

Negotiating the Daily Mile Challenge; Looking-like walking to a break from the classroom

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Abstract

The purpose of this study was to privilege the views of both pupils and staff in one school's adoption of the Daily Mile Challenge (DMC). Listening seriously to the views of pupils, who are often the unheard subjects in whole school exercise interventions, the aim was to understand the meanings derived from the requirement to practice the DMC. Data are drawn from non-participant observations, 4 individual teacher interviews and 4 pupil focus groups with a total of 12 students. In order to understand the function of the DMC to its participants, a sociocultural position was adopted using Dewey's ends-in-view to analyse the data. This process revealed that complete adaptation of the DMC in name and form created an indeterminate space both for the teachers and pupils; an in-between space of not-classroom, not-break-time, not-running and not-a-mile. This allowed the DMC to be completed when teachers could fit it in to their teaching, which was not on a daily or a regular basis. This in-between negotiated space formed the overarching landscape of the DMC. For the teachers, promoting purpose through moving in an orderly fashion was characterised by *looking-like the DMC*. Within this end-in-view the pupils had to find an acceptable way to *take a moving break*. Rather than address unfounded concerns about fitness and risks of obesity the DMC in this school has inadvertently highlighted an important need; for pupils to have an outside break from pressurised classroom performances and have more opportunities for quality social interactions.

Introduction

The Daily Mile Challenge (DMC) emerged in 2012 from the idea of Elaine Wyllie, then Headteacher of St Ninian's Primary School, Stirling, Scotland, in response to anecdotal concerns about the fitness of her pupils. As a result all the pupils were encouraged to run, on a daily basis, around the school site for 15 minutes. Within this time most pupils completed a total of 5 circuits, which was subsequently measured to be 1 mile. Using this distance as the brand, the practice was promoted and other primary schools began to follow suit. Growth in popularity led to St Ninian's Primary School teaming up with the British Association of Sport Rehabilitation and Trainers (BASRaT) to officially brand and promote the practice of the DMC. Over the past 7 years the DMC has spread throughout schools within both the UK and internationally. The DMC web pages use citations by prominent figures from politics, television and sport to promote the simplicity, replicability and anecdotal health benefits of the DMC. For example, Theresa May (UK Prime Minister at the time of writing) states “The Daily Mile is an excellent programme. It is simple and inclusive, and it can successfully engage children in physical activity, who would otherwise not undertake that physical activity... I certainly agree that we want more schools to adopt the active approach and adopt The Daily Mile” (The Daily Mile, 2019). These statements provide a backdrop to the claims made by participating schools which state the DMC is inclusive, can reduce obesity, increase concentration and raise educational attainment.

The discourses of a growing obesity epidemic stem back to the mid-1980s and are couched in the ills of Western Industrial lifestyles (Gard and Wright, 2005). Nearly forty years on they remain prevalent in the opening section of the UK School Sport and Activity Action Plan (2018) which states “The importance of daily physical activity has been known for decades, but the challenge we face in a world of fast food and sedentary screen-time has never been greater. One third of children are overweight or obese by the time they leave primary school” (p.4). However, in this document, the challenges of modern living have now come to extend to a need for schools to combat anxiety, depression, instil resilience and social cohesion. Physical activity and its association with self-esteem and developing aspiration has become woven as a tool to combat obesity, whilst also providing the psychological attributes to focus on school work and accumulate the qualifications needed to be successful. As a result, the DMC has become one of a number of exercise interventions which promise to deliver fit achievers.

There have been two significant UK studies investigating the potential health gains of the DMC (Chesham, et al., 2018; Breheny, et al., 2018). Drawing from the historical discourses of an impending epidemic in childhood obesity, Ryde et al. (2018) and Malden and Doi (2019) both emphasise the important catalytic role of the DMC in public health policy within schools. Malden and Doi (2019) cite teachers as being crucial mediators of the DMC, in particular, the need for them to be favourable towards the intervention and its potential to improve physical activity and health outcomes. To date, however, no studies have listened to the views of the actual subjects of the DMC; the pupils. The purpose of this study was to privilege the views of pupils and school staff during one primary school's

adoption of the DMC. The study aimed to explore the decisions to adopt and implement the DMC and understand how the practice of the DMC was negotiated by both staff and pupils. The research question which drove the methodology was; what is the significance of the DMC to the on-going lives of pupils and teachers? This paper first considers the discourses surrounding childhood obesity and research into physical activity interventions in schools. Recent studies using physical activity interventions in school settings are then reviewed in order to inform the methods, research question and framework used to analyse the data.

The childhood obesity epidemic as a pathogenic idea of health

Two major UK research projects, one based in Stirling (Chesham, et al., 2018) and the other Birmingham (Breheny, et al., 2018), have been conducted to investigate the potential health gains of the DMC. Using a mixture of baseline measures including daily moderate to vigorous intensity physical activity (MVPA), body mass index (BMI) and skinfold measurements, both studies reported the DMC as being effective at increasing levels of MVPA, reducing sedentary time, increasing physical fitness and improving body composition. Breheny et al. (2018) in particular, state how policy makers should note the simplicity and low cost potential of the DMC as an intervention to prevent childhood obesity. Taken at face value, research such as this creates the picture of a solution to a nationwide issue. Indeed, many claims are made about the existence of childhood obesity using headline total percentages. Malden and Doi (2019), for example, cite van Jaarsveld and Gulliford's (2015) review of UK NHS records and overall finding of childhood obesity levels reaching 30%. These headline findings are used to generate the notion of fact and certainty about the existence of an epidemic of childhood obesity (Gard, 2005; Rich and Evans, 2005). Justification of ways to combat the epidemic via exercise interventions, such as the DMC, are built upon a sense of assumed authority couched in linear relations drawn between causes and solutions (Rich, 2018).

