

Physical Education and Wellbeing

Global and Holistic Approaches to Child Health

Timothy Lynch

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Physical Education and Wellbeing

“This book provides innovative understandings for contemporary perspectives of childhood around health and wellbeing. It is essential reading for the field of physical education.”

—Professor Susanne Garvis, *Department of Education, Communication and Learning, University of Gothenburg, Sweden*

“The author is a passionate educator and provocateur. This book is a significant and timely contribution to contemporary research that probes what it means to be ‘physically educated’. The ‘what’, ‘how’ and ‘status’ boundaries are provoked. Local and global discourses, models and influences are explored and the challenge is set to take up a holistic approach to quality physical education that explicitly integrates wellbeing and health intentions in policy and more importantly, in practice.”

—Associate Professor Maree Dinan-Thompson, *Health and Physical Education Curriculum Advisor, Australia and James Cook University, Australia*

“The author has two and a half decades of teaching experience in physical education and wellbeing, working with students across four different continents. He uses his vast research background and practical experiences to conduct global qualitative evidence-based research. This book offers an extensive and authoritative examination of how the physical dimension of learning positively impacts children’s health and wellbeing. A must read for all teachers—classroom and specialists.”

—Professor Gregory J. Soukup, Sr., *Kinesiology Department Director, University of the Incarnate Word, USA*

“This book provides a pertinent overview of primary physical education (PE) today. Current provision, deeply rooted behavioural theories and approaches to PE are discussed to provide a platform for readers, followed by a hearty rationale for adopting a sociocultural approach. A must read for students and practicing teachers to understand PE theories, approaches, history, global perspectives and policies, and the need for a holistic PE programme focussed on child well-being rather than healthist perspectives.”

—Dr. Shrehan Lynch, *The University of East London, UK*

“This book is both relevant and timely, and helps explain why well-resourced physical education in primary school delivered by pedagogical skilled and content mastery physical educators is vital to ensuring young people receive the quality physical education that sets them up for a lifetime of physical activity and healthy living.”

—Associate Professor Shane Pill, *Flinders University, Australia*

“All community and school leaders, teachers and parents need to touch base with this latest research and Tim’s expertise. This book provides the practical insight for us all to move from ‘talking the talk’ to ‘walking the walk’ and is a must read for all educators who want to make a difference to the future wellbeing of our children.”

—Kathy Wood M.B.E., *AFNORTH International School, The Netherlands*

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This book is dedicated to my family—Eftyhia, Eleanor, Nathaniel, and Emilia, for their constant love and support.

Foreword

No matter what stage of the lifelong journey of exploring the purpose and principles of best practice in learning and teaching you are on, and irrespective of how much personal and professional experience you or your school or organization has in this field, you need to touch base with this latest research and Tim's expertise. This book provides the practical insight for us all to move from *Talking the Talk* to *Walking the Walk* and is a must read for all educators who want to make a difference to the future well-being of our children. These are critical times wherever we are in the world, and whether we are a parent, educator or politician influencing policy and practice. Well-being and good mental health should be on the top of our list if we want our students to succeed in life. It is timely to readdress priorities, and by inviting us to embark on a virtual relationship with him, Tim takes the reader on an evidence-based journey, getting to the real heart of the issue of what we as a society want a well-educated, healthy and responsible young person to look like. This book encapsulates the extraordinary power of

his message and questions how can well-being be optimized? So, take responsibility, embrace it and get inspired through taking the time to read and take action.

Brunssum, The Netherlands

Kathy Wood M.B.E., M.Ed.
Director
National Leader of Education
AFNORTH International School

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1

Introduction

This research book offers insight into enacting “physical education” (PE) to optimise children’s wellbeing. The educational question is no longer whether or not physical activity enhances children’s wellbeing, this is axiomatic, rather it is “how” regular quality PE classes can act as a platform for wellbeing in all schools, for all children. PE is defined as “education through movement” (Pangrazi, 2001, p. 5), and as the book’s title suggests, global and holistic approaches relating to the physical dimension in education are investigated. Hence, “education through movement” is adopted as a lens to explore a holistic approach towards child health and wellbeing.

PE has been advocated for many years within schools as an essential curriculum area, as have the holistic benefits of learning through the physical dimension. However, the education problem that continues to exist, the gap in practice that modern research illustrates, is that PE implementation is not progressing (unlike educational policies). Cale and Harris (2019) recognise gaps in children’s knowledge and understanding of health and the physical dimension in the UK. Also, literature implies to some degree that the holistic HPE ideal has failed in practice (Lynch, 2017; Tinning,

2009). However, we are reminded by Kirk the necessity to continue on the journey of improvement (2014).

The book uses research gathered from around the world and adopts “didactical questions” borrowed from France, Germany and Scandinavian countries—specifically, Swedish didactics of PE research. Didactical in this context refers “to an interest in the relations between teaching, learning and socialisation” (Quennerstedt & Larsson, 2015, p. 1) and “in many European countries, the concept stands for a research tradition with an interest in theories and practices of teaching and learning” (p. 2). Hence, the term’s meaning is different to that of the English language.

Sometimes research in didactics ask slightly different questions regarding educational practice, where didactical questions traditionally are addressed by the questions what, how, and why, in terms of what and how teachers teach, what and how students learn and why this content or teaching is taught or learned. Questions such as who is teaching, who is learning, when and with whom are also relevant. (Quennerstedt & Larsson, 2015, p. 3)

Subsequently, this book’s purpose is: to identify the “what” of “physically educating” children; “how” literature and research suggest this should be done; to identify “why” this is not happening as effectively as it should be; and to offer global direction for our journey of improvement. Through research, problems with implementing the PE curriculum in primary/elementary schools are identified and recommendations are made for advancing the physical dimension in children’s learning, enabling subsequent lifelong wellbeing benefits.

Purpose of the Book

Physical education provides a platform for wellbeing. Specifically, quality physical education (QPE) enhances children’s lifelong wellbeing and holistic health (Lynch, 2016; UNESCO, 2015). This is a simple statement, given within the realm of education and validated by quantitative research relating to the benefits of physical activities (detailed in Chapters 11, 12, 13, and 14). However, understanding the implementation of QPE to

enable holistic health is complex (Kirk, 2014; MacDonald, 2012). The concept of QPE implementation is multidimensional, containing many layers which contribute to this book's global significance and timeliness, as it investigates how educators, schools and community leaders can optimise children's wellbeing through the enhancement of PE.

The global definition of PE offered by United Nations Educational, Scientific Cultural Organisation (UNESCO) illustrates the holistic benefits of PE:

the planned, progressive, inclusive learning experience that forms part of the curriculum in early years, primary and secondary education. In this respect, QPE acts as the foundation for a lifelong engagement in physical activity and sport. The learning experience offered to children and young people through physical education lessons should be developmentally appropriate to help them acquire the psychomotor skills, cognitive understanding, and social and emotional skills they need to lead a physically active life. (2015, p. 9)

While many books advocate wellbeing through the physical dimension, this book uses evidence-based research to authenticate the power of QPE and subsequently offers direction in developing whole child wellbeing. The book sits within what Greenfield refers to as “deep thinking”, “content” or “meaning” derived from research (2012), also referred to as “ideas, thinking, and constructing” (Hattie, 2009, p. 26). That is, the book is a culmination of years of evidence-based research, practical experience and internal insight, carefully constructed to make meaning. Therefore, different aspects of research have been embedded “into a whole nested hierarchy of associations that have accumulated” (Greenfield, 2012) in building knowledge.

