



Deposited via The University of Leeds.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/id/eprint/229330/>

Version: Published Version

Article:

Edinborough, C., Glen, Z., Pringle, A. et al. (2025) Training for movement, physical activity and health. *Theatre, Dance and Performance Training*, 16 (2). pp. 169-177. ISSN: 1944-3927

<https://doi.org/10.1080/19443927.2025.2504297>

Reuse

This article is distributed under the terms of the Creative Commons Attribution (CC BY) licence. This licence allows you to distribute, remix, tweak, and build upon the work, even commercially, as long as you credit the authors for the original work. More information and the full terms of the licence here:

<https://creativecommons.org/licenses/>

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

Editorial: Training for Movement, Physical Activity and Health

Campbell Edinborough, Zoë Glen, Andy Pringle and Rebecca Stancliffe

Physical inactivity is increasingly being linked to chronic health conditions and all-cause mortality. The Lancet Global Series on physical activity has emphasised the need to take inactivity seriously and called on a diverse range of sectors to take bold and innovative action on tackling physical inactivity (Das and Horton 2016). However, despite a growing global interest in physical activity promotion, the varieties of movement and physical activity experienced by those who participate in performing arts training are rarely seriously considered in public health policy. The UK 2017 All Parliamentary Report, *Creative Health: The Arts for Health and Wellbeing*, mentions physical activity only four times within ninety-nine pages – referencing participation in dance and music (APPG AHW 2017). Similarly, none of the proposed strategic actions in the World Health Organisation's Global Action Plan on Physical Activity mention the potential and existing roles that arts and cultural activities play in promoting and facilitating physical activity (WHO 2018).

We proposed this Special Issue of *Theatre Dance and Performance Training* in response to this apparent gap in policy, recognising the ways in which knowledge and practices from the arts might be used to expand and problematise biomedical paradigms of health and wellbeing. Our intention was to provide a context for contributors to analyse and articulate how training and participation in theatre, dance and performance provides important opportunities for promoting and facilitating movement, physical activity and health. We were fortunate to receive a diverse range of submissions exploring contemporary and historical examples of practice from professional performer training, participatory arts and continuing education. The contributions illustrate the breadth of thinking, research and practice that is happening at the intersection of performer training and health.

This Special Issue includes contributions analysing the historical links between performing arts and physical education, as well as texts analysing how performing arts are used in promoting and facilitating physical activity and health in contemporary community contexts. Perhaps most importantly, the issue includes research that explores some of the critical and philosophical questions that performing arts practices raise in relation to hegemonic concepts of physical activity and health. In this editorial, we will think through some of the questions and issues raised by the submissions, framing the content to provide an overview of the complex ways in which theatre, dance and performance might be understood to intervene productively in debates, policy and practice related to movement, physical activity and health.

Public health priorities

Regular physical activity (PA) promotes both mental and physical health in people of all ages. However, the World Health Organisation (WHO) reports that more than 80% of adolescents and 27% of adults do not meet WHO's recommended levels of physical activity (2022). This affects individuals over their life course in a range of ways. It also places a financial burden on the health services and society in individual countries. WHO's Global Action Plan on Physical Activity 2018-2030 provided recommendations to help countries increase levels of physical activity within their populations, by developing and implementing dedicated comprehensive national policies to ensure safer roads for cycling and walking and accessible opportunities for active recreation where people live, work and play.

The UKRI's *Healthy Ageing Challenge* aims for people to enjoy at least five extra healthy independent years of life by 2035, while narrowing the gap between the experiences of the richest and poorest (UKRI 2024). Regular physical activity is important to maintain health, independence, and quality of life as people become older (Pringle and Kime 2025). Accordingly, global physical activity guidelines highlight the benefits and importance of

helping people adopt and maintain regular PA participation throughout the course of life (WHO 2018). Interventions and activities that support this aspiration are important. The current UK Chief Medical Officer highlights that adults 19-64 years of age should undertake 150 minutes of moderate physical activity (MPA) or 75 minutes of vigorous physical activity (VPA) or a combination of the two each week, as well as PA that maintains strength and balance undertaken two to three times per week (UK CMO 2019). UK children aged five years and under are recommended to complete 180 minutes of PA per day, and children aged five years and over should aim to achieve 60 minutes of moderate or vigorous PA per day (UK CMO, 2019).