Broad obesity statistics, however, do not acknowledge the complex relations of variables within communities that surround patterns of obesity. Not revealing the latter hides our ability to understand the problem, in favour of developing an ethical argument for a call to urgent action. Assumptions behind the simple logic of whole school interventions such as the DMC overlook the complexities and contextual patterns of childhood obesity. For example, Noonan and Fairclough (2018) draw attention to the relations between obesity, deprivation and inactivity, in particular, how obesity in deprived children is not related to inactivity. Reilly (2006) similarly argues how interventions into obesity prevention at individual and school level do not take into account wider variables on children's weight such as access to recreation facilities. Further lines of enquiry have led to consideration of the geographies of obesity by examining, for example, correlations between fast food outlets and instances of childhood obesity (Fraser and Edwards, 2010). Childhood obesity is a complex function of lived lives (Aphramor, 2005) and a coherent picture of potential causes and risks of childhood obesity changes depending upon the research studies used to favour particular approaches. As a result, interventions such as the DMC, are based upon an incomplete

science in which short term interventions prevail and evidence is debatable (Gard and Wright, 2005; Reilly, 2006).

These perceived solutions to childhood obesity do not acknowledge the socially embedded and on-going ways in which children and adults experience and relate to their bodies and physical activity (Gard, 2004; McCuaig and Quennerstedt, 2018). This may account for why so little research seeks to take seriously the views of the subjects of these interventions: the pupils. Exercise interventions like the DMC are founded upon what Quennerstedt (2018) identifies as pathogenic views of health. From such a position the origins (genic) of disease (pathos) are sought and treated, or action taken to prevent the onset of disease. Pathogenic views of health are familiar to us as they are appropriately taken by medical professionals to whom we seek help when ill or injured. As a result they have a significant influence upon how we see health, which tends to focus upon physiology and particular individual deficits, such as a lack of motivation, poor choices or the absence of individual responsibility (Gard and Wright, 2005). A historical conflation between health and individual choice and responsibility is reflected in neoliberal ideology that produces a position termed 'healthism' (Rich, 2018). From this position, individualised, biological differences between healthy and unhealthy become delineated. Health subsequently becomes what Quennerstedt (2018) describes as 'scientifically normative', a state of not suffering from illness or disease. It also becomes 'morally normative' whereby being unhealthy equates to being abnormal. Deviation from particular body ideals mark people as unhealthy and even immoral (Quennerstedt, 2018).

Pathogenic assumptions have consequences for people's lives beyond levels of MVPA, physical fitness and fat mass, including potential stigmatisation and exclusion (Gard and Wright, 2005; Pausé, 2019). Pathogenic beliefs can also obscure the condition of the lives of all children, unfit, overweight or not, and of the teachers, unfit, overweight or not, who are required to enforce practices such as the DMC. Being responsible for ensuring children remain 'normal' both scientifically and morally creates a highly comprised position for pupils, parents or teachers to resist or critique such assumptions about what is good for them. Resisting or rejecting practices driven by pathogenic beliefs about children's health can be seen to be professionally irresponsible and expose children to harm. As a result it becomes a moral duty to enact policy and interventions, such as the practice of daily exercise routines (Gard and Wright, 2005).

The consequences of using PE lessons as compulsory fitness training, for example, have been explored by McDermott (2012), who demonstrates how pupils continually negotiate and resist the expectation to work their bodies in a manner expected by obesity discourses. By rejecting the reductionist approach of such practices, Högman, Augustsson and Hedström (2019) develop a more nuanced understanding of a requirement for pupils' to complete daily physical activity. By listening to pupils' voices they create a complex ecological understanding of how children move and interact, suggesting that it is the interactional process between individuals and their perceived environment that provides an insight into how to foster daily physical activity. Pringle and Pringle (2012) similarly, work

to develop an understanding of how to negotiate obesity and physical activity discourses that permeate into school settings. By framing obesity as a social construction they argue that health education shifts from transmitting knowledge, to developing pupils' skills' to critically engage with these discourses. They argue such an approach may serve to support both teachers' and pupils' on-going negotiation of the complex milieu of discourses that constitute school life.

A crowded and contested space of policy, practice and expectation

The perceived need for schools to consider practices such as the DMC exposes an ever-growing nexus of legislation, policy and performance priorities to which schools are expected to respond (Ball, 2013). These responsibilities are increasingly enshrined in legislation and national policy, and measured through Standard Attainment Tests (SATs) and school inspection (OfSTED, 2019). In England these measures form a framework for the political management of primary schools based upon a market approach to the provision of education (Segal, Snell and Lefstein, 2016). Within this market schools compete to meet and exceed government standards for teaching and attainment. Schools that perform, survive, whilst those failing to meet the required standards are closed or re-opened under new management and governance. Within this context primary schools continue to be sites for the operationalisation of policies aimed at redressing social inequalities, in which symptoms are treated and the deep rooted, complex causes are overlooked (Ball, Maguire and Braun, 2012).

Horrell, Sproule and Gray (2012) argue that tasking schools to promote daily physical activity masks the complexity of pupils' health and well-being. By examining the recontextualisation of public health policy, Evans, Rich and De Pian (2013) demonstrate how the rhetoric of health policy is mediated through the realities of action within schools. In struggling to develop actions which resolve the perceived problems, schools become comprised in the quality and quantity of health knowledge which will impact the lives of their pupils. As a result Evans, Rich and De Pian (2013) demonstrate how in their perceived failure, schools shift responsibility onto pupils and families. In this transfer teachers pathologise the "lifestyles of working class parents, the work obsession of the middle classes and loss of family structure and 'traditional' eating habits" (p.334). These reflect the contextual nature of health produced through specific institutional and community contexts with given social and material histories and relations. Nevertheless, the ebb and flow of policy and funding for physical activity in primary schools continues, reflecting government ideology and national economic prosperity (Mackintosh and Liddle, 2015). Legitimacy for this funding is rooted in arguments associated with addressing either a need to import sports performance or childhood inactivity and obesity or both (see e.g. DfE, 2019). Currently, Government policy continues to support a direct ring-fenced grant or Physical Education and Sport Premium (PESPP).

