE have also included emotional health and wellbeing, alongside physical activity, school sport under the *umbrella* of Physical Education. From an Early Years perspective when this umbrella is considered, further additions are included such as physical development, which is one of the three prime areas of learning within the Early Years Foundation Stage, ([DfE, 2020](#)) as well as play. The standards for learning and development for the 0–5 age bracket, focuses on enabling children to live a happy, healthy and active life (p.9) as well a foundation for developing healthy bodies and social and emotional wellbeing. Gross and fine motor experiences are suggested through play movements, game opportunities and providing opportunities for play both indoors and outdoors. Therefore, clear guidance as to what sport and recreation includes ensuring all people of all ages, abilities feel included, and encouraged to lead an active lifestyle is needed for success, as it is evident from the government guidance this starts from birth.

**2) How can children and young people be encouraged to participate in sport and recreation both at school and outside school, and lead an active lifestyle? If possible, share examples of success stories and good practice, and challenges faced.**

### **Individualised physical activity interventions within school to encourage participation.**

Children and young people can be encourage to participate in sport and recreation both in and outside school. [Jonny's story](#) is an example of good practice of the impact of participating in sport and physical activity. The research focuses on one case study

child who was tracked over a 5-month period to examine the extent of a physical activity intervention. Jonny was a 10 year old who measured very low on the school wellbeing scale, his very low self-esteem had hindered his ability to make and develop relationships with adults and peers and was in the lowest ability set for numeracy and literacy. An athletics based intervention was implemented for 30 mins over 20 weeks for 5 months, (600 mins total), Jonny choose the activities of shot put and hammer throwing. His physical ability in the two throws developed, as well as dramatic increases in self-esteem, and a positive change in behaviour linked to specifically undertaking the physical activity intervention. He was able to develop relationships with his peers; he was invited to be part of sports teams for throwing activities e.g. cricket, rounders and rugby. He developed his speech and language communication skills, which enabled him to be confident enough to speak in assembly and became house sports captain. He also improved in both numeracy and literacy skills. In terms of wider reach and impact of the intervention, Jonny was selected for the county's athletic team for both shot put and hammer and continues to be part of this sport team outside of school. It is acknowledge that this research is just one child, but the class teacher reported that they did not feel that Jonny's increase in his participation levels would ever have happened had Jonny not been able to have the opportunity to participate in the physical activity interventions within the school setting.

### **Whole class physical activity interventions within school to encourage participation.**

The 'Daily Mile' has been used as a physical activity intervention (following the recommendation from the [Childhood Obesity plan of action](#)) for a whole class within primary schools to help promote and lead an active lifestyle. The challenges and successes of this physical activity intervention were investigated by asking the [children's and teachers' voices](#). The researchers found that the principles of the 'Daily Mile' needed adjusting in some schools, as the principles suggest to make it manageable and successful in schools that it should happen at least 3 times a week and take just 15 mins. The children could not understand these principles their responses included - "*why is it called the Daily Mile, if we don't go daily and we don't go a mile?*" So adaptations therefore were made, including mapping out the mile distance so the children could achieve the title of the physical activity intervention to help support and encourage them to participate in sport. The children were keen to undertake the physical activity and within the research it was found that children wanted to know when they were going to do it within the school day and how were they going to do it when they weren't at school, for example during holiday time. The research also found that for some children and teachers, they did not know why they were doing it. They responded that '*it was just part of the school policy*', the authors ([Howells et al. 2019](#)) recommended that there is a need for teachers to share more with their children (and for them to know themselves) the importance of such initiatives to ensure life-long and life wide participation in sport and recreation inside and outside of school.

### **More education and curriculum time is needed to share the benefits of physical activity, sport and recreation to encourage participation.**

[Physical activity has the power to be life changing](#); it has the potential to improve the mental health and wellbeing of children. Engaging in physical activity, including through sport, recreation, movement and physical education, can be a positive experience that can help increase confidence and self-esteem through regular

participation, prevent mental health difficulties and improve the quality of life of individuals experiencing mental health issues. More education and more dedicated curriculum time are needed to ensure that children and young people understand and meet the recommended guidelines for daily physical activity to support positive mental health. The All Party Parliamentary Group on Fit and Healthy Childhood report on [Mental Health through Movement](#) in 2019 identified good practice and the importance of movement in a holistic way to improve and maintain positive physical, social and emotional health. [Movement can help remove distress, help develop a positive sense of identity and positive wellbeing](#). Physical activities through sport and recreation both inside and outside of school, can also help improve sleep, especially for children, we found in [our 2018](#) that movement through both physical education and physical activity could help aid children who were having sleep difficulties overall enabling children to lead active lifestyles. [Bailey et al. \(2018\)](#) in their international rapid review of physical activity and mental health of school aged children and adolescents found that "school based physical activity has an important role to play in protecting young children from mental illness, and has the potential to save lives through helping to reduce feelings of hopelessness, suicide and self harm. Social interactions and resilience are particular important and could be supported through a provision of appropriately devised physical activities, and especially team sports. Physical activity is especially valuable for girls in combatting mild to moderate depressive symptoms." (p.2).