The “meaning” clarified relates to QPE and how it can be best achieved within the school community. Cook and Odom (2013) define “evidence-based” practice in connection with “meaning”; “practices and programmes shown by high quality research to have meaningful effects on student outcome” (p. 136). The meaningful objective evidence in this research book has been gathered from: qualitative in-depth data from case study primary schools involving teacher and student participants; qualitative in-

depth data from a recognised model initial teacher education (ITE) physical education case study programme; interviews with secondary trained PE teacher participants who are responsible for teaching primary school children; a questionnaire carried out by educators across nine US states; and qualitative and quantitative data gathered from a large empirical ex-post facto survey involving nearly 400 government primary school principals/head teachers. Zach, Shoal, and Lidor (2017) identify that qualitative research in this area for PE is lacking, describing it as a void which should be filled. Once again the didactical research thread interweaves; “In didactical research, education and educational practices are explored and scrutinised in terms of their institutional and political prerequisites and their consequences for the processes of educational practice. Teaching is thus regarded as a political and moral act” (Quennerstedt & Larsson, 2015, p. 2). Hence, this building of knowledge fills a current gap, contributing clarity with regard to “how” the physical dimension can be best implemented to enhance students’ wellbeing—a moral act.

Research suggests that the optimum time for children to learn and refine their motor skills and to be introduced to QPE experiences is during preschool and early primary school years (Branta, Haubenstricker, & Seefeldt, 1984; Cale & Harris, 2019; Commonwealth of Australia 1992; Espenschade & Eckert, 1980; Kirk, 2005; Lynch, 2016). Hence, it is ideal to begin the physical learning journey as early as possible and to reach all children, which only the schooling system enables (Lynch, 2016). A glance at the education efforts in Australia evidences such priorities. Australia is a significant nation throughout this book as it is argued that Australia has been a leader of holistic health, wellbeing and physical education (H, W & PE) curriculum reform (Lynch, 2016). In Australia, since 1901 each of the eight Australian states and territories has been formally responsible for education (Braithwaite, 1994; Lynch, 2014). However, in more recent times two national curriculum reforms have transpired in efforts towards a national curriculum: 1994 and 2013.

In 1994, the nomenclature of the key learning area was officially changed from “Physical Education” to “Health and Physical Education” and a holistic socio-cultural approach was adopted—the inclusive socio-cultural approach is discussed in detail in Chapter 9. “The task of a socio-cultural approach is to explicate the relationship between human action,

on the one hand, and the cultural, institutional and historical contexts in which action occurs on the other” (Wertsch, 1998, p. 24). Supplementing health to the physical education nomenclature was momentous for the discipline, acknowledging strong wellbeing connections across the physical dimension. This is supported by neuroscience; while the “physical” body slows down and deteriorates as one gets older, our brain connections known as plasticity actually get better as one ages (Greenfield, 2012). Hence, holistic physical education (health and wellbeing) throughout the entirety of one’s life was acknowledged in policy, giving PE as a subject/learning area, increased significance throughout one’s lifespan—“lifelong education”.

Problem

The problem that this research book builds upon and contributes towards is “how” PE can be successfully implemented in primary/elementary schools around the world. Cale and Harris (2019) argue the importance “to reflect critically on how best to promote active lifestyles for all children and young people” (p. 4). Quantitative research has examined the benefits of physical activities and literature has advocated QPE and the notion of lifelong physical activity in schools since the 1940s (Kirk, 2014). However, while it can be argued this has been achieved in various schools, sadly research suggests this has been far too few in number, including developed nations (Lynch & Soukup, 2017). Literature and research have indicated this flaw for many years, and despite more recent focused efforts, enacting policies continues to be a major barrier to children’s health and wellbeing (UNESCO, 2014).

Global research has found that PE in primary schools is often:

- taught by inadequately trained teachers;
- has insufficient curriculum time allocation;
- has a perceived inferior subject status;
- has inadequate provision of facilities and equipment and teaching materials, frequently associated with under-funding;
- has large class sizes and funding cuts; and

- in some countries, limited awareness of pathway links to wider community programmes and facilities outside of schools. (Hardman, 2008a, p. 5)

Much has been written about classroom teacher's lack of confidence and competence, and subsequent absence of interest and preparation to teach physical education in England. Many teachers are not confident in providing physical education and have had minimal training—therefore, they have little understanding and knowledge (Cale & Duncombe, 2008; Cale & Harris, 2019). Griggs (2012) states that as a result primary PE is delivered “ineffectively”. Subsequently, this negatively affects pupil's experiences in this vital stage of their learning (Ofsted, 2000, 2004, 2009; Physical Education Association, 1998; cited in Keay & Spence, 2012). Griggs (2012) supplements that as little as nine hours is often donated to PE preparation on a one-year postgraduate certificate of education (PGCE) course and just five hours for those involved with school-centred initial teacher training (SCITT).

Prospective ITE students with a key interest in PE and children in England are often faced with a systemic choice; follow their physical passion and become a secondary physical education specialist, or follow their passion for working with children in the 5- to 11-year age group and become a classroom teacher in the primary school. Courses that qualify teachers to specialise in PE and become a classroom teacher (specifically for primary education) are rare, with only approximately three identified (Lynch, 2015). This is not only the situation in England but throughout the world as primary school generalist classroom teachers are most often responsible for teaching PE, whereas “In secondary schools, specialists are predominantly responsible for teaching physical education classes” (UNESCO, 2014, p. 8).

Hence, literature and research indicate in primary schools there is an absence of PE specialist teachers in England and some Australian states (Griggs, 2012; Lynch & Soukup, 2017). This also seems to be duplicated throughout many parts of the world. Within Australia, for example teacher, PE preparation has been described in the past as general physical activity courses rather than developmentally appropriate preparation for delivering PE (Lynch, 2013). Hence, recommendations throughout his-

tory for tertiary qualified PE specialist teachers in primary schools have been ignored (AHKA, 2018; Commonwealth of Australia, 1992; Lynch, 2005).

Within Europe, PE delivery is mixed—some countries are considered as being stable to good and others are identified as only being in the initial stages of PE development. Hardman describes a “widespread perceived decline or marginalisation of physical education in schools” (2008b, p. 5). Problems identified specifically with primary school PE in Europe include:

- insufficient curriculum time
- limited quality mainly due to inadequate training of teachers
- an undervaluing of motor development and motor learning. (Hardman, 2008b)

Scandinavian countries are considered to be better than many other countries around the world. “In Sweden, for example, the climate vis-à-vis PE is now much more positive, and the subject has regained status and resources. The situation for PE in Finland and Norway also looks positive, if not quite as good as in Sweden. PE in Denmark, however, still waits for a breakthrough” (Annerstedt, 2008, p. 303).

The subject of PE is marginalised; “Globally, and for the most part regionally, in actual practice physical education is considered to have lower status than other subjects” (UNESCO, 2014, p. 7). Furthermore, specifically “in primary schools, there is an admixture of generalist and specialist teachers for physical education classes” (UNESCO, 2014, p. 8; Lynch & Soukup, 2017). A summary encapsulates support for previous concerns about PE quality:

Evidence points to deficiencies in teacher supply, particularly of physical education specialists, inadequate preparation of physical education teachers, especially, but not exclusively so, in primary/elementary schools and to negative attitudes and low levels of motivation of some teachers responsible for physical education delivery. Concerns about the quality of physical education teacher training, teaching and teaching resources, inadequate supervision of practice, lack of professionalism and appropriate ethics and impacts on the quality of school pupil experience are also globally evident. (UNESCO, 2014, p. 9)

Within Asian nations supplementing the global concerns, there is:

- Limited space and equipment for PE and sports co-curriculum.
- Overcrowded classes of forty or more students in each PE class.
- Not a strong sports culture.
- Important decisions on PE and sports are often made by government officials, with no academic or professional qualifications in the discipline.
- PE and sports are commonly considered as “play” rather than subjects that develop the “thinking” capacity (UNESCO, 2008).

Furthermore, a study indicated that over 60% of elementary school teachers did not have any PE training in the Canadian province of Ontario (Faulkner et al., 2008). Hence, the historical structure of teacher preparation appears to not be meeting the needs of today’s society. It is suggested by UNESCO (2014) that globally the subject of PE is marginalised and it does appear to begin with teacher education. Yet, PE is described “as the only curriculum subject whose focus combines the body and physical competence with values-based learning and communication, [which] provides a learning gateway to grow the skills required for success in the 21st Century” (UNESCO, 2015, p. 6) (cf. p. 25). Thus, it appears that educators and society more generally are not capitalising on the physical dimension and subsequent wellbeing benefits.