The PESPP is a recent funding stream aimed to placate discourses concerning sedentary childhoods and a rising tide of overweight children. A recent levy on the soft drinks industry, known as the 'sugar tax', has led to a significant increase in this direct flow

of funding (HM Treasury, 2018). Primary schools have been tasked to use this money to (AfPE, 2019):

- increase participation in competitive sport and healthy activity
- develop the quality of teaching in physical education so all pupils improve their health, skills and physical literacy
- use the benefits of physical activity as a tool for whole school improvement

This direct stream of funding to schools has accelerated a number of changes in the delivery of Primary PE. One of these, particularly in England, has been the outsourcing of the subject to sports coaches (Griggs, 2016; Smith, 2015; Stirrup, 2018). As a result PE practice reproduces the idea of competitive performativity in traditional sport that is enshrined in the national curriculum. With physical education's continued status as a subject of the body, in which physical activity continues to be seen as medicine, assumed to be permanently best for health, a "lack of fitness becomes the focus" (Quennerstedt, 2019; p.10). Rather than continuing to assume what is good for pupils, Quennerstedt (2019) suggests an alternative position would be to understand how physical activity can be used to 'strengthen' pupils' health resources. This shifts questions concerning why pupils 'do not' enjoy or participate in PE, to exploring conditions which 'do' create enjoyment and engagement. Such an approach leads to fundamental questions about how to address oppressive and unjust practices within Physical Education (Quennerstedt, 2019). In this way participation in physical activity becomes grounded in understanding movement cultures and movement capabilities, rather than individual deficits (Quennerstedt, 2019).

Physical activity interventions in school

The need to widen the socio-cultural exploration of the relations between young people and their participation physical activity has been a growing feature of sociological research. For example, Sandford, Armour and Warmington (2013) review literature reporting the use of physical activity in engaging disaffected youth. The results of their study suggest understanding the impact or effect of physical activity upon the lives of young people is "highly individualised" (p.265) and thus all findings are situation and context specific. This approach is reflected in Enright and O'Sullivan's (2010) and Mitchell, Gray, and Inchley's (2015) exploration of how to increase the participation of secondary aged girls in Physical Education. Consultation, negotiation and choice were identified by these studies as helping to foster ownership and positive perceptions which concurrently, support increases in participation. However, few studies privilege pupils' views when it comes to the evaluation of physical activity interventions in schools. For example, a very recent study using resistance training for teenagers by Kennedy, et al. (2019), focusses upon teachers' confidence to run the intervention and their perceptions of pupils improved fitness. Rees, et al. (2006) conducted a systematic review of 20 studies which considered young peoples' perceptions of facilitators and barriers to their participation in physical activity in school and wider community settings. Key findings argued that the main draw of physical activity was the potential for the pupils to interact socially. Increasing activity choice and user-friendly facilities were also identified as important to pupils' continued participation. Rees, et al. (2006; p.826) conclude by speculating upon the promise of whole school 'multi-faceted'

approaches to interventions and changes in pedagogical approaches that actively empower young people. Despite such findings, blanket pathogenic necessity and implementation, appears to override the complex ecological landscape of interactions and meanings associated with physically active lives (Högman, Augustsson and Hedström, 2019)

Pathogenic notions of health and physical activity dominate research studies using schools as a context for physical activity interventions (see for example Naylor, et al., 2015 and Norris, et al., 2015). Specific research relating to the DMC remains focussed upon teachers. Studies by Ryde, et al. (2018) and Malden and Doi (2018) conducted across a sample of several primary schools, explored teachers' perceptions of barriers and facilitators in their implementation of the DMC. Both studies comment upon the simplicity of the duration, type and frequency of activity supported by the DMC. Ryde, et al. (2018) in particular, observe its organic development and uptake, in particular, the absence of deliberate protocols in relation to piloting and scaling up, used in other interventions. They suggest this has enabled the DMC to be adapted to individual school contexts and speculate how this can be capitalised upon for future "roll out" (p.14) of other physical activity interventions. Both studies emphasise the importance of classroom teachers in initiating and finding solutions to the management and continuity of the DMC. Ryde, et al. (2018) report a structurally supportive environment so that the DMC can be "institutionalised" (p.12) as being key to the continuation of the DMC. Both Ryde, et al. (2018) and Malden and Doi (2018) argue the importance of flexibility in the style of delivery of the DMC which helps to provide a sense of ownership and increases the likelihood of continuity.

The reported flexibility created significant variations in how teachers fulfilled their commitment to the DMC. Malden and Doi (2018) reported teachers who did not do the DMC every day, split the distance over the day, used set routines or employed the DMC as a means to create a break from the classroom. These variations were also reflected in how the DMC was completed, with some teachers advocating pupils should run while others left it to the pupils to choose. Some teachers offered incentives such as tracking distances and laps or participating in the physical activity themselves. However, wet weather had an overriding impact on the regularity of the DMC. Norris, et al. (2015) additionally reveal the conflict between interventions aimed at reducing pupil sedentary time and the importance schools place upon valuable classroom teaching time. As a result, in some schools such interventions counted it as Physical Education time. Malden and Doi (2018) similarly report the conflict experienced by teachers when losing other classroom activities in order to schedule in the DMC. To alleviate this tension some schools justified the loss of these activities against a perception that the DMC was able to support "refocussing and re-energising" of children (Ryde, et al., 2018; p.14). Ryde, et al. (2018) argue such a rationale would prove more convincing to teachers than data suggesting impact upon fitness or weight loss. The basis of such an argument would suggest that the focus of research needs to be directed towards the experiences and views of the subject of the DMC, the pupils.