The beneficial role that PA can have for the prevention and management of long-term conditions, including cardio-vascular diseases, mental health, some cancers and social connectivity has been widely reported (UK CMO 2019, Salman et al. 2021). Yet despite these benefits, physical *inactivity* is prevalent among UK older adults, with 27% of 55 - 74-year-olds and 47% of 75 - 84-year-olds doing less than 30 minutes of PA weekly at the end of 2020 (Szekeres et al. 2024), while globally, it is estimated that 40% of preschool children do not adhere to the guidelines (Bourke et al. 2023). In England, 88.9% of two to four-year-old children were failing to meet the recommended 180 minutes /day, (Roscoe et al. 2019). The recent UK Active Lives survey reports that over 50% of over fives are inactive, reflecting the decline in PA in children over time (Farooq et al. 2020). As few as 10% of preschool children in England meet the Chief Medical Officer's guidelines for PA (Roscoe et al. 2024).

The crisis of physical inactivity in the UK has been accompanied by structural changes to traditional public services, including the reallocation of responsibility for public health from the NHS to local authorities. The global economic slowdown in 2008, followed by reductions of the investment in public services, have resulted in a shrinking offer made by local authorities in public health improvement. Subsequently, this has provoked

concern by medical bodies, who have questioned the impact this is having on people's health with the commercial and voluntary sector taking on greater responsibility for health improvement activities (BMA 2022). Moreover, given that responsibility for PA promotion occurs 'upstream' – often long before people present in traditional health services – the role of a diverse range of PA providers is important in promoting active and healthy lives (Mutrie et al. 2018).

Establishing a role for the arts in physical activity and health promotion

Traditionally, the power of sport and exercise has been used to help people engage in health improvement (Pringle et al. 2021; Hargreaves et al. 2021; Trvedy et al. 2018). The success of this work shows that connecting people and their health through their interests, social connections and affiliations is important (Jonman et al. 2013). However, not everyone is engaged by sport or a traditional exercise offer. Indeed, some people are actively put off by it. Accordingly, artistic and cultural activities such as dance and drama offer the potential to help people to meet the recommended PA guidelines and meet their preferences and motives for keeping active. This understanding is supported by a recent systematic review of dance's contribution to health and wellbeing, which recognises themes of identity, belonging and creativity as motivators for participation (Chappell et al. 2021).

The contributions in this Special Issue demonstrate a wide range of physical, social and mental health benefits from engaging in performing arts activities. Alice Marshall's essay, *Beyond the Stage: Transferable Skills for Health and Resilience*, argues that dance not only helps people to achieve the guidelines for aerobic moderate or vigorous PA, but also helps people meet the important guidelines for strength, balance and bone health (UK CMO 2019). Writing in relation to this existing evidence about the PA benefits of dance, Christopher Staley's essay considers how the Suzuki Method might support similar

outcomes – encouraging a consideration of how we might draw from other areas of performer training to support physical health.

The two book reviews within this issue also consider the broader health benefits of specific training methods for non-performers. Stephanie Arsooska's review *Unveiling the Life of Trish Arnold*, examines Lizzie Ballinger's account of Arnold's practice, commenting on how the focus on organic movement and breath control can not only aid stage presence, but also benefit anyone by improving their physical health. Yoon Irons revisits Kristin Linklater's *Freeing the Natural Voice*, considering the focus on imagery and imagination throughout the exercises. She suggests that health professionals may find use for the practice in 'drawing upon the innate relationships between the body, mind, intellect and voice'.