A study released in 2013, “The wellbeing of young Australians”, conducted by Australian Research Alliance for Children & Youth (ARACY) involved over 3700 people. This study evidenced that Australian children and youth were not doing as well as they should despite being regarded as global curriculum leaders. The data for this study were compared with other countries within the Organisation for Economic Cooperation and Development (OECD), which includes most of Europe, North America, and advanced Asian, Latin American and Oceanic economies.

Australia ranked in the top third of OECD countries for around one-quarter of the indicators (12 out of 46). Areas of concern where Australia was ranked in the bottom third included “jobless families, infant mortality, incidence of diabetes and asthma, young people in education, 3-5 year olds in preschool and carbon dioxide emissions” (ARACY, 2013, p. 4). The

2018 “Report Card: The wellbeing of young Australians” indicated that Australia was in the bottom third of OECD countries for:

- bullying in Year 4 (ranked 40 out of 49);
- child obesity (ranked 28 out of 39);
- pre-primary enrolment rate (3–5 yrs) (ranked 35 out of 40);
- participation in organised learning one year prior to primary school (ranked 36 out of 37);
- feeling of belonging in school (ranked 26 out of 34);
- school pressure (ranked 24 out of 26);
- youth numeracy skills (ranked 15 out of 22);
- teenage pregnancy (ranked 30 out of 41) (ARACY, 2018, p. 7).

Despite the rhetoric about children’s wellbeing, social justice and a holistic H, W & PE curriculum reform, this report indicates that there has been no improvement in the majority of areas from the previous reports dating back to 2008. This is of concern as while Australia has addressed wellbeing in policy, it appears that this is yet to influence practice.

Furthermore, if we look at a country whose PE has an explicit focus on the physical dimension only rather than a holistic approach, “the UK ranked last for children’s wellbeing among 21 of the world’s richest countries in 2007, 16th among 29 in 2013 and 20th out of 35 of the richest countries in 2016” (United Nations Children’s Fund, 2007, 2013, 2016; cited in Cale & Harris, 2019).

Primary schools play a key role in children’s health and wellbeing and according to education policy and guidelines around the world, should be prioritised. Kirk (2005) argues that early learning experiences are crucial to continuing involvement in physical activity and that currently only particular sections of the population are in a position to access quality experiences in schools and sport clubs. Furthermore, “the contribution of PE specialists in secondary schools may come too late to impact a majority of children in relation to their competence, perceptions and motivation” (Kirk, 2005, p. 240). It is argued that early years of education and primary school physical education have been neglected in education infrastructures around the world (Hardman, 2008a, 2008b; Lynch, 2015; Lynch & Soukup 2017; UNESCO, 2014) which is a major problem. Hence,

this research book investigates QPE implementation in primary schools around the globe, offering realistic direction to universally enhance children's health and wellbeing.

When exploring how educators can optimise children's wellbeing through QPE, there are a number of key themes and interwoven elements that need to be considered. The elements are borrowed and extended from the Health Promoting Schools (HPS) model but differ in that they have a "movement" priority. Beginning at the top of Fig. 1.1 is the first element: the curriculum, teaching and learning focus. Evidence-based research asserts that the movement focus in the PE curriculum also enhances the cognitive dimension (cf. Chapter 14)—this element explicitly states the value of movement in PE. The next key theme on Fig. 1.1 (moving clockwise) is holistic wellbeing. The wellbeing dimensions to consider in the whole child are split into two: "social, emotional and spiritual wellbeing"; and "health and physical wellbeing". At the bottom of Fig. 1.1, it is important to contemplate the "school context" and how PE is inclusively implemented. That is, how it is best organised and managed given the unique environment and facilities available. This illustrates why this book is pertinent—it supplements quantitative research with qualitative, contextual evidence-based research (Chapters 11–15). Hence, this element is the inclusive "socio-cultural" approach and "whole school" approach, which literature suggests require strong leadership and communication (IUHPE, 2009; Lynch, 2017). Continuing to move clockwise, the last key theme to be considered is community partnerships. These four elements offer a framework, helping to paint a "big picture" of the relevant research to be explored in relation to how educators and schools can optimise children's wellbeing through the physical dimension.

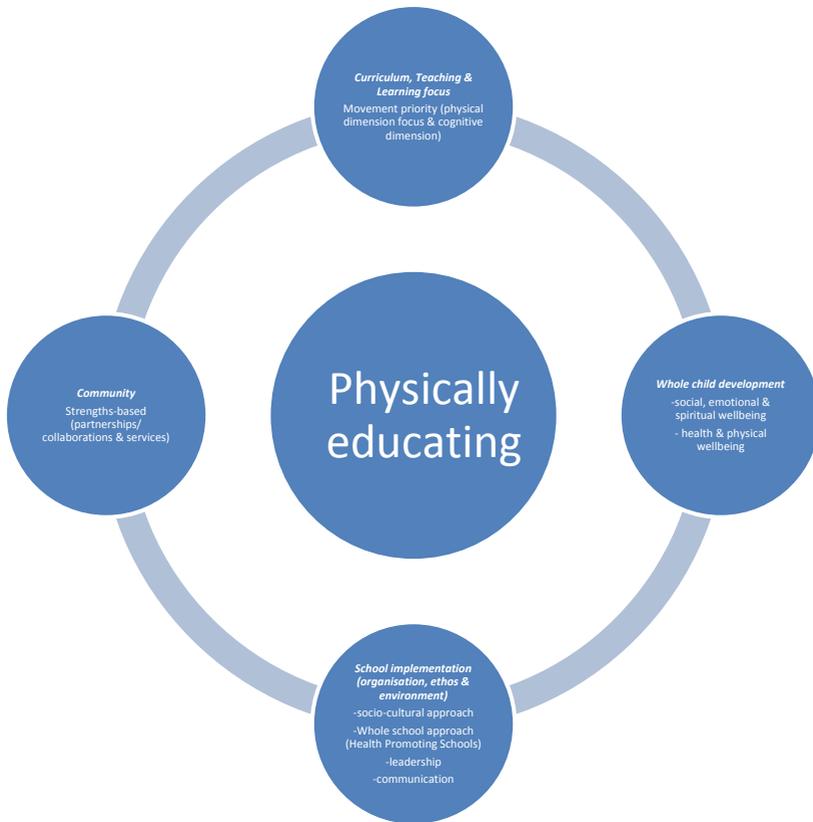


Fig. 1.1 Elements of quality physical education

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2

Theories, Models and Approaches: Physical Education and Wellbeing

Beginning with the first element of quality physical education (cf. Fig. 1.1) is curriculum, teaching and learning. This chapter explores why having an in-depth understanding of educational theory is necessary for optimising children's wellbeing. Tracey and Morrow (2017) introduce the significance of theories, suggesting that often the way professionals approach education and research in practice is to a large degree driven by theories. This is supported by Ewing; "Different ideologies or beliefs will also impact on understandings about knowledge and how learning happens. This in turn leads to different approaches to curriculum planning, evaluation and reporting processes" (2010, p. 23). It is argued that classroom teachers traditionally have been limited in this area, showing a lack of interest or knowledge about educational approaches (Tracey & Morrow, 2017).

It is advocated that linking theories to classroom (or sports field) practice will strengthen both classroom instruction and research, encouraging a wider use of approaches and selecting the most appropriate one to suit the particular context (referred to as "pedagogy"). Similar to didactics of research, pedagogy is defined as the art or science of teaching (Quennerstedt & Larsson, 2015; Tinning, 2010) and involves three elements: the learning, teaching and curriculum (Kirk, Macdonald, & O'Sullivan, 2006,

p. xi). Pedagogies are similar to the European research concept relating to teaching, learning and socialisation (Quennerstedt & Larsson, 2015, p. 2).