Methods

Access to school staff and pupils can be limited when conducting research within the English education system, where there is pressure for teachers to avoid potential controversy or threat to reputation (Oates and Riaz, 2016). Overcoming access and the scope of this access, was reflected in the design and scope of this study. One of the researcher's children attended the school and this enabled initial access to staff to discuss the idea of the study. Overall approval in relation to the structure and process of data collection was a key requirement of the school before permission was given to conduct the research. This limited the data collection to a narrow time window and to particular year groups. The primary school was situated in the suburbs of a provincial town in the West Midlands, serving approximately 290 pupils from Reception (aged 4) to Year 6 (aged 11). In 2013 the Office for Standards in Education rated the school as 'Good' with 'Outstanding Features'. Ethical clearance was obtained from a university ethics committee and data was subjected to rigorous management in line with new General Data Protection Regulations (British Educational Research Association, 2018). The choice to opt into and out of the research was at the forefront of the sampling method, in particular, the potential for coercive power between research team-school, parent-pupil-teacher and headteacher-teacher relationships. Choice, confidentiality, anonymity and data security were key features of participant recruitment.

On agreement with key school staff, teachers were recruited on a voluntary basis through email contact with a member of the research team. The teacher responsible for the implementation of the DMC distributed a covering letter and assent form to recruit pupils, confirmed via parental consent. This was followed with time to meet a member of the research team in person or pose questions via email. Consent was confirmed through forms designed and worded for the type of participant. On the behest of the school, classes in Years 6, 5 and 4 were given the assent and parental consent forms. This was based upon the DMC lead teacher's criteria of their ability to verbally express their thoughts and feelings. This limited the potential sample of pupils which was also dependent upon the pupils' own decision to agree to be involved in the research and their parents' consent for this involvement.

Teachers were interviewed separately on the school site at a time convenient to their schedule. 4 focus groups of 3 pupils each were created by school staff on the basis of friendships, year groups and class membership, with the aim to encourage a supportive social mix. 4 teachers and 12 pupils were interviewed in total. All interviews were recorded and the participants were reassured, in appropriately positioned language to their age, about confidentiality, anonymity and that personal perspectives were the purpose of the interview. With consent of school staff, non-participant observations by a member of the research team were conducted of the DMC in action. Observational field notes were taken, to which school staff were provided the opportunity to read. A parents meeting dedicated to the DMC was also attended in order to obtain and understand the rationale for the DMC provided to parents. Whilst this meeting did not result in any usable data for analysis, it did provide a useful

opportunity for the parents of the schoolchildren involved in the study to meet a member of the research team to discuss any questions about the study.

Data Analysis

The views of teachers are often represented in educational research. Listening to the voices of pupils has become symbolic with recognising their rights as the subjects of education and schooling (Tangen, 2008). However, researching pupils' voices within research creates theoretical and methodological complexity (James, 2007; Komulainen, 2007; Mazzei and Jackson, 2009). This study did not aim to provide a voice to pupils. Such a position makes the assumption that it is only by asking pupils that they have a voice. This study aimed to take their views and experiences as seriously as the teachers in order to understand how both adults and children negotiated the practice of the DMC. Tangen (2008) suggests outsiders who study others experiences can be in a better position than the insiders. Such a position, however, requires the researcher to be sensitive to the insiders and what their lives entail. In this study it was important to understand the contextual practices of the DMC in relation to on-going priorities of the school, teachers and the meanings pupils generated from their compulsory participation in the DMC.

The challenge in this study was to bridge the space between understanding the potential diversity in experiences and views of the pupils but also in understanding commonality of experience (James, 2007). This requires the researcher to be open and aware to simplifications, translations and mediations when presenting others' views (James, 2007; Komulainen, 2007). To bridge this space a socio-cultural framework was adopted in order to understand the function of the DMC in the on-going lives of pupils and teachers. Linehan and McCarthy (2001) suggest as pupils act they both appropriate and reconstruct the context within which they are participating. As a result 'individual' and 'community' become mutually constituted through the sociocultural and personal contexts of the pupils. This view of mutuality follows the philosophical position of John Dewey who argues that 'knowing is literally something we do' (Dewey, 1916; p. 367). Accordingly, forms of knowledge or objects are integral to a process of inquiry initiated by a motive to resolve a problem and 'secure and sustain functional co-ordination' (Garrison, 2001, p. 278). Functional co-ordination allows action to become on-going. To find a resolution to any tension or unintelligibility of a context, action becomes directed towards different directions and different ends or 'ends-in-view' (Dewey, 1934/81, p.10). Ends-in-view are not fixed but are adjusted at every stage of the process of inquiry in order to create a 'newly assured, smoothly fitting ... stabilized situation' (Boisvert, 1998, p.39). Ends-in-view allow intelligent action by acting as plans which direct and redirect action to shape the course of events by allowing us to "see where we are going" (Garrison, 1999; p. 293). When experiences within events are confirmed and not overturned, inquiry is no longer necessary and the situation becomes stable (Garrison, 2001). For example, in the case of the DMC pupils and teachers will direct their actions in order to develop the stability of action required to fulfil the requirement to complete the DMC. This stability of action requires the functional co-ordination of action between the environment and the pupils and between the pupils and teachers. By exploring ends-in-view in relation to the achievement of functional coordination, we can say something

about how teachers and pupils negotiate the DMC. Ward and Quennerstedt (2015) demonstrate the use of ends-in-view to analyse how pupils and teachers negotiate the content and pedagogy of primary PE lessons. In this study the observational data and interview transcripts were analysed by exploring the ends-in-view of teachers' and pupils' participation in the DMC i.e. the actions that allowed them to act intelligibly to the DMC. Actions in this study were those observed during the completion of the DMC and the way in which pupils and teachers talked about how they made the DMC intelligible to their on-going lives. The function of these actions became the unit of analysis, examined through analytical questions such as; what was taken for granted about the DMC? What conditions created functional coordination during the DMC? What does this say about the function of the DMC? When was functional coordination lost? These questions were used to develop the findings and inform our discussion of the data.