Expanding paradigms of health

Contemporary approaches to PA have slowly shifted their focus from individual responsibility and individual level determinants to consider the wider social, physical and policy environment and its impact on facilitating or inhibiting participation (Sport England 2022; 2024). As such, consideration of wider social-environmental determinants is important when developing PA interventions (Jonman et al. 2013). Arts and creative activities provide an opportunity for people to engage in PA centred on their interests, often taking place in local and familiar environments where people feel comfortable. Moreover, they provide an opportunity to engage with likeminded people in their leisure pursuits. Tess Palfrey's submission, *Lonely me, lonely you: dancing towards post-pandemic social reintegration*, reports on the value of creative dance as an intervention for loneliness among adults in the UK. Further, given the importance of social support in facilitating PA and health (Pringle et al. 2014; Parnell et al. 2015), group-based creative activities provide programmes that build social connectivity which are an important ingredient of health improvement. This includes intergenerational approaches to PA. Susie Crow's paper, *Ballet as life-long learning*, reminds us of the roles arts and

cultural activities play in connecting families across the generations through a shared PA experience.

Beyond the performing arts' capacity to capture the interest of different groups and communities, their emphasis on collaborative play, creativity and feeling also offers alternative ways of thinking about PA to those conventionally found in sport or exercise science. Rather than connecting PA to biomedical markers of fitness and health, the pieces in this Special Issue explore the relationships between movement, expression, identity, community and ecology – raising important questions about the ways in which policy makers instrumentalise movement when framing it as physical activity or exercise. Cale and Harris have argued that the prioritisation of quantitative measurement is not necessarily beneficial in promoting greater levels of physical activity (2009). Such prioritisation can encourage those tasked with improving fitness levels to engage in a form of self-objectification that can be alienating. The pressure to measure levels of activity and meet external targets for exercise can be dispiriting – disincentivizing some people (particularly women) from participation (Prichard and Tiggerman, 2008). Perhaps more importantly, the instrumental links made between movement, PA and individual health can serve to undermine broader personal, social and cultural motivations for engaging in movement.

Joe Piggin has argued that the concept of PA 'is inherently political' (2019, 5). While it might seem benign for public health bodies to forge instrumental links between physical activity and individual health, we should interrogate how prioritising the relationship between movement, health and fitness in public discourse might be understood to serve as a form of neoliberal alienation. Individuals in contemporary society are regularly encouraged to segment their lives, using limited periods of leisure to maintain health in order to meet standards of fitness necessary for governmental economic priorities. Health in neoliberal society is frequently connected to self-optimisation and this is reflected by public health discourses. The contributions in this Special Issue recognise that movement is more than physical activity, and concepts of health are complex, varied and, sometimes, contradictory. This is something that can be clearly seen in Pranab

Mandal's article, *Ecological Training for Ecological Health*, which explores the theatre of Heisnam Kanhailal to offer up a decolonial account of health –recognising the individual human body as part of a wider ecology. This complexity is also explored in Danielle Rosvally's personal reflections on how hegemonic concepts of femininity and health shape experiences of physical education and training.

Historical echoes in performing arts and health

The contributions in this Special Issue allow us to note that the tensions between paradigms of thought found in the fields of physical education, health sciences and performing arts are not a contemporary phenomenon. Mark Evans' and Dick McCaw's contributions to the Special Issue show that the fields of performer training and participatory arts practice have long been engaged in debates about the relationship between movement, health and society. In McCaw's carefully selected extracts from Rudolf Laban's newly translated 1926 text, *Dance and Gymnastics*, Laban describes physical culture as a 'mirror of the times' with the 'movement paralysis' and 'alarming deficiency of the sense of movement' he witnessed as symptomatic of modern civilisation. This perspective is as relevant in today's hyperindustrial age as it was in 1926. As few as 10% of preschool children in England today meet the Chief Medical Officer's guidelines for physical activity (Roscoe et al. 2024). A recent survey of teachers and parents calls attention to the diminishing physical and social skills of reception-age children who lack the capacity to sit, experience difficulties holding crayons or pencils, and struggle to play with others (Kindred 2025). The body's presence risks becoming marginalised as lives are lived through screens, a place where the body stops, detached from its physical environment. Our way of life is transforming in ways that have long lasting implications for PA, health and social cohesion. There remains a need, just like a century ago, to animate and reawaken the body.