Theories are frameworks through which people view the world—a lens they may or may not be conscious of. Described by Tracey and Morrow as “explanations that are grounded in belief systems usually supported by extensive research and databases, and often held by large groups of people” (2017, p. 3). “Models” are very similar to theories, and often, both terms are used interchangeably. However, it is argued that “models serve as metaphors to explain and represent theories” (Tracey & Morrow, 2017, p. 4), a set of plans or procedures (Kezar, 2001, p. 26). Hence, in PE there have been many models used to offer a “game plan” for how to teach (pedagogy), thus representing a theoretical approach (Tinning, 2010).

More recent and popular PE models include Teaching Games for Understanding (TGFU) developed from Games for Understanding (Bunker & Thorpe, 1982), Games Sense (den Duyn, 1997), Play Practice (Lauder, 2001), Games Concept Approach (McNeill et al., 2004), Sport Education (Siedentop, 1994) and Hellison’s Teaching Personal and Social Responsibility (TPSR) model (2011). Tinning describes the most dominant PE curriculum models throughout the 1900s as Swedish gymnastics, movement education, health-related fitness (HRF), fundamental motor skills (FMS), sport education, TGFU and Games Sense (2010, p. 50). For curriculum is perceived in terms of approach, considering “the relationships and differences among curriculum’s foundations and domains, its theory and practice, and the roles of participants” (Ornstein & Hunkins, 2017, p. 1). This is particularly significant in H, W & PE as “curriculum is crucial to the health of schools and society” (Ornstein & Hunkins, 2017, p. 1). Leahy, O’Flynn, and Wright refer to Foucauldian governmentality to understand curriculum as practical “texts produced within political, economic and social conditions” (2013, p. 177).

Psychological Perspectives

As stated earlier, understanding the implementation of QPE to enable holistic health is complex. When investigating approaches to education and health, it is also essential that the psychological perspectives which

frame the theory of knowledge are understood. Psychological perspectives act as the epistemological bed with which the approaches sit; hence, they fundamentally influence teacher's decision-making skills, laws and public policy.

Biological Perspective

The biological perspective relates to the brain and nervous system, investigating plasticity and brain structures. “This approach seeks to specify the neurobiological processes that underlie behaviour and mental processes” (Atkinson, Atkinson, Smith, Bem, & Hilgard, 1990, p. 9). This perspective has built knowledge surrounding learning, memory, motivation and emotion through conditioning of rats, cats and monkeys.

Behavioural Perspective

The behavioural approach relates to observing one's behaviour rather than their brain and nervous system. This perspective is derived from the American psychologist John B. Watson (1878–1958) in the early 1900s. Watson argued that objective science of psychology is only achievable by studying what people do—their behaviour. Behavioural psychologists who followed Watson include Pavlov and Skinner. The offspring of behaviourism, stimulus-response psychology “studies the relevant stimuli, and the rewards or punishments that follow these responses” (Atkinson et al., 1990, p. 11).

Cognitive Perspective

The modern cognitive perspective “is in part a reaction to behaviourism and in part a return to the cognitive roots of psychology. Like the nineteenth-century version, the modern study of cognition is concerned with mental processes, such as perceiving, remembering, reasoning, deciding, and problem solving” (Atkinson et al., 1990, p. 11). In PE, this relates to the information processing model (Lynch, 2017b) which “stresses the

importance of the internal cognitive processing of the learner” (Rink, 2010, p. 24) and relates to metacognition (cf. Chapter 14).

Differing to behaviourists, cognitive psychologists “believe that your behavior is determined by your expectations and emotions. Cognitive psychologist Jean Piaget would argue that you remember things based on what you already know. You also solve problems based on your memory of past experiences” (<http://mrmcnabb.weebly.com/5-major-perspectives-in-psychology.html>). Swiss Psychologist, Piaget, studied children’s cognitive development intensively over many years and developed a four-stage theory of how children’s abilities to think and reason progress. Within PE, understanding the progress of children’s motor development is equally as relevant; “the specialised area of study within the sub-discipline of motor control that deals with the description and explanation of these changes from the beginning to the end of life” (Williams, 2014, p. 68).

Psychoanalytic Perspective

The psychoanalytic perspective was developed by neurologist Sigmund Freud by combining:

then-current cognitive notions of consciousness, perception, and memory, with ideas about biologically-based instincts to forge a bold new theory of human behaviour. The basic assumption of Freud’s theory is that much of our behaviour stems from processes that are unconscious. By unconscious process Freud meant beliefs, fears, and desires a person is unaware of but that nevertheless influence behaviour. (Atkinson et al., 1990, pp. 12–13)

Forbidding children’s natural impulses forces them out of awareness into the unconscious, “where they remain to affect dreams, slips of speech, or mannerisms, and to manifest themselves as emotional problems, symptoms of mental illness” (Atkinson et al., 1990, p. 13).

Phenomenological (Humanistic) Perspective

The phenomenological approach which is also referred to as the humanistic approach relates to subjective experience—the individual’s personal view of events. It is about empowering the individual to be the best that they can be, self-actualisation. “We are the builders of own lives because each of us is a free agent - free to make choices and set goals and therefore accountable for our life choices” (Atkinson et al., 1990, p. 13).

Approaches to Education

Approaches to education sit within the psychological perspectives and influence PE; these include behaviourism, constructivism and critical. Approaches to curriculum reflect the teacher’s belief about how children learn and how children are supported by families, communities and educators (Arthur, Beecher, Death, Dockett, & Farmer, 2015).

Behavioural Approach

The behavioural approach is the oldest approach to education and has been the most dominant. According to Ornstein and Hunkins (2017), this approach is logical and prescriptive where goals and objectives are listed; content and activities are sequenced so that the goals can be achieved. “The learner is rewarded for small steps of learning and achievement with consistent positive reinforcement” (Westbrook et al., 2013, p. 9).

Ewing (2010) describes one of the founder’s, Ralph Tyler (1949), conceptualisations of the behavioural approach to curriculum; as a linear, sequenced recipe which begins with objectives is followed by learning experiences, which emphasise learning of the prescribed content and then evaluating to see if the objectives had been achieved. Hence, learning is teacher-controlled, knowledge is experienced as separate subjects, and there is little student choice or interaction (Westbrook et al., 2013).

There has been criticism of the behavioural approach—Ewing questions behavioural theorists such as Wheeler (1967, p. 11) whose objec-

tives are described as deliberate and systematic planned attempts to change behaviour. “Pedagogic approaches that can broadly be described as ‘behaviouristic’ in origin may result in practices such as lecturing, demonstration, rote learning, memorization, choral repetition, imitation/ copying or ‘master classes’” (Westbrook et al., 2013, p. 9). Ewing gives the example of learning to recite river names as indicative of the behavioural approach and states that it doesn’t constitute learning at all “Critiques of behaviorism lie in the surface-nature of the knowledge acquired and the way in which ‘one-size-fits-all’ approach excludes students with individual differences” (Westbrook et al., 2013, p. 9).

PE, similar to all curriculum learning areas, has historically employed a behavioural approach. However, if PE is to succeed in enhancing children’s wellbeing, it must continue to become holistic in nature; that is, it can no longer afford to predominantly adopt a behavioural approach. For “While the simplicity of this means-end, objectives approach is its strength, it is also its strongest limitation. This is because it cannot take account of the more complex and integrated purposes and processes of education” (Ewing, 2010, p. 27).

