

BEING, DOING AND THINKING IN HEALTH-BASED PHYSICAL EDUCATION

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This article complements the articles by Mark Bowler and Paul Sammon on pages 60-66 of this edition of *Physical Education Matters*. Readers are advised to read the Bowler and Sammon articles first.

INTRODUCTION

The 'Being, Doing, Thinking' approach to planning health-based units in physical education (PE) is based on the Health-Based Physical Education (HBPE) model – a rationale by Haerens *et al.* (2011) – which was introduced by Dr Mark Bowler and Dr Paul Sammon in their webinars. These were presented as part of a series of webinars offered by the Association for Physical Education (afPE) during spring and summer 2020.

The webinars explain HBPE as a physical activity-focused approach to planning a discrete health unit. Bowler (2019) suggests that schools' approaches to physical activity and health to date have not been effective, with too many goals and misguided activities. The HBPE approach considers the values of physical activity and those attributed to it by young people – social interaction, fun, challenge, motor competence, and personal/relevant learning (Beni *et al.*, 2017) – in planning for meaningful and effective PE experiences.

Bowler and Sammon stress the four critical features of a HBPE – Think PINC:

- **Promote** meaningful physical activity (habitual movers) with a clear focus that demonstrates progress against personalised targets.
- **Informed** movers are created; they know where and how to engage safely in physical activity and highlight its benefits and risks.
- **Need** for a supportive learning environment that offers choice and personal feedback and demonstrates empathy and peer support.

- **Critical** movers are developed; they teach others, identify barriers and devise strategies to overcome barriers to physical activity.

This article provides a guide for planning HBPE that incorporates these features.

Other influences for the guide have taken inspiration from the afPE 'Head, Heart, Hands' assessment outcomes, supported by the Youth Sport Trust. Underlying theories to the HBPE model, which also relate to the guide, are Self-Determination Theory and the Social Ecological Model and Correlates of Physical Activity (Bowler, 2019).

OVERVIEW OF THE GUIDE

This guide seeks to help PE professionals to understand HBPE, support their planning of HBPE, and value a health focus in PE pedagogy, planning and assessment. The 'Being, Doing and Thinking' headings have been adapted from the framework by Quay *et al.* (2016) that seeks to enable meaning to be taken into consideration in PE: "PE units are the meaningful context as a way of being that must connect to the lives of young people more directly".

The suggestions for planning three HBPE units, which assess the cognitive, affective, physical and social learning domains, are linked directly to the learning intentions coined by Bowler and Sammon. These are:

- habitual movers
- motivated movers
- informed movers
- critical movers.

The four learning domains create the acronym CAPS: cognitive, affective, physical and social. Learners can be assessed in a metaphorical sense of 'putting on their CAPS' to meet the requirements for this proposed HBPE unit. The learning outcomes are adaptable, as are the examples and ideas given for evidencing and assessing each of the learning domains.

The learning domains are the intended assessment outcomes for each unit and the learning intentions are linked accordingly to the learning outcomes. The three learning outcomes I have created are:

- being mindful and reflective of my health and wellbeing
- actively participating in physical activity to lead a healthy lifestyle
- understanding what good health is and why it is beneficial.

The three changeable learning outcomes have been created in accordance with the learning domains that they seek to assess.

The value of each unit has been created to consider the purpose – the why – of the learning. It is vital that the purpose for learning is planned for as, arguably, it is the starting point for planning any unit of learning. The value is also changeable and as adaptable as the learning outcomes, yet I believe these three values encompass the meaning for learning for each of the three units of 'Being, Doing and Thinking.'

The 'Being, Doing, Thinking' approach does not yet include lesson samples or supporting documents. It is expected that PE departments and teachers will be able to input their own material and resources to construct HBPE units, using this guide as a template in doing so.

BEING, DOING, THINKING

Unit 1 BEING Healthy	Domain(s): Affective & Social
LO: To be mindful and reflective of my health and wellbeing.	
LI: Motivated Mover - Demonstrate a positive attitude to health and wellbeing - Display positive perceived competence in chosen physical activity - High levels of effort - Set and strive to achieve personal goal(s) / challenge(s)	
Assessment tools: - Student surveys - Lesson entry and exit slips - Self-evaluations - Self-reflections - Peer-evaluations - Peer activities such as 'movement promoters' or 'activity buddies' *	
Value: Become physically literate	

Unit 1 DOING Healthy	Domain(s): Physical
LO: To participate in physical activity to lead a healthy lifestyle.	
LI: Habitual Mover and Informed Mover - Participate in regular physical activity - Know how to participate safely and effectively to achieve personal goal(s)	
Assessment tools: - Direct observations - Activity log / diary - Mobile / tablet apps - Pedometer or other monitoring tools	
Value: Participation	

Unit 1 THINKING Healthy	Domain(s): Cognitive
LO: To understand what good health is and why it is beneficial.	
LI: Critical Mover and Informed Mover - Explain the effects of physical activity on our physical health, mental health and social health (including the importance of healthy eating, sleep, hygiene and awareness of the psychological and social benefits of physical activity and exercise) - Know how and where to engage in physical activity - Evaluate the barriers to access physical activity and structural inequities	
Assessment tools: - Research tasks / projects - Homework tasks - Questionnaires - Questioning	
Value: Valuing health	

*Details of these can be found in work produced by Bowler and Sammon.

My suggestions for the units are to be completed within 12 weeks, with four weeks dedicated to each unit. This may be split throughout a year curriculum plan or chunked.

IMPLEMENTATION REQUIREMENTS

There are contextual requirements shared by Bowler and Sammon to consider when implementing an HBPE unit. These are:

- Teacher knowledge of the HBPE framework must be up to date and hold specific areas of expertise.
- Students' development requirements must be considered and will vary.
- Lesson content and subject matter for learning must be decided and planned carefully, i.e. are they lifestyle / lifetime activities?
- Duration of units must be considered. Will repeated opportunities occur? 12 weeks over one term is recommended.

- Facilities, equipment and resources must be planned for and will differ according to the setting(s).

MODIFICATIONS

Eight modifications of HBPE must also be considered in planning:

- subject content / learning outcomes
- progression / differentiation
- timing / time allocation
- learning and teaching approaches (Self-determination Theory)
- learning tasks – will a task be a starter? A plenary? A task whilst being active?
- specific teacher and student roles assigned
- assessment for and of learning
- engagement with staff, families and school community.

CONCLUSION

It is my hope that this article provides PE teachers and health professionals with guidance for planning a health-based unit of work. As we continue to develop plans for young people's education, during the Coronavirus pandemic, I believe that planning for meaningful physical activity through a health and wellbeing focused unit of work should be a priority of the physical education curriculum.

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