In *Moving with care: A critical/historical review of the practice of movement training for theatre in relation to physical education and care for the self*, Mark Evans points out that

movement practice can align with or counteract the context in which it takes place. Highlighting the connection between PA and health, the contributions to this Special Issue speak of practices that can address urgencies of our time. How we think of the body and movement is a reflection of our social, cultural, technological and political milieu. Characterised by industrialist and positivist thought, the modern age used industrial metaphors to refer to the workings of the body. We see this in Laban's *Dance and Gymnastics* when the body is described as a primitive *machine* that could be liberated from tortured mechanisation through movement practice. This is echoed in Evans' analysis where measurable outputs and movement efficiency become a barometer of health, and bodies that deviate from expectation are pathologized. In the early twentieth century, movement was viewed in correlation to the politics, needs, and rhythms of the industrial age. Ill-health was a problem to be solved with instructors serving as judges of competency and doctors as mechanics. We might recognise similar concerns for physical activity and transformation of bodily rhythms through automation heightened by the digital milieu and cognitive capitalism with warnings of the destruction of attention and social relations by philosophers such as Jonathan Crary (2001), Byung-Chul Han (2015), and Bernard Stiegler (2014).

Early twentieth century movement practitioners posited the physical body as reflective of the inner self. For example, 'The message of physical culture – that by changing your outward behaviour, you could improve your inner being... was extremely important to [Isadora] Duncan, who conceived of dance not as entertainment, but as social betterment' (Daly 1994, 25). Feeling that mechanical movement was not worthy of the human spirit, Duncan turned to nature for universal rhythms that reflected the world as an ordered and harmonious system. The idea of 'natural movement' as enhancing humanity (Carter 2011) inspired a generation of UK practitioners. Margaret Morris saw the remedial value of dance as exercise and devised a method of Basic Physical Training that evolved from her dance technique 'to counteract the lack of natural movement in civilised life' (Morris 1937, vii). Madge Atkinson, who following Duncan and like Morris was inspired by

Hellenic Greek culture, systematised an approach to movement based on the body's natural physiology – authentic in expression and inspired by nature (Carter 2011).

Analysis of the longstanding need to reawaken connections to self, others and the environment in order to challenge or resist the rhythms and imperatives of capitalism through movement is extended in the Special Issue. Pranab Mandal pays attention to how experiences are constructed, the senses are engaged, and how human and non-human actors interact. Laura González's essay on pranayama training and durational performance observes the benefits of counteracting 'increasing speed in life'. It is perhaps not unsurprising therefore that some of the practices discussed in this Special Issue draw from movement and rhythms of animals and nature. Play, games and improvisation are promoted as means to encourage spontaneity and responsiveness as a counter to predetermination.

Working against deficit models

The movement practices discussed in this Special Issue do not focus on the isolated mechanised body, and value is not ascribed according to measurable or quantifiable achievement or performance. Rather than docile and objectified bodies performing mechanical movements, the Special Issue highlights that we can think of productivity in PA in other terms. The contributions focus on the knowing, sensing body and movement as a practice of care for the here and now. They speak to corporeal intelligence as a foundation for agency, empowerment, and kinaesthetic empathy.

As such, we might also reconsider the definition of virtuosity (something often associated with the mastery of physical skills) as connected to the knowledge and appreciation of the self. The vision of movement is on liberation (rather than regimentation) and orientated toward experience and awareness – where the focus is on the nuance of how actions are performed. The emphasis on knowledge generation has sensorial, aesthetic,

embodied and relational dimensions. There is not a sense of a quick fix when attempting to solve a health issue or problem. Instead, movement training and PA can be conceived as processes of aesthetic education – journeys of learning and self-improvement that we can think of as practices of care. The focus on the knowing body, personal growth and transformation generates a corporeal literacy in how we relate to ourselves, others, and the environment. This allows us to think of movement and PA in less isolated terms (e.g. muscle strengthening, clinical objectivity, biomedical markers of fitness and health) and as more complex, holistic, whole-person processes.