Findings

Complete adaptation of the DMC in name and form created an indeterminate space both for the teachers and pupils, an in-between space of not-classroom, not-break-time, not-running, not-a-mile:

...The teacher starts to jog in little strides one way around a patch of grass. Most pupils walk and some jog in the opposite direction. There are no markings of space it is a patch of wet grass 50 m by 40 mThe teacher stops to talk to the classroom assistant. Then both walk around in the opposite direction to the class...they stop and watch the pupils. The teacher offers a "well done" to those who are jogging as she collects coats from children who are too warm. Some pupils jog about 20m then walk then jog, most walk in groups of 2-3s. The circle the pupils make gets smaller and smaller. Some girls run in small bursts punctuated by walking. A girl on crutches, with her leg in plaster walks up and down the playground the opposite side of the open space by their classroom. Wow that's disciplined!.....As the teacher resumes walking she calls [periodically] "vary your speed..... hands out of pockets.....do a chicken", some children pick up their pace and beat their elbows as wings..... The classroom assistant acts as a stationary way marker "go behind me!" she instructs. Both adults direct the children to make a bigger circle because it has become very small.....The teacher looks at her watch and walks back to the classroom. Gradually the class notice and follow her. (Observation Notes)

Without any clear idea of the distance or time completed overt ends-in-view of the DMC was initially difficult to determine. In trying to encourage changes in pace from walking to jogging or variation in walking actions the teacher aimed to develop the idea of continuous physical activity. It was clear that even being on crutches was no excuse not to move. It was also clear that the teacher was in charge of when, where and for how long the DMC was completed.

After a trial period, the Lead DMC teacher rebranded the DMC as the '***** (name of school) Run'. This allowed it to be completed when teachers could "fit it in" (Key

Stage 1 teacher) which was not on a daily or a regular basis. As some of the pupils explained:

“...well we don't do it every day.....we do 15 minutes....sometimes we forget to do it or 'cos we had PE we don't do it or if we've been too chatty we don't go out.” (Year 4 focus group)

The transformation of the DMC into an activity dependent upon individual teachers' scheduling created almost total malleability. This allowed the DMC to be morphed to fit particular ends-in-view of individual teachers; as substitute for PE, as a means to discipline, and as both the teachers and pupils identified, as break from the classroom. Little definition of the physical space, with no distance to run and finishing when the teacher decided, required negotiation by both the adults and the pupils. The 'when' and 'where' of this context was negotiated by the teacher as to what was considered 'doing' the DMC, with the 'how' being negotiated between both the pupils and the teacher.

When asked about the DMC, the pupils used other school activities to help reflect upon and articulate its function and meaning. For example, a year 5 boy suggested, the DMC was different to break time where ends-in-view were more negotiable:

“At break time we sort of have a long discussion about what we are going to do and some people are like buzzing everywhere all over, like weerrrr [gesticulates and giggles] and then we finally do something.” (Year 5 focus group)

Being something different to break-time, the DMC was also not-classroom activity, as classrooms were a place of work, as a Year 6 girl explained:

“It's like a time to get a bit of air [pauses] break times take a long time to come, so you can have a bit of a break from doing loads of work and you can have a bit of a chat with your friends and get some fresh air.” (Year 5 and 6 focus group)

The DMC was consistently identified by the pupils as a place to get outside in the open air, have an extra break and a chance to chat to particular friends. As an extra break, different from break-time, but not a clearly defined classroom-like activity, the DMC was an indeterminate space which had to be negotiated by both adults and children. For the teachers these negotiations appeared to be promoting purpose through moving in an orderly fashion characterised by *looking-like the DMC*. Within this end-in-view the pupils had to find an acceptable way to *take a moving break*. These themes reflected the teachers' control of the 'when' and 'where' of DMC and the pupils' 'how' within these ends-in-view.

Looking-like the DMC

The impetus for adopting the DMC grew from a combination of personal interest, professional obligation and the need to be seen to respond to the risks of sedentary school life and obesity. This was wrapped in discourses of needing to show how the school was responding to, and thus securing, the increase in Physical Education and Sport Premium funding. The DMC had originally been dismissed by the DMC lead teacher, who had heard

about it from a local PE networking meeting. However, a combination of the headteacher doing some research into the DMC and:

“...the need for a member of staff to run with it, I seemed to be the logical person, as head of PE, the PE coordinator, to do it and it became one of my pay targets [Performance Management], so I would research it, trial it and then put it out to the rest of the school.” (DMC Lead Teacher)

Concurrently, a change in personal circumstances of the DMC and her decision to start going to a gym meant the DMC Lead Teacher had:

“...discovered the mental benefits of physical activity which were phenomenal and made me feel better.....and I thought, sat in the classroom the whole day these children have got so much put on them in terms of the curriculum that if we can just get them out and give them a break, a mental break.” (DMC Lead Teacher)

Discourses of concentration, hard work and focus associated with the classroom were evident across both staff and pupil discussions. Pupils viewed the classroom as a place of work, as a Year 5 girl described the DMC offered a welcomed break:

“Like after a hot piece [a piece of work free from teacher intervention which is then teacher assessed] like your eyes are really tired and you can get like some light and rest your hand that aches and get some fresh air and talk to your friends.” (Year 5 focus group)

The importance of supporting pupils to sit still, focus and demonstrate attainment was also iterated by staff, particularly a Year 1 teacher:

“The amount of English and Maths they have to get through the pressure of you-know hot pieces, they’ve got to sit for sustained pieces to write, but we have yoga bands...I’ve got my stretching point out there.....so when I see them getting a bit fiddly I can send them out to stretch and then they can come back in again.” (Key Stage 1 Teacher)

A consequence of a packed and demanding curriculum, activities such as Brain Gym, changing learning partners and groupings were used by teachers to “engineer getting them to move around” (Key Stage 2 Teacher). The DMC thus presented as an opportunity to create an extra break:

“It’s just an afternoon play time again [replacing one that was stopped], children need a break. It’s a brain break. I don’t do it in the morning, no need, but they get tired in the afternoon and they’re like ‘yeahay!’ and they can just go out.” (Key Stage 1 Teacher)

Sedentary school life and a responsibility to ensure pupils were active permeated the DMC Lead teacher’s rationale for doing the DMC. The ownership of wearable technologies by children and staff served to reinforce this responsibility:

“A lot of them are wearing Fitbits now and we’ve had to ask parents to turn off the 250 step every hour....if you don’t do 250 steps an hour it gives you a little buzz. It’s not possible to get children to do 250 steps every hour but it is possible to get them doing 250 steps some of the hours..... I know when they’re getting the buzz because I’m getting the buzz just before the hour hits and you can see them thinking ‘I wanna move I wanna move’ so let’s give them an opportunity to get up and move then. A lot of the teachers wear them [Fitbits] and it does help us not sit or stand in one place and teach...it reminds us to move around the classroom to give the children a different focal point but also to look after our own health.” (DMC Lead Teacher)

This discourse of needing to move according to wearable technology was an example of the ideal fit for the DMC, by providing both a much needed “mental break” (Key Stage 2 Teacher) and to solve the problem of being seen to be taking their own and the pupils’ physical health seriously. However, it was important that the DMC did not impinge upon classroom learning:

“It’s not timetabled it’s left to individual teachers to decide when their children need it.....you just look around and the teachers know we need to get these children out.....it is 15minutes from desk to desk, they go out run and back....the lower Key Stage 2 are doing up to 10 minutes and Key Stage 1 are doing up to 5 minutes.” (DMC Lead Teacher)

Impact on core business in the classroom was minimised by not changing clothes and limiting younger years to the hard playground surface, with the older children changing into trainers to use the school field. However, the flexibility and thus irregular completion of the DMC meant everything else could become a priority:

“Well on PE days and forest school it gets busy so we can’t do it so forest school is instead of it....’cos we are in a Year 5 and Year 6 class the Year 6s are doing SATS [Government Tests] stuff and we are split and we have to do it as a class so we can’t do it.” (Year 5 focus group)

It was important that the DMC did not get in the way of established and more important priorities. Subordination and malleability of the DMC created by teachers’ decisions as to when and where the DMC would feature in their day or week, demonstrated how it could drift in and out of the pupils’ lives. As long as the school was seen to embrace the idea but not necessarily the practice the DMC, it served to function to secure PESPP funding:

All schools are thinking about it [DMC] because of the sugar tax money that’s been put into schools we’ve got to justify that we are using that sugar tax money and having impact. We have to find time that the children are active for a minimum of 30 minutes a day so you need to put something in place to ensure that is happening and this gives you an extra 15 minutes a day, we have go to show that we need this money as it’s only been ring fenced for certain amount of time and we need that to be extended.....Yes the DMC is free but it’s just another way that proves that we are a

school that cares about children's movement and physical activity." (DMC Lead Teacher)

The DMC was a solution which helped to look-like the school was deserving of extra funding for children's' physical activity. This end-in-view was transferred to the main criteria for 'how' it was to be practiced by the children:

*"You not allowed to stop completely.....say if your laces are untied you are not allowed to stop for ages, you have to keep going. You can walk but then Mrs ***** will like say 3 minute power run and then we run a bit and you can then like relax and walk.* (Year 4 focus group)

As long as it was looking-like they were doing the DMC, by keeping moving and responding in some way to the teachers encouraging them to keep moving, the perceived responsibility to safe guard the children's health was being fulfilled. Whilst the 'when' and 'where' were determined by the teachers, both teachers and pupils were involved in negotiating the function and the 'how' of the DMC.

Take a moving break

The function of having a break from the labour of the classroom was commonly identified by both teachers and pupils as a key purpose of the DMC:

"It's not going to make a major difference to their physical health, they're running about at lunchtime, it's just a bit of a break for them" (Key Stage 1 Teacher)

Initial concerns about responding to risks of childhood obesity were superseded by the need to provide rest-bite from the intensity of the classroom. This function was concurrently linked to giving pupils time to reflect upon their work by chatting about it as they walked or by giving the pupils a brain break. Such educational value to the DMC was accompanied by a lingering pathogenic value, where anecdotal examples of pupils using asthma inhalers less suggested it was having some therapeutic effect. Despite these claims, most staff viewed the DMC as an opportunity to initiate a break from the labour of the classroom. Providing a break which helped more focussed work afterwards, was a key discourse reflected across the pupil focus groups:

"I can stop and forget my work and when I get back I feel [prolonged pause] refreshed and [pause] like I can check my work and concentrate on it." (Year 5 and 6 focus group)

For the pupils having an extra break in the morning or afternoon was a very important function. As a Year 5 boy clearly explained, when the function of the DMC as a break was removed by scheduling it, for example, at the end of day its meaning as a break was lost:

"...sometimes the teacher asks us just before home time if want to do it....I don't like doing it then!" (Year 5 focus group).