However, there are arguments based on research into how humans best learn that explicit instruction is the preferred pedagogical approach. “We should be teaching domain-specific knowledge, not generic skills” and “Initial instruction when dealing with new information should be explicit and direct” (Australian Government, 2014, p. 125). For the example of acquiring basic mathematical skills, “the research clearly shows that teacher-directed learning is better suited. Needless to say, these basic skills must be firmly in place before students can approach problem-solving questions with any degree of competence” (2014, p. 126). Furthermore, behaviourism has been dominant as it “could be held to be universal as a theory, applicable within a variety of contexts, both cost and time efficient and require fewer resources, including demanding less qualified and skilled teachers” (Westbrook et al., 2013, p. 9). Hence, the behavioural approach is influenced by business and industry with a focus on efficiency in schools which often means:

eliminating small classes, increasing student-teacher ratios, hiring fewer administrators, reducing teacher salaries, maintaining or reducing opera-

tional costs and then preparing charts and graphs to show the resultant cost reductions... The goal was [is] to reduce teaching and learning to precise behaviours with corresponding measurable activities. (Ornstein & Hunkins, 2017, p. 2)

Embedded within the behaviourist approach is the “utilitarian one” “where outcomes must be work-related and help a nation’s economy be more productive in an increasingly challenging global environment” (Australian Government, 2014, p. 18). Hence, the behavioural approach is connected to a top-down directive, which historically within developed countries has been unsuccessful. This occurred within Australia during the 1960s and 1970s, which minimised the teacher’s influence on curriculum reform (Kirk, 1990; Macdonald, 2003), and as a result, the changes did not happen (Lawson, 1990; Sparkes, 1991). A behavioural, top-down governmental approach is currently happening within England, where the Office for Standards in Education, Children’s Services and Skills (Ofsted) inspects and regulates. Ofsted set common ideals and expectations for every maintained school to strive for. From 2017, Ofsted has stated that:

- All of their work is evidence-led
- Their evaluation tools and frameworks are valid and reliable
- Their frameworks are fair
- They aim to reduce inspection burdens and make their expectations and findings clear
- They target their time and resources where they can lead directly to improvement (<https://www.gov.uk/government/organisations/ofsted/about>).

This statement does question the educational practice expected by Ofsted before 2017, before practice was evidence based. This is supported by Coffield who concluded from a study on behalf of the British Educational Research Association (BERA) that Ofsted “currently does more harm than good. Its methods, although changed every few years during the 25 years of Ofsted’s existence, are still invalid, unreliable and unjust” (Coffield, 2017). Hence, Moran argues that “the Ofsted hand is fundamentally broken” (2019).

Historically, Ofsted inspections and judgements have weighted heavily on quantitative data, such as Year 2 and Year 6 national curriculum standardised testing (known as SATs). Corbyn speaks of “SATs and the regime of extreme pressure testing giving young children nightmares” (2019). Furthermore, it is argued that since 2010 due to austerity measures, education has been narrowed within the UK and only purpose has to have been for the economy or business (Corbyn, 2019). Quantitative research is “an approach that seeks to determine the relationships between variables and, particularly, cause and effect relationships” (Kervin, Vialle, Herrington, & Okely, 2006, p. 36); hence, such research relates to the behavioural approach. This statement is supported by the Ofsted’s Chief Inspector, Amanda Spielman, who during a speech delivered at The Festival of Education (23 June, 2017) stated:

So I believe we have a vital role in balancing the accountability system. What we measure through inspection can counteract some of the inevitable pressure created by performance tables and floor standards. Rather than just intensifying the focus on data, Ofsted inspections must explore what is behind the data, asking how results have been achieved. Inspections, then, are about looking underneath the bonnet to be sure that a good quality education – one that genuinely meets pupils’ needs – is not being compromised. (<https://www.gov.uk/government/speeches/amanda-spielmans-speech-at-the-festival-of-education>)

When Spielman speaks of data, she is referring to quantitative research data—performance tables and floor standards (e.g. SATs), where “variables of interest are very clearly spelled out, measurement is standardised, and results analysed through statistical means” (Kervin et al., 2006, p. 36). This is surprising in the field of education, as while the strengths of quantitative methods have been well suited to scientific research over the last century (Kervin et al., 2006), it is the richer and more varied insights offered by qualitative research that is commonly used in education and social sciences around the world (Kervin et al., 2006; Lune & Berg, 2017; Merriam, 1998; Moran, 2019; Salkind, 2017). Qualitative research is best suited because, “Curriculum results from social activity. It is designed for both present and emerging purposes. Curriculum is a dynamic field” (Ornstein & Hunkins, 2017, p. 1).

The qualitative research approach is inferred to by Spielman; “explores what is behind the data [quantitative], asking how results have been achieved” (2017). Hence it “provides insight into the subtle nuances of educational contexts and allows the exploration of the unexpected that cannot be accommodated in quantitative approaches” (Kervin et al., 2006, p. 37). Furthermore, “reports of qualitative research tend to adopt a narrative form that is more accessible to practitioners... and thus is more likely that the research findings will have an impact on educational practice” (Kervin et al., 2006, p. 37).

The need for qualitative data methods is invoked by Spielman; “interpreting data wisely and placing it in its proper context”. Considering that the success of policy [curriculum] implementation ultimately depends on teachers and students (Gardner & Williamson, 1999), qualitative research methods are most appropriate as they enable the participants to share their stories and valuable insights on how the curriculum [including PE] is taught and learned within the contexts of their schools. Moreso, a qualitative study approach in education, acknowledges that meanings are socially constructed: “Social realities are constructed by the participants in their social settings” (Glesne, 1999, p. 5).

Qualitative researchers establish credibility and trustworthiness through their data gathering, analysis and reporting—rather than focusing on quantitative terms of validity, reliability and generalisability (Kervin et al., 2006), as adopted by Ofsted. Hence, only relying on quantitative research methods, as Ofsted have traditionally done, limits findings within schools, as it ignores contexts and experiences. This assumes that every school within England, every classroom, every teacher and every child are the same; subsequently, it forms a paradox to the UK curriculum policy titled “Every child matters”. Therefore, to add balance and give a deeper analysis of the school context, Ofsted is required to apply qualitative research methods also. As Kervin et al. (2006) recommend, qualitative research enables the research findings to have an impact on educational practice.

Ofsted standards are overseen by the government which “reduce teaching and learning to precise behaviours with corresponding measurable activities” (Ornstein & Hunkins, 2017, p. 2), ensuring efficiency in schools. It can be argued that this top-down behavioural approach and

associated funding cuts are failing miserably in the UK (Corbyn, 2019; Richardson, 2018a). Reports have included:

- increased teacher workloads, resulting in record numbers of early career teachers leaving the profession (Corbyn, 2019; Coughlan, 2017a);
- record high numbers of teachers suffering from job stress, including depression and anxiety (Brennan & Henton, 2017; Corbyn, 2019; Education Support Partnership, 2017);
- regular strike threats; and frustrated head teachers leaving the profession (Coughlan, 2017b; Richardson, 2018b);
- a shortage of head teachers (Walton, 2014);
- experienced quality teachers being lost to the profession, resulting in reduced teachers in schools; increased number of unqualified teachers; and increased class sizes (Burns, 2018; Corbyn, 2019; Sellgren, 2017).

Due to the shortage of teachers in England, initial teacher education (ITE) is being replaced by quick fix and ad hoc initial teacher training (ITT) programmes, where time involved for UK qualified teacher status (QTS) has been reduced from traditional four-year Bachelor of Education courses to as little as 12 weeks for candidates with recognised prior learning (<https://www.tes.com/institute/assessment-only-route-qts>). Consequently, it can be argued the quality of teacher preparation and quality education has diminished.

Hence, the UK has been described as “lagging behind”, and “flat in a changing world” in the Programme for International Student Assessment (PISA) world rankings based on OECD tests (Coughlan, 2016). The PISA tests are taken by 15-year olds in maths, reading and science every three years from over 70 countries. The UK is ranked 27th in maths, the lowest in the 18-year history of participation, 22nd in reading and 15th in science. Hence, government efforts to produce and control “trained teachers” (behavioural approach) rather than emphasising “educators” (constructivist approach) have emanated limited trust in the profession. This is witnessed by the overemphasis of teachers evidencing class progress, which results in increased workloads and subsequently, deducts from the teacher–student quality learning experience (Corbyn, 2019). As the PISA results suggest, this has been ineffective and even

counterproductive compared to quality educators spending quality learning time with students—as seen in countries such as Singapore, Hong Kong (China), Canada, Finland and Ireland (OECD, 2019; PISA, 2015). Corbyn argues that a different approach is needed and has promised that “the next Labour government will scrap SATs tests for seven and 11 year olds and will scrap the plan for new baseline assessment for Reception classes” (2019).