### **The importance of wider implications of leading an active lifestyle to encourage participation.**

[Howells and Coppinger](#) (2020) considered the wider implications of leading an active lifestyle which links to the new part of the National Curriculum in England on [Health Education](#), of which part of the curriculum is dedicated to physical health and fitness and understanding healthy lifestyles including physically active lifestyle. Drinking fluids is often the forgotten element of diet. Howells and Coppinger (2020) focused on teachers' perceptions and understanding of children's fluid intake as previously no public health data existed on elementary teachers' perceptions of both their own fluid intake and of their elementary school aged children's fluid intake. They found that the majority of teachers lacked active encouragement of drinking water throughout the school day for the children and also did not drink themselves enough. They recommended as a public health measure that all school children consume an extra cup of water during lunch times in those schools where water intake was recognized as sub optimal. Furthermore, depending on weather conditions, a cup of water before, during and after Physical Education lessons should be encouraged by teachers. Water coolers or bottles may be used as a supplementary resource, provided that hygiene is maintained. From an educational perspective, more professional development needs to be provided to teachers on the importance of regular water consumption, and more time dedicated across the elementary curriculum to educational understanding of fluid consumption. The [All Party Parliamentary Group \(APPG\) on Fit and Healthy Childhood \(2020\)](#) also discussed the need for "healthy eating, hydration and frequent physical activity" (p.9) as this was essential to health and wellbeing. The report proposed it should be explicitly taught in schools in a holistic manner to help children be encouraged to participate in sport and recreation both at school and outside school to lead a holistically healthy lifestyle. The Association of Physical Education within the APPG (2020) report emphasised the need to incorporate physical activity into daily life to reap a broad range of physical, mental and social benefits that would assist with healthy weight management and enhance quality of life. The APPG report draws on Howells and Coppinger ([2020](#)) as well as Williamson and Howells' ([2019](#)) research

who all emphasised the importance of developing “hydration alongside physical activity to achieve best outcomes for health and wellbeing of children” ([p.54](#)).

**3) How can adults of all ages and backgrounds, particularly those from under-represented groups, including women and girls, ethnic minorities, disabled people, older people, and those from less affluent backgrounds, be encouraged to lead more active lifestyles? If possible, share examples of success stories and good practice, and challenges faced.**

### **Physical disabilities success story of physical activity within school time**

[Power and Howells \(2019\)](#) examined how the physical activity initiative of occupational therapy based within primary school setting could help a child with dyspraxia, who presented with poor coordination, lack of focus and poor organisation skills. This success story illustrates the importance of school-based physical therapy to help support under-represented groups lead a more active lifestyle. Through daily physical therapy of ‘resisted crawl’ and ‘cat’, activities designed to help difficulties linked to symmetric tonic neck reflex which cause tension in the body when sitting on a chair or on the floor with arms and legs bent. The longitudinal study showed progression of the physical activities to help develop coordination and how ‘Sue’ was able to apply the skills she was developing within the physical activity sessions into her play activities outside of school and in playtimes during school time. The key was the connection with parents to enable ‘Sue’ to continue with her physical therapy at weekends and during the school holidays, it was noticeable the drop off in coordination levels when the parents were not involved initially over the school holiday breaks.

### **Pregnant women success stories**

For pregnant women to encourage them to develop good physical activity practices [Tillet et al. \(2019\)](#) have developed physical activity factsheets to include the key benefits of exercise during pregnancy, modifications and considerations. [Mills and De Vivo \(2019\)](#) have continued this work and presented webinar for Human Kinetics and British Association of Sport and Exercise Sciences focusing on the myths and fears of physical activity and pregnancy, the benefits of physical activity, safe activities that pregnant women can be encouraged to undertake. They also identified suitable postpartum physical activities and emphasised the need to encourage these women and provide suitable opportunities within the community for them to continue to lead more active lifestyles.

### **Women and girls’ role models to help with success story**

There has been numerous calls for a [Balance for Better](#) for a move towards a more gender balance in sport, and the need to inspire our girls and women by being role models and celebrating female successes as often as possible from participation sport all the way through to elite sport. This call for a better balance was not helped by the use of such phrases as ‘[Iron Girl](#)’ that were incorporated within an Ironman UK event, aimed to motivate women as it was marketed as a 5km fun run open to all abilities for women over 16 years. The term was greeted with much controversy and although this may have been considered positive, surely to be inclusive there should have been an equivalent ‘Iron Boy’ of the same distance as a starter event for men, or consideration needed for women over 16 being called ‘Girl’. This would help prevent such sporting

events being patronising and off putting to women rather than being inclusive as it is anticipated by the organisers. Caution in language is recommended to continue to encourage under-represented groups rather than discouraging them. Continuing the focus on [women and girls](#), there is a shortage of female role models both able and disabled within the sport field, in the recent list of the world's 100 highest paid athletes, this does not include any females. Role models need to be culturally relevant to the individuals.