To this end, the Special Issue counters deficit models of health that can disempower populations and provides a complex and less isolated view of movement, PA and health geared towards people living their best lives. Conceiving PA as health-care goes beyond simple mechanical accounts of movement and exercise. Knowledge of the body that is cultivated through deliberate practices that support self-discovery is knowledge of the self. It is vital to recognise that what matters and works for one person will differ from what matters and works for another. As Klara Hiricik notes in their essay on hypermobility, ‘what is healthy for one person may be dangerous for another.’ Likewise, in their speaking image, Mira Hirtz reflects on the benefits of Skinner Releasing Technique for supporting chronic pain. Hirtz notes that a practice that is, ‘facilitated through a language filled with hints, “maybes” and suggestions [fosters] space for what the student needs and wants to explore’.

What is clear from the five articles and nine Training Grounds submissions is that the various physical practices cater to different interests and sensibilities. This is in keeping with the focus on ‘what matters to me’ as opposed to ‘what is the matter with me’, a central tenet of social prescribing in the UK (NHS n.d.). Social prescribing is a key part of personalised care in England and is included as part of the NHS Long Term Plan (NHS 2019). Social prescribing offers non-medical support from community organisations to meet the social, emotional, and practical needs of people. There is economic value

attached to healthier bodies and healthier societies. In the UK this takes the form of fewer GP appointments, lower rates of hospital admittance, and fewer A&E visits (O'Connell Francischetto et al. 2024).

Person-centred approaches naturally bring teaching and facilitation into focus. The historical view of the teacher as an expert working with accepted knowledge of how things are done focuses on producing docile bodies moulded into the right shape. The hierarchy flattens to accommodate the expertise of lived experience, making space for individuals and collectives to move in more democratic spaces with the facilitator acting as a guide. In discussing ballet as lifelong learning, Suzie Crow's article identifies a class whose identity is not defined by the leader but the group itself. For an art form typically envisioned and marketed as a youthful endeavour that has sometimes mythologised harm, a values-based approach transforms the focus towards a processual becoming-with that can dismantle binaries of good and bad, professional and amateur. Rather than conforming to fixed or goal-driven ideas that push the body to excess, facilitation oriented toward what works for individuals and respects the physical the possibilities and limitations of the ir bod ies generates more positive and inclusive practices. These factors enact a lifelong journey of listening to and respecting the body that empowers participation.

Further to the integrated knowing body, the contributions in this Special Issue are united by a focus on factors of integration: the reciprocity between the individual and the collective, and the self within its situated milieu. Palfrey highlights loneliness as both a political and social issue, proposing creative dance as a means of belonging, social engagement, and empathetic exchange. The disconnection and the loss of social cohesion that materialised during the COVID-19 pandemic and beyond has had a profound effect on global mental health. Mandal speaks to relationality and reciprocity between humans, non-humans, and the environment as an ideal. The exploration of community dance is continued in the conversation with York Dance Space, who suggest

how dancers in training might benefit from learning more about working in participatory contexts.

The focus on community, shared experience, and relationality across the submissions speaks of care as reciprocity, as much about connection as it is about the self. By locating movement and PA within social practice and daily life, it becomes embedded in and related to multiple people and contexts. Movement and PA are not separate to life but are life itself. McCaw cites Laban who also reminds us, 'everyone knows that the basis for all things and all perceptions is movement, and that humanity can only communicate through movement.' The contributions of this Special Issue recognise the diverse and sometimes antagonistic ways in which the field of performer training relates to the fields of physical activity and health. The pieces show the ways in which dance, theatre and performance open new ways to consider the relationship between movement and wellbeing. This issue only scratches the surface of the work that is happening in the field, but we hope it stands a useful starting point for further research, inquiry and debate.