Constructivist Approach

In the constructivist approach, “educators recognise ‘active learning’ or ‘play-based learning’ where children learn across emotional, social, physical and cognitive areas” (Arthur et al., 2015, p. 427). Given that this book adopts “education through movement” as a lens to describe and advocate a holistic approach towards child health and wellbeing—this premise is underpinned by the constructivist approach. Moreso, “Children as active learners participate in integrated hands on experiences with open-ended materials as they construct new meanings” (Arthur et al., 2015, p. 427). Constructivism is based mainly on Piaget (1896–1980) and perceives “the mind as inherently structured to develop concepts and acquire knowledge” (Westbrook et al., 2013, p. 10). It involves “individual learners actively exploring their environment by building on their existing cognitive structures” (Westbrook et al., 2013, p. 10).

The constructivist approach focuses on the process rather than the end result, influenced by theorists such as Bruner (1960, 1986) and Stenhouse (1975). “It emphasizes the importance of understanding how we learn and that, therefore, learning processes themselves must be carefully planned and organized to meet the needs of the learners, and to allow them to learn in different ways” (Gardner, 1983; cited in Ewing, 2010, p. 29).

Learning experiences should be meaningful and engaging and learners must see the point of what they are learning because in reality they are the ones who control what they learn. While knowledge is acknowledged as important, the teacher is not viewed as the transmitter of the knowledge but rather a co-learner and a facilitator of the learning process for students. (Ewing, 2010, p. 29)

Learners actively explore their environment to build on their existing knowledge base. It is imperative that PE teachers have expertise in the subject content so that they can provide developmentally appropriate activities that enable individuals to continue making progress. Hence, in the constructivist approach “Individual and group work centred around problem solving and project work is appropriate. Concrete activities are privileged for younger children, with activities involving symbolic and abstract thought reserved for older students” (Westbrook et al., 2013, p. 10). For example in the early years for PE:

Consistent with the socio-cultural approach and comparable to play-based pedagogy, learning motor skills requires scaffolding and guidance from an expert to assist the child to become competent. Scaffolding sits within Vygotsky’s zone of proximal development and expertise may involve family and community partnerships. While tasks may be initially challenging for the child, practising should be enjoyed regularly if the child is to master the skill. (Lynch, 2017b, p. 88)

Therefore, if teachers know their students and their students’ interests, as part of a unique learning context deep understanding, then they can plan learning experiences that the learners will want to engage in. The students will “make connections with and relevance to their own lives” (Ewing, 2010, p. 29). The constructivist approach also relates to didactic research. Quennerstedt and Larsson (2015) refer to the classical work of Czech scholar and teacher educator John Amos Comenius who in 1657 wrote the main objective of didactic research is “to find a method of instruction, by which teachers may teach less, but learners may learn more; by which schools may be the scene of less noise, aversion, and useless labour, but of more leisure, enjoyment, and solid progress” (p. 4; cited in Quennerstedt & Larsson, 2015, p. 2).

The term social constructivism is also used, implying that knowledge is socially constructed and learning is a social process. Meaning making is prioritised in familiar contexts and mediated using cultural tools, especially language (Westbrook et al., 2013, p. 10). Teachers apply Vygotsky’s Zone of Proximal Development “where tasks are too difficult for a child

to perform independently, but are possible with the assistance of more knowledgeable others” (Arthur et al., 2015, p. 431).

The 1999 Queensland (Australia) Health and Physical Education (HPE) Years 1 to 10 Syllabus sits within constructivism and advocated the inquiry-based approach to develop problem-solving and decision-making skills (connecting to metacognition). This curriculum document was purposefully chosen because it was in many ways the leading H, W & PE curriculum document. While there has since been a new national HPE curriculum released in November 2013, there have been many similarities drawn between this most recent national Australian Curriculum for HPE and the 1994 HPE National Statement and Profile, which provided a foundation for the construction of the 1999 Queensland HPE (P-10) Syllabus (Lynch, 2017a).

The inquiry-based model has been evidenced through research as a successful HPE framework for guiding teachers when designing units of work (Lynch, 2016). The iterative cycle involves four stages: understand, plan, act and reflect. The 1999 Queensland HPE curriculum contributed to lifelong learning described as:

- a knowledgeable person with deep understanding;
- a complex thinker;
- a creative person;
- an active investigator;
- an efficient communicator;
- a participant in an interdependent world;
- a reflective and self-directed learner (Queensland School Curriculum Council, 1999, p. 5).

As a participant in an interdependent world;

Learners develop a sense of responsibility for the wellbeing of themselves, of others and of the environment. They develop an understanding of social justice principles by:

- learning about the values and views of other groups;

- planning ways and developing skills to redress inequities (Queensland School Curriculum Council, 1999, p. 3).

Hence, constructivism “is associated with so-called 21st century life-long learning” (Australian Government, 2014, p. 125). The twenty-first-century lifelong learning skills include:

- Communication skills
- Numeracy skills
- ICT skills
- Thinking skills and problem-solving
- Self-management and competitive skills
- Study and work skills
- Social skills
- Physical skills
- Aesthetic skills (UNESCO, 2019).

Examples of pedagogies used in constructivism include project work, individual activity, experiential, Montessori, Steiner and Pestalozzi education in USA and Europe, reciprocal teaching of reading in USA, communicative learning, cooperative learning and group work element in national strategies (Westbrook et al., 2013, p. 12).

A Critical Approach

Critical pedagogies, originating from Paulo Freire (1972) in Brazil, aim towards pursuing a fuller humanity, social emancipation and transformation, led by ‘the oppressed’, such as the poor and women. This is a through a dialogic, reflective approach wherein the teacher is no longer authoritative but, as an intellectual, enables students to develop critical consciousness of their own oppression and to act on the world as they learn in order to change it. (Westbrook et al., 2013, p. 11)

Ewing draws on the work of Habermas (1984) to describe a critical approach as; “seeks to go beyond simple cause-effect or process oriented emphases” (2010, p. 30). The student also “shares responsibility for teach-

ing and learning processes, along with the teacher and the whole group” (2010, p. 31). Collaborative and individual experiences are all important and vary depending on the context. The teacher is responsible for providing scaffolded learning. In reality, curriculum comprises all the experiences that occur in a particular context (Pinar, 1975).

In this approach, “competitive examinations and traditional academic subjects are seen as reinforcing inequality and being biased towards students from privileged backgrounds” (Australian Government, 2014, p. 20). The Liberal-humanist view also is embedded within a critical approach which specifically “differentiates between training and education, and is based on the belief that whereas the first is committed to skills and competencies directed towards utilitarian ends, the other is concerned with knowledge and understanding” (Australian Government, 2014, p. 20). Examples of pedagogies used in a critical approach include critical pedagogies such as philosophy for children in England and student voice (Westbrook et al., 2013, p. 12). Leahy et al. (2013) note that the inquiry approach adopted in the 1999 Queensland HPE (P-10) Syllabus was renamed a “critical inquiry” approach as one of the five key propositions that underpin the 2013 Australian Curriculum: HPE. Furthermore, they argue that critical approaches have influenced the educational thinking that has shaped curriculum development in both health education and physical education since the late 1980s in Australia, New Zealand and the UK.

Which Approach?

Ornstein and Hunkins suggest that when considering education and in particular the curriculum covered that there are no precise answers to which approach should be used and this is intentional (2017, p. 1); it is about increasing understanding with regard to the complexities surrounding this issue. They argue that schools do tend to commit to one particular approach although many educators do not, “Rather, they emphasize one approach in some situations and advocate other approaches in other situations” (Ornstein & Hunkins, 2017, p. 2). This is why it is so important

that curriculum designers, curriculum specialists, curriculum students and teachers need to continue to develop their understanding.

In the latest Australian curriculum reform review, it was encouraged that teachers should use an eclectic choice of approaches to suit the context, as advocated by Lynch (2014). Ornstein and Hunkins (2017) support and emphasise the importance of context. Hence, the purpose of education is to achieve all approaches:

1. Develop practical skills, strengthen productivity (utilitarian).
2. Prepare and deal with the future (twenty-first century learning).
3. Develop the child (personalised learning).
4. Critique society (equity and social justice).
5. Introduce students to the best that has been thought and said (enculturation) (Australian Government, 2014, p. 24).