Getting outside and having a break from the classroom served to create feelings of having more energy from being in fresh air, feeling calmer and feeling like they could return to their work as these Year 5 boys explained:

“We do it in the afternoon, in the morning we are sort of refreshed from break-time and all that but in the afternoon you get really tired....We come back in and sit down and I really get in and concentrate a lot more...(another pupil adds) You don’t have to run and tire yourself out, when I come back I feel [pause]relaxed.” (Year 4 and 5 focus group)

A Year 4 girl demonstrated how this end-in-view however, also acted to create a cycle of meaning which some teachers appeared to employ as a disciplining tool:

“Sometimes we can’t do it ‘cos someone has been silly so we can’t go out, sometimes she [the teacher] says ‘you will not go out and do the daily mile if you carry on!’” (Year 4 and 5 focus group)

When out and doing the DMC, having the physical space to move was really important to the pupils, particularly, not pushing past or getting in one another’s way. The latter evidently interrupted the intimacy of being with friends. When this end-in-view was threatened by pupils running and barging through small groups or drawing attention by saying derogatory comments, the DMC was not so enjoyable.

The ‘where’ of the DMC was very much weather dependent, which, when combined with the presence of other classes of pupils, served to threaten the DMC itself:

*“When it rains we don’t go on the field...(another pupil interjects)...I like the field you get more space.... we have to use the playground but we’re not allowed to run as we might fall over....When Key Stage 1 are out we have to walk so they don’t get knocked over....(another pupil adds)....It gets busy, everyone gets in the way, some get silly and Mrs ***** [Teacher’s Name] gets cross and we go in.”* (Year 4 and 5 focus group)

Key ingredients to an enjoyable DMC were having space to spread out, combined with the majority of the class using the time to chat to friends in small groups. If this independent social intimacy was not shared it was important that another end-in-view, which fitted within the ‘looks-like’ the DMC had to be found. Two Year 5 boys discussed how they developed an alternative end-in-view by practicing what they knew about jogging and running from their families:

“It’s really tricky to do it not-stop...Like they [the Teachers] said it’s not about going the fastest but pacing yourselves and keeping going. I sometimes run but it’s jogging like, like, I do with my mum and dad. Sometimes I sort of run the long bits and walk or jog the short bits. It like, depends. Most people just walk, but I like to try to jog. I wanna do athletics and be in the team so I like to show my good running.” (Year 5 and 6 focus group)

When observing the DMC it was clear that pupils who wanted to run, but had not learnt the skill of pacing themselves, ended-up running fast but soon stopped. Running was sometimes ironically a risk to the DMC. If the conditions were wet or there were lots of pupils outside, running was discouraged and considered too risky and deviant behaviour. Finding the right amount of continuous movement which fitted the combination of the weather and numbers of pupils was an on-going negotiation. The safest course of action was to use the time not to interfere with others and walk in small groups. Running was tolerated only if it fitted the context and did not lead to stopping still for prolonged periods to recover.

This end-in-view worked to create particular form of moving sociability between pupils. Having other pupils to share the DMC was important. A Year 4 girl recalled falling out with her friends that turned the DMC into a potentially isolating social space:

“If you’ve had a bad lunchtime and there’s no one to walk with, when you do it you’re all alone and it’s sad and you need someone to talk to.” (Year 4 and 5 focus group)

A combination of the requirement to keep moving in a circular route, the different speeds of walking amongst the pupils and using the time to talk to friends created a particular moving, intimate sociality. This end-in-view was commonly articulated by many of the girls who were interviewed:

“You can talk about what stuff you are going to do, if you want a private chat you can just go round a big way, away from others, instead of break when everyone else is around.” (Year 5)

“The pupils mostly walk. It’s like ‘Porridge’¹ Most children are in intimate groups talking; when one runs the others follow. It’s a line of little groups, mostly pairs. One or two sprint, run out of steam and end up walking. Most chat away as they walk.” (Observation Notes)

The looks-like DMC of continuous movement served to channel the pupils into particular ends-in-view, which for the majority, reflected an intimate walking sociality.

Discussion and Conclusions

Ryde, et al. (2018) and Malden and Doi (2018) reported how schools chose to adapt the DMC to their particular context. Norris, et al. (2015) in particular, reveal the conflicts schools face between aiming to reduce pupil sedentary time and maximising the use of valuable classroom teaching time. In stark contrast to the minor refinements and logistics reported by these studies, in this school, a powerful nexus of academic performance, crammed curricula (Ball, 2013) and teachers unable to develop continuous MVPA, led to a complete renegotiation of the DMC. In diluting its pathogenic purpose an indeterminate

¹ 1970s BBC TV Comedy Series about life in Prison; the monotony of walking around the prison yard lessened by the prisoners scoring points off each other and plotting as they walked

space was created of not-daily, not-mile, not-classroom and not-break-time activity. The indeterminacy of this space created tensions between the flexibility and purposefulness of the DMC. McDermott (2012) demonstrates how such tensions require both teachers and pupils to negotiate the 'how' of fitness activities. Limited pacing skills of the pupils, rain and unpredictable surfaces, created a default moving speed of walking. To make this context intelligible the teachers' actions functioned to keep pupils moving to look-like the DMC. The pupils' ends-in-views had to fit within the safe orderliness of this continuous movement. In their appreciation of a break from the intensity of the classroom, the pupils utilised the different walking speeds and creation of small intimate groups, to utilise the DMC as a mobile space of sociality.