### **Incremental steps to help support those with intellectual disability**

Intellectual disability (ID) is an area within Sport and Recreation that is not often discussed or researched, and it is proposed that children and adults with ID are in particular the forgotten voices in the pandemic and the tier approach lockdowns that continue throughout the UK. Children and adults with ID currently find the changes in the 'new world' complex and difficult to comprehend and access. ID includes those who have had a trauma to the central nervous system either before birth or during birth, or after birth caused by early childhood illness, accidents or seizures, or certain genetic differences. ID is defined by the World Health Organisation (WHO, 1996) as the "condition of arrested or incomplete development of mind, which is characterised by impairment of skills manifested during the developmental period, which is characterised by impairment of skills manifested during the developmental period which contribute to overall level of intelligence, i.e. cognitive, language, motor and social skills" (p.9). The impact for these children and adults with ID means a reduced "ability to understand new or complex information" (p.14) (such as our current COVID-19 world) and "too few opportunities to participate in sport" (p.30) (Department of Health, 2001). More opportunities are needed for children and adults with ID, there is a distinct lack of funding for such opportunities currently. For example athletes with intellectual impairments only compete in 3 sports in Paralympic competition, swimming, athletics and table tennis but [incremental steps](#) (Burns et al. 2021) are being undertaken to establish additional competition classes and longer term sport specific approaches. [Burns \(2020\)](#) identifies that sport can have very positive impact for individuals with ID as well as their families, including improved fitness, improved friendship networks, social inclusion, self-esteem, wellbeing, decreased isolation and a sense of community for family members. The Tokyo Paralympics is proposed as a recommended way to potentially change societal attitudes and promote social inclusion for this population. This could be key within the national plan for sport and recreation. The [Sport Physical Education and Activity Research Centre](#) (2020) evaluated MENCAP's Round the World Challenge designed to support and encourage physical activity among people with learning disabilities (phase 1). The results demonstrated that participating in physical activity translated into skills used in everyday life including work and social skills, highlighting the importance of sport, recreation and physical activity for all. Sport England has invested into evaluating phase 2.

## **6) How can racism, homophobia, transphobia, misogyny and ableism in sport be tackled?**

### **How homophobia and misogyny can be tackled?**

Pay (2018) examined how to [negotiate sexuality](#) within her study focusing on women's football and suggested that women's football has the potential to be a safe space for sexuality negotiation. She found that there was some element of labelling and the general response was that most did not like to be labelled according to their



sexuality, but would happily label others and opponents. Pay (2018) recommends that the relationship between athletes and coaches is important for tackling homophobia within sport. She also found that within women's football it is becoming easier for female footballers to disclose and display their sexuality, although this is not the case of other sports we could look towards women's football association more to develop and mentor / disseminate this across other sports. [Gubby and Wellard \(2015\)](#) earlier discussed how korfbal could be seen as a space for sporting equality, and that [Gubby \(2018\)](#) continues this suggesting that korfbal could provide opportunities for girls and boys to come together within both PE and sport. The athletes within her research suggested that the structure of korfbal reflects the need to use both sexes, which could improve mixed PE lessons especially within primary school and reduce preconceived ideas and stereotypes as to what is boys' or girls' games. It is recommended that more sports need to allow for sporting equality both within and outside of school that could embody practices demonstrate the abilities of girls as well as boys could lead to resistance of the dominant discourse which reinforce gender difference and the physical inferiority of girls thus helping to reduce misogyny.

### **How homophobia, racism and ableism can be tackled?**

Howells et al. (2017) within their book [Mastering Primary Physical Education](#) it is recommended to use role models, and this includes sharing with young children LGBT athletes; disabled athletes, BAME athletes so they can be inspired and motivate children within sport, rather than having a white male dominated rhetoric, which is not who the children are. Howells et al. (2017) continue and recommend that it is important to ensure that talented children who are both able and para athletes be inspired through the use of considerations of groupings to challenge the young people in both physical education and sport.