All approaches have a place and evidence-based research suggests that there should not be a prevalence of certain approaches (and pedagogies embedded within) over others. However, the “curriculums for geography, history and science [also HPE] all privilege inquiry-based and student-centred teaching and learning” which sit within constructivism (Australian Government, 2014, p. 5).

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3

Approaches to Health and Wellbeing

It is suggested that a curriculum approach reflects views of schools and society (Ornstein & Hunkins, 2017). An educator's curriculum approach may conflict with the formal organizational view, as teacher's approaches can be influenced by external or governing bodies:

The school curriculum is never value free as it either implicitly or explicitly embodies a particular educational philosophy related to the purpose of education. Different approaches to education also embrace a range of beliefs about the role of education, the place of schools in society and what it means to be educated. (Australian Government, 2014, p. 17)

Associations between public health and HPE can be traced back as far as the 1800s (Alfrey & Brown, 2013). Hence, educators need to also be aware of the influence of external or governing bodies and ulterior motives. In particular, the term "Governmentality" has been coined, which is concerned with the art of government (Chamberlain, 2014). Governmentality comes from the work of Michel Foucault and involves public health regulation as an "exemplary paradigm of the deployment of governmental strategies that seek to shape the conduct of individuals and collectives" (Tinning, 2010, p. 147). Thorpe warns that governmentality illustrates a "declining faith

in the institutions responsible for governing education” (2003, p. 147). However, it is argued that “professionalism in learning areas should be trusted to develop the best curriculum” (Australian Government, 2014, p. 116).

The modern approach towards public health and health education considers determinants of lifelong health and wellbeing—some factors being more in the individual’s control than others (Corbin, Welk, Corbin, & Welk, 2011). Health and wellbeing lifestyle determinants include:

- Personal actions and interactions—cognitions and emotions (greater individual control).
- Healthcare system access and compliance (some individual control).
- Environmental factors—physical, social and cultural, spiritual, work-site, other (some individual control).
- Heredity, age, disability (individual has least control) (p. 10).

The literature acknowledging the “big picture” of health and the determinants which may or may not be in an individual’s control sits within the World Health Organization’s (WHO) definition of health; “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political beliefs or economic and social condition” (WHO, 1948). Hence, the next element of quality physical education when exploring health approaches that influence teachers and children is whole child development (cf. Fig. 1.1). Furthermore, through this exploration, the complexity of implementing health and wellbeing in schools is identified. It is important to note that holistic development has not always been the priority as the following health approaches illustrate.

Biological Approach

Medical Model

The medical model is individualistic; it focuses on cure rather than prevention and subsequently members of society who are diseased. The healthcare system is a key player in the medical model where “traditional medicine has focused primarily on the treatment of illness with medicine, rather than illness prevention and wellness promotion” (Corbin et al., 2011, p. 10).

Developed during the age of Enlightenment in the 18th Century, when the traditional natural sciences began to dominate academia and medical practice. The belief that science could cure all illness and disease has remained a core element of modern medicine. This concept of health may be easier to understand as it makes health an attribute you can measure simply by determining if a disease is present or not. However the strong emphasis on the absence of disease as an indicator of good health, and the overdependence on the influence of medical science in health, ignores the power of other important influences. (Community Development & Health Network, n.d.)

The medical model does not sit within the WHO's definition of health (1948) and has three major criticisms:

1. it supports the false notion of dualism in health, whereby biological and psychological problems are treated separately;
2. it focuses too heavily on disability and impairment rather than on individual's abilities and strengths; and
3. it encourages paternalism within medicine rather than patient empowerment (Swaine, 2011).

Behavioural Approach

Similar to the behavioural approach in education, health objectives can be perceived as being deliberate, systematic, planned attempts to change behaviour. It assumes that simply by advocating and providing informa-

tion about having a healthy lifestyle [optimal wellbeing] is enough to change an individual's behaviour. Within the behavioural approach it is assumed that changes in people's behaviour will occur by simply providing information such as:

- Engaging in regular physical activity
- Eating well
- Managing stress
- Avoiding destructive habits
- Practising safe sex
- Managing time
- Being an informed consumer
- Adopting good health habits
- Adopting good safety habits
- Learning first aid (Corbin et al., 2011, p. 10).

Transtheoretical Model of Behaviour Change

The transtheoretical model of behaviour change [also known as stages of change] (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) is founded on changing behaviour of an individual by practising self-management and self-planning skills. The model acknowledges that most people find it extremely difficult to make healthy lifestyle changes, relates to the level of motivational readiness to adopt a specific health behaviour and is an iterative and integrative process (similar to the inquiry-based approach). It is an example of a biopsychosocial model used to conceptualise the process of intentional behaviour change. However, it does assume that all determinants are within an individual's control.

Prochaska and his colleagues suggest that there are five stages of lifestyle change:

1. Precontemplation—I don't want to change.
2. Contemplation—I am thinking about change.
3. Preparation—I am getting ready to make a lifestyle change.
4. Action—I have made some lifestyle changes.

5. Maintenance—I regularly practise healthy lifestyles (active for years, behaviour is automatic); sometimes referred to as termination (e.g. No longer smoke) (Corbin et al., 2011).

The factors influencing change include:

- Personal factors—age, gender, heredity, current health and fitness.
- Predisposing factors—self-confidence, self-efficacy, safe environment and access (Am I able?); and self-motivation, enjoyment, balanced attitudes, beliefs and knowledge (Is it worth it?).
- Enabling factors—goal setting, self-assessment, self-monitoring, self-planning, performance skills, coping skills, consumer skills and time management.
- Reinforcing factors—success, family support, peer support and support of health professionals (Corbin et al., 2011, p. 25).

Being familiar with constraints and the ability to overcome such barriers is a key self-management skill. Also, knowing the reasons why people do carry out the behaviour one is aspiring towards can assist. Self-planning is also a focus and viewed as an important self-management skill. Self-planning skills include:

1. Clarifying reasons
2. Identifying needs
3. Setting personal goals
4. Selecting programme components
5. Writing the plan
6. Evaluating progress (Corbin et al., 2011).

Social Approach to Health

Social Model to Health

The social model to health was developed in reaction to the traditional medical model. The social model examines all the factors which contribute to health such as social, cultural, political and the environment (e.g. poor

housing), as it is well documented that both stress and low self-esteem can have a negative impact on health (Wilkinson & Marmot, 2003).

Socio-Ecological Model (SEM)/Socio-Cultural Approach

As stated by Lynch (2012), the complex layers of relationships between individuals and groups, involving personal, interpersonal and environmental factors which can be categorised as constraining and enabling, are captured within the SEM designed by Sallis et al. (2006). The SEM approach identifies potential environmental and policy influences on four domains of active living: recreation, transport, occupation and household. The SEM is supported by McMurray (2007) who suggests that community is a socio-ecological concept and

systems of dynamic, interactive relationships between people and their physical, geographic, personal and social networks. Communities are ecological in that the relationships within the community not only connect people to the community, but give back to the community what it needs to sustain itself. (p. 13)

Within literature, more recently the SEM has been used to identify barriers for primary school classroom teachers responsible for teaching PE:

used to provide a conceptual framework to analyse, explore and understand the multiple factors that influence teacher behaviours at the intrapersonal (individual), interpersonal (social), physical environment and policy levels (Elder et al., 2007; Hyndman, Benson, & Telford, 2014; Whittle, Telford, & Benson, 2015). The intrapersonal level consists of genetic characteristics, psychological influences (Stokols, 1992), learning histories (Hovell et al. 2009), behaviours, intentions and expectations (Glass and McAtee 2006). The interpersonal level consists of socio-cultural influences that interact with an individual such as family, friends, peers, cultures and support networks (Wattchow et al., 2013). The physical environment level refers to the structural components and resources within an environment that either facilitate or reduce the potential for a behaviour or outcomes (Wattchow et al., 2013). The policy environment level refers to laws, regulations and

policies that impact behaviour across jurisdictions such as uniform requirements, access to funding and teaching guidelines. Combined, these factors can influence the behaviour of teachers and educators (Wattchow et al., 2013). (Hyndman, 2017, p. 27)

Within the education field and specifically the implementation of the H, W & PE curriculum, the social model to health has been represented and described as the socio-cultural approach. The socio-cultural approach in education and in particular, H, W & PE, is described in detail in Chapter 9.