In the initial implementation of the DMC, the medicine of running at a consistent pace relative to one's fitness appeared to be viewed by the teachers as a natural skill that children should just be able to do. The assumed ease of running contrasted with the seriousness of the practiced, monitored and assessed knowledge of the children's classrooms (Ball, 2013). The irony here can be seen in how the children initially became an important consideration as being at risk through sedentary behaviour (Gard and Wright, 2005), however, little consideration was actually afforded to teaching the children to develop access to the medicine of continuous running. Importantly, little negotiation appeared to have occurred with the children and running, was at least initially, considered a ubiquitous and necessary form of MVPA exercise (Quennerstedt, 2018). Sandford, Armour and Warmington (2013) demonstrate the importance of context in supporting regular physical activity completed by young people. This study demonstrates the consequences of parachuting in an idea as a blanket response to a problem defined by external discourses. The need to be seen to be doing something worthy with the increase in PESPP funding (Griggs, 2016) and a need to demonstrate professional productivity (Ball, 2012) were particular drivers for adopting this response. As a result, exploring the needs of the pupils, through a more considered understanding of their existing and on-going health resources, was overlooked (Gard and Wright, 2005; Horrell, Sproule and Gray, 2012; McDermott, 2012). In this study the power of pathogenic and obesity discourses diverted attention away from understanding the important interactions between children and their local environments which act to constitute physically active lives (Högman, Augustsson and Hedström, 2019). This school thus appeared to jump ahead of its pupils, seemingly knowing what was best for them in an enforced quest to obtain a distant utopian health (Quennerstedt, 2018).

The DMC initially proved to be an attractive, immediate and simple solution to developing a response to discourses concerning childhood inactivity and obesity (Horrell, Sproule and Gray, 2012). However, it was soon trumped by the challenge of pacing, rain, suitable surfaces and more importantly academic performativity (Ball, 2013). One set of discourses appeared to counteract the other and as a result the DMC became what it may have been in the first place, an unnecessary medicine for a non-existent illness (Gard and Wright, 2005). Pathogenic positions on health in this school seem to work to foreclose the recognition that pupils are active negotiators and constitutors of their on-going healths (Quennerstedt, 2018). Högman, Augustsson and Hedström (2019) consideration of the

functions and meanings of these interactions demonstrate how such salutogenic approaches help us to consider the relations between children's current lives and the communities in which they are lived. In doing so, more complex dialogical questions are posed when looking to promote physical activity.

Rees, et al. (2006), for example, identify children's social worlds as an integral component of their engagement in physical activity. The negotiation of the DMC by the pupils as a place to be with friends in the study demonstrates the importance of sociality in their on-going lives. Consultation, negotiation and choice have been identified as key components in the process of empowering young people to enjoy the possibilities generated through physical activity (Enright and O'Sullivan, 2010; Mitchell, Gray, and Inchley, 2015). Listening to pupils, presenting opportunities and supporting them to be active decision makers and owners of their physical activities has the potential to create richer possibilities than blanket forms of prescriptive exercise (Enright and O'Sullivan, 2010; Mitchell, Gray, and Inchley, 2015). The burden of the DMC as difficult medicine to enact, enforce and maintain by the teachers overlooked the potential possibilities developed from listening to the 'healths' of the children. Their voices in this study pointed towards the pressure of performativity within the classroom and the valued social space created by the small groups as an inadvertent outcome of the looks-like DMC. While creating new negotiated activities within the school day may create new burdens, these at least are the cost of creating spaces in which work to support pupils' engagement with enriching their healths; whether it be their physical, social, mental or all of these (Pringle and Pringle, 2012).

At the time of writing there is a dearth of research which has aimed to take seriously the voices of pupils' who have been tasked to undertake the DMC. By understanding how both teachers and pupils make the DMC intelligible within their on-going lives, we are able to see how they constitute the DMC in their school. As McDermott (2012) revealed, rather than being passive recipients, pupils will actively negotiate compulsory exercise. By looking beyond the logistics of 'rolling out' and implementing whole school exercise interventions such as the DMC (Ryde, et al., 2018), this study has revealed how pupils act to develop their own ends-in-view within the teachers' looks-like DMC of continuous movement. In doing so, we can understand the consequences of how both teachers' and pupils' actions constitute and make intelligible the practice of compulsory exercise (McDermott, 2012). Breheny, et al. (2018) and Chesham, et al. (2018) provide explicit examples of how obesity discourses provide rigour and vigour to the idea of whole school interventions as a cost effective means to lower the risk of children's bodies to such health concerns. In this study pathogenic discourses, mixed with professional obligation and a desire to share adult, personal outcomes of exercise, converged upon the therapeutic promise of the DMC (Breheny, et al., 2018; Chesham, et al., 2018). However, when set in a nexus of academic performance, crammed curricula (Ball, 2013) and teachers unable to enforce and teach pacing, these pathogenic discourses were pushed aside to linger in the background. As a result something completely different was created, a DMC of looking-like walking to a break from the classroom.

Knee jerk reactions to fads and fashions and securing precarious funding streams have been an enduring feature of primary education (Griggs, 2012), evermore so in the realm of

health. Re-evaluating what we mean by health advocated by Salutogenetic approaches, to challenge the ‘not quite there’ and ‘avoiding risk’ of pathogenic discourses offers significant promise (Quennerstedt, 2018). Looking to recognise, understand, support and grow pupils’ current health resources, may result in more on-going understandings of pupils’ present health. The pupils in this school have highlighted the health resource of outside time with friends. In listening to their experiences they articulated the important role of an outside break away from a pressurised classroom and having the space and time for quality social interactions. Consideration of pupils’ existing and on-going health resources would have recognised the pupils’ on-going embodied physical, mental and social health, how these ‘healths’ are derived and what the school may do to strengthen them. These new questions provide the direction for future research.

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