### **8) What are the opportunities and challenges facing elite sports in the UK and what can be done to make national sports governing bodies more accountable? For example, accountability for representing and protecting their membership, promoting their sport and maximising participation.**

#### **Opportunities and challenges for black ethnic minority elite sports**

In Simms' (2019) research [Blacklisted](#) he focused on black ethnic minority professional footballers and found that there has been little in depth investigations centring on the restrictions of educational opportunities encountered by young male black athletes as they begin their sporting careers. His research revealed that issues are incurred regarding identity construction, career pathway restrictions, racial humour, career transition and mental wellbeing. Sport can help instil discipline, organisation, ambition, focus it is recommended there is a need for courses outside of sport to support elite and professional athletes in the importance of self-development to maximise sport and participation. This wider emphasis of what happens beyond elite sport, [Howells \(2018\)](#) identified as vital when athletic identity is challenged through, injury, illness, accidents and retirement. It is important that the whole structure of elite sport be considered including how to support the athlete back from injury, illness or an accident and how coaches can interact with the athlete as well as helping to develop retirement plans for athletes as they exit sport.

## **9) What successful policy interventions have other countries used to encourage people of all ages, backgrounds and abilities to participate in sport and recreation, and lead more active lifestyles?**

### **International analysis of policy interventions for in particular young children**

The Early Years Special Interest Group ([SIG](#)) for AIESEP, (Association Internationale des Écoles Supérieures d'Éducation Physique, translated to English to be the International Association of Physical Education in Higher Education), undertook a ten country policy and practice analysis of current physical activity for those under the age of 5 ([Howells and Sääkslahti, 2019](#)). The ten sample countries (Belgium, China, Denmark, Finland, Germany, Ireland, Italy, Norway, United Kingdom and United States of America) questioned whether the global daily physical activity recommendations (WHO, 2010), applied at the time of analysis, are costumed and used for the early years' age group on a national level or if they need to be adjusted especially in light of the new guidelines. Until 2019 there were no global physical activity guidelines for the under 5s or global policies for how to encourage young children (and their parents) to lead more active lifestyles. The analysis revealed that two of the eight countries (Denmark and Norway) have developed their national recommendations for children below the age of 5, directly to the WHO (2010) recommendations. Six countries (Belgium, Finland, Germany, Ireland, UK and USA) have their own culture specific recommendations, while only two countries (China and Italy) do not have any early years' specific physical activity recommendations. National authorities seem to be the most common executive sources behind the recommendations. The content of physical activity for children under the age of 5, mostly included the total amount and intensity of physical activity. The total daily amount of physical activity in these ten countries varies between 60 minutes moderate to vigorous intensity physical activity up to 180 min total light to moderate intensity physical activity and for some countries the daily recommendations are only from age 1 year, not between birth and 1 year, this age range remains unsupported. The conclusions from the analysis of national recommendations, underlined the need to extend further the new global recommendations (WHO, 2019) as the focus of the recommendations is on physical activity, sedentary behaviour and sleep patterns for under 5 years of age. However, what the guidelines do not offer are ways for early years' practitioners, teachers and parents as well as local community groups nor charities support for physical activity through play to ensure children are inspired, motivated and competent to have a physically active daily life as well as enjoy moving. More support, guidance and information is needed to aid young children's development in a versatile way by physically active play and for age related phases of movement development of early childhood be taken into account (babies, infants, toddlers, school aged children). Specific age related recommendations are offered to support engagement in active lifestyles ([p.20](#)). The role of the environmental aspects is recommended and should be recognised: focusing on using and optimising the use of versatile environments both indoors and outdoors for physically active play that fosters creativity and physical learning opportunities. Another recommendation is the need to support active travel and transport, to consider children's mobility needs when planning and designing infrastructure. The [researchers](#) also recommended a greater awareness of interventions and ways to encourage people of all ages (although specifically focused on early childhood in their work) to be aware of recommendations, and the key element of *how* to action the recommendations into daily family life. This greater awareness could be supported by educational recommendations and continuous professional development for staff members of early childhood education and care settings to know appropriate and age specific recommendations to ensure they are able to support young children to reach the national and global recommendations.



## **10. Should there be a national plan for sport and recreation? Why/why not?**

Yes, there should be a national plan for sport and recreation that also includes; links to as well as feeding into other policies, national plans and curriculum. Therefore, it is proposed that the sport and recreation national plan should make explicit links to physical activity, school sport, community sport, breakfast clubs, physical development (within the Early Years curriculum), play, Physical Education (within both primary and secondary curricula) and Health Education (within both primary and secondary curricula). The national plan needs to include all, from the cradle to death and to include both able and para / disabled participants. [ukactive \(2018\)](#) reported that today's children are the least active generation ever and the distance that children play has shrunk by 90% in the last 40 years ([p.5](#)). The WHO (2010) emphasises the need for regular physical activity, sport and active recreation and highlights there are significant benefits for health with physical inactivity being reported as one of the leading risk factors for non-communicable diseases. The national plan needs to be embedded into everyday life for all, therefore it needs to be accessible for all and embedded throughout and within educational settings to promote life-long and life-wide habits.

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