References

All Party Parliamentary Group on Arts Health and Wellbeing, 2017. *Creative Health – The Arts for Health and Wellbeing* . Accessed 23 April, 2025.

<https://ncch.org.uk/appg-ahw-inquiry-report> .

Bourke, M., Haddara, A., Loh, A., Carson, V., Breau, B., and Tucker, P., 2023. " Adherence to the World Health Organization's physical activity recommendation in preschool-aged children: A systematic review and meta-analysis of accelerometer studies ." *International Journal of Behavioral Nutrition and Physical Activity*, 20, p.52.

Brazier, J., Foster, C., Townsend, N., Murphy, J., Northcote, M., and Smith, A., 2024. " Mapping the provision and evaluation practices of local community health and wellbeing

programmes delivered by professional sports clubs in England: a practice-based targeted review .” *International Journal of Sport Policy and Politics*, 16(1), pp.39-58.

British Medical Association, 2022. “ Doctors ‘raise the alarm’ on the misery of the nation’ s poor health, caused by years of Government neglect and funding cuts .” BMA [online] Accessed 24 Feb, 2025.

<https://www.bma.org.uk/bma-media-centre/doctors-raise-the-alarm-on-the-misery-of-the-nation-s-poor-health-caused-by-years-of-government-neglect-and-funding-cuts>

Crary, J. 2001. *Suspensions of perception: Attention, spectacle and modern culture*. Cambridge, MA: The MIT Press.

Daly, A. 1994. “ Isadora Duncan's Dance Theory ” . *Dance Research Journal*, 26(2), 24-31.

Das, P. and Horton, R., 2016. “ Physical activity—time to take it seriously and regularly ” . *The Lancet*, 388(10051), pp.1254-1255. Accessed 2 May, 2025.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31070-4/](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31070-4/)

Farooq, A., Martin, A., Janssen, X., Wilson, M.G., Gibson, A.M., Hughes, A., and Reilly, J.J., 2020. Longitudinal changes in moderate-to-vigorous-intensity physical activity in children and adolescents: A systematic review and meta-analysis. *Obesity Reviews*, 21, e12953.

Hale, G., 2024. “ The Role of Professional Football Clubs in Enhancing the Mental Health and Well-Being .” PhD diss. , University of South Wales.

Han, B. C. 2015. *The Burnout Society*. Stanford: Stanford University Press.

Hargreaves, E.A., Marsh, S. and Maddison, R., 2021. “ Factors influencing men’s experiences and engagement with the rugby fans in training—New Zealand pilot trial: A healthy lifestyle intervention for men. ” *Healthcare*, 9(12), p.1737 .

<https://doi.org/10.3390/healthcare9121737>.

Johnman, C., Mackie, P. and Sim, F., 2013. "The beautiful game." *Public Health*, 127(8), pp.697-698.

Kindred². 2025. *School readiness survey* .

<https://kindredsquared.org.uk/wp-content/uploads/2025/01/School-Readiness-Survey-January-2025-Kindred-Squared.pdf>

Mutrie, N., Standage, M., Pringle, A., Laventure, R., Smith, L., Strain, T., et al. 2018. *Expert Working Group Working Paper: Communication and Surveillance UK Physical Activity Guidelines: Developing options for future communication and surveillance*. Bristol: University of Bristol.

NHS. 2019. *The NHS Long Term Plan*. Accessed 23 April 2025.

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

NHS. n.d. *Social Prescribing*. Accessed 23 April 2025.

<https://www.england.nhs.uk/personalisedcare/social-prescribing/>

O'Connell Francischetto, E., Bradley, J., and Knight, K. 2024. *The Impact of Social Prescribing on Health Service Use and Costs: Examples of Local Evaluations in Practice*. National Academy for Social Prescribing.

https://socialprescribingacademy.org.uk/media/ibtdvgn0/nasp_sp_impactonservice_nov24.pdf

Parnell, D., Pringle, A., McKenna, J., et al. 2015. "Reaching older people with PA delivered in football clubs: the reach, adoption and implementation characteristics of the Extra Time Programme ." *BMC Public Health*, 15, p.220.

<https://doi.org/10.1186/s12889-015-1560-5>.

Piggin, J., (2019) *The Politics of Physical Activity*. Abingdon, Routledge.

Pringle, A., & Kime, N. (2024). Interventions to Promote Physical Activity and Healthy Ageing: An Editorial. *International Journal of Environmental Research and Public Health*, 21(9), 1225. <https://doi.org/10.3390/ijerph21091225>

Pringle, A., McKenna, J., and Zwolinsky, S., 2017. " Linking physical activity and health evaluation to policy: Lessons from UK evaluations. " In: *Routledge Handbook of Physical Activity Policy and Practice* Edited By Joe Piggin , Louise Mansfield and Mike Weed . Abingdon, Routledge, pp.425-440.

Pringle, A., R., Zwolinsky, S. and Lozano-Sufrategui, L., 2021. " Investigating the delivery of health improvement interventions through professional football club community trusts-strengths and challenges. " *Public Health in Practice*, 2, 100104.

Pringle, A., Zwolinsky, S., McKenna, J., Robertson, S., Daly-Smith, A., and White, A., 2014. " Health improvement for men and hard-to-engage-men delivered in English Premier League football clubs " . *Health Education Research*, 29(3), pp.503-520.

Roscoe, C., Taylor, N., Weir, N., Flynn, R., and Pringle, A., 2024. " Impact and Implementation of an Early Years Fundamental Motor Skills Intervention for Children 4–5 Years. " *Children*, 11(4), p.416. <https://doi.org/10.3390/children11040416>

Roscoe, C.M.P., James, R.S., and Duncan, M.J., 2019. " Accelerometer-based physical activity levels, fundamental movement skills and weight status in British preschool children from a deprived area. " *European Journal of Pediatrics*, 178, pp.1043–1052.

Salman, D., Vishnubala, D., Le Feuvre, P., Beaney, T., Korgaonkar, J., Majeed, A., and McGregor, A.H., 2021. " Returning to physical activity after COVID-19. " *BMJ*, 372, m4721.

Sport England, 2022. *Uniting the Movement: Our 10-year vision to transform lives and communities through sport and physical activity*. <https://www.sportengland.org/about-us/uniting-movement>.

Sport England, 2025. *Place partnerships*. Accessed 2 May, 2025.
<https://www.sportengland.org/funding-and-campaigns/place-partnerships>.

Stiegler, B. 2014. *Symbolic Misery, Volume 1: The Hyperindustrial Epoch*. Cambridge, UK: Polity.

Szekeres, Z., Agustín-Sierra, N., Zaidell, L., Mileva, K., and De Oliveira, R., 2024. " Insights from older adults' lived experience of physical activity and exercise during the COVID-19 lockdown in England. " *Frontiers in Sports and Active Living*, 6, 1395471. <https://doi.org/10.3389/fspor.2024.1395471>.

Trivedy, C., Vlaev, I., Seymour, R., and Philpott, M., 2018. " An evaluation of opportunistic health checks at cricket matches: the boundaries for life initiative. " In *Healthy Stadia: An Insight from Policy to Practice*, edited by Daniel Parnell, Kathryn Curran, and Matthew Philpott , London: Routledge, pp.46-54.

UK Chief Medical Officers, (2019). *Physical Activity Guidelines: UK Chief Medical Officers' Report*. Accessed 2 May 2025.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf

UKRI, (2024), *Healthy Ageing Challenge* . Accessed 23 April ,2025.
<https://www.ukri.org/what-we-do/browse-our-areas-of-investment-and-support/healthy-ageing/>

World health Organisation, (2022). *Global report on Physical Activity*.

<https://www.who.int/teams/health-promotion/physical-activity/global-status-report-on-physical-activity-2022>

World Health Organisation, (2018). *Global action plan on physical activity 2018–2030: more active people for a healthier world, 2018*. [Global action plan on physical activity 2018–2030: more active people for a healthier world](#)