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4

Global Policy: Holistic Health, Wellbeing and Physical Education Evolution

When considering quality physical education (QPE) implementation in primary/elementary schools and subsequent child wellbeing, the promotion of health is of major significance. Hence, this chapter relates to various elements of QPE (cf. Fig. 1.1), including curriculum, teaching and learning; whole child development; school implementation; and strength-based community partnerships. The health within Physical Education (PE) has impacted many parts of the world as evidenced by curriculum policy as the Health, Wellbeing and Physical Education (H, W & PE) revolution has and continues to grow globally. Furthermore, the World Wide survey of school PE found that countries of “Best Practice” had a common theme relating to “promotion of health and healthy lifestyles” (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2014, p. 10). Hence, when considering QPE implementation in primary/elementary schools around the world, the promotion of health is of major significance.

Holistic HPE is described by Lynch and Soukup (2016):

The introduction of the sociocultural approach saw a philosophical shift using a “holistic” discourse in PE. This holistic view was influenced by an

inclusive ideology and in some regions of the world was relabelled HPE. This shift has occurred on numerous occasions throughout history, but most recently began as a complex counter discourse to those associated with the “body as object” [dualism] philosophy. The whole child view was “informed by critical pedagogues and pedagogy in Australia, the United Kingdom and New Zealand in the 1980s and 1990s” (Cliff, Wright, & Clarke, 2009, p. 165). This holistic discourse had important implications for PE teachers and students, “because its attention to social and cultural influences on health put it in opposition to notions which locate responsibility for health almost solely in the individual and their decisions” (Cliff et al., 2009, p. 165). This discourse changed perception of the body as a separate object, to that of the “whole person”; body, mind, spirit and well-being, along with their social and cultural context.

The volume of holistic HPE literature found in international, peer-reviewed journal articles and research books suggests that Australia has led the way in HPE nomenclature and curriculum reform (Lynch, 2016). In Australia, the HPE framework document is described as an “ideal” policy document (Hickey, Kirk, Macdonald, & Penney, 2014), more specifically, it is a public incremental educational policy (Dinan-Thompson, 1998) that has gradually been enacted by Australian schooling systems over the last 20 years (Lynch, 2005, 2014; Macdonald, 2013).

Policies are a matter of the “authoritative allocation of values”, the operational statements of values, or “statements of prescriptive intent” (Kogan, 1975, p. 55). The HPE national curriculum provides a flexible framework conceptualised as text (Penney, 2014). “Public policy is whatever governments choose to do or not to do” (Dye, 1984, p. 1). Text or written curriculum is defined by Goodson (1988, p. 9) as:

- an important part of a consolidated “state” system of schooling;
- setting “standards” and defining statements of intent; and
- providing clear “rules of the game” for educators and practitioners, parameters but not prescriptions.

Australian Education Departments’ health and wellbeing outcomes, frameworks and statements all directly relate to the Health and Physical Education (HPE) learning area:

In Health and Physical Education students develop the knowledge, understanding and skills to support them to be resilient, to develop a strong sense of self, to build and maintain satisfying relationships, to make health-enhancing decisions in relation to their health and physical activity participation, and to develop health literacy competencies in order to enhance their own and others' health and wellbeing. (Australian Curriculum, Assessment and Reporting Authority, 2012, p. 2)

The holistic health and wellbeing shift is not unique to Australia, as it is identified by other developed countries. A holistic HPE philosophy has been adopted by the USA (Lynch, 2016), Canada (Kilborn, Lorusso, & Francis, 2016) and parts of the UK. In the USA, similar to Australia, each state controls education policy and curriculum implementation; hence, it differs in quality between states and between schools. While there is no national curriculum as such, there is a National Framework for Physical Activity and Physical Education known as the Comprehensive School Physical Activity Programme (CSPAP). The National Framework CSPAP is supported by National Initiatives which has included “Let’s Move! Active Schools” (LMAS), “Presidential Youth Fitness Program” (PYFP) and the “CDC’s (Centers for Disease Control and Prevention) State Public Health Actions Program”.

In the UK, Wales has also introduced wellbeing and “showed a greater commitment to cross-curricular links” (Griggs, 2012, p. 4). In Scotland, health and wellbeing includes: physical education, physical activity and sport; mental, emotional, social and physical wellbeing; planning for choices and changes; food and health; substance misuse; and relationships, sexual health and parenthood (Griggs, 2012). Other nations such as New Zealand have a “Health and Physical Education” key learning area—“where the focus is on well-being of the students themselves, of other people, and of society through learning in health-related and movement contexts” (New Zealand Ministry of Education, 2019).

Asian nations have experienced a shift towards H, W & PE; this includes the largest and most populous country in the world—China. In 2001, China shifted from its traditional sports performance-oriented PE curriculum to a more holistic PE and health curriculum. “Not unlike recent changes in Australia, New Zealand and the UK, this process has seen

a heightening of the emphasis on health” (Hickey & Jin, 2010, p. 19). According to Jin, the Chinese shift towards a H, W & PE holistic approach, “challenges many aspects of traditional PE theory and practices, and requires PE teachers to change their professional perspectives and pedagogic approaches” (Jin, 2013, p. 15). Jin researched teachers’ perspectives of PE curriculum reform in China and found barriers:

All eighteen PE teachers expressed their support for the fundamental goal of putting more emphasis upon health promotion in the new HPE curriculum. It is fair to say that the interviewed teachers, viewed as a group, overwhelmingly endorsed the broad direction of the new HPE curriculum. However, the data reveals a number of structural, personal and cultural factors that might prevent PE teachers from actively implementing the new HPE curriculum. (p. 15)

This drive for holistic PE curriculum reform continues to grow as the Chinese State Council promised to “further promote physical education in schools and improve students’ physical health” (The State Council, 2016). The document advocated inclusive teaching; “Schools for the physically challenged should vary their physical education lessons to fit the needs of different kinds of disabilities and guarantee every student could enjoy their right to exercise”. It also advocated community “strengths-based” partnerships.

This appears to be consistent throughout many Asian countries:

The economic growth witnessed in many countries in Asia has led to significant changes in cultural and social practices. As people become more affluent, their lifestyles and habits reflect their shifting priorities and spending power. In general, people in urban Asia have grown more sedentary in tandem with greater technological advances that offer an escape from physical work and exercise. This trend has raised the concerns of educators who have noted a declining interest in physical education and sports in schools. Educational institutions play an important role in improving the health and well-being of their students, especially through their physical education, sports and recreation programmes. (UNESCO Bangkok, 2008, p. iii)

UNESCO led the United Nations Decade of Education for Sustainable Development (2005–2014) in the Asia and Pacific region. “To achieve the goals of the Decade, UNESCO strongly advocates[d] the development of the intellectual capacity, morals and ethics, emotional maturity and physical well-being of children and youth, enabling them to become responsible citizens and leaders of the future” (UNESCO Bangkok, 2008, p. iii).

UNESCO’s goal is to enable the promotion of better health and well-being for all children and young people. “This, in turn, will contribute to achievement of the Sustainable Development Goals [SDGs], particularly those related to education, health and gender equality” (UNESCO, 2016, p. 8). The SDGs apply to all countries, developed and developing (Lynch, 2016) and build on from the 2000 to 2015 Millennium Development Goals (MDGs), “Transforming our world: the 2030 Agenda for Sustainable Development”, consists of 17 goals and 169 targets. These goals “are truly global challenges that require solutions involving all countries” (Thwaites, 2015).

Goals 3 and 4 are representative of H, W & PE. In particular specific targets 3.4, 3.d and 4.1:

Goal 3: Ensure healthy lives and promote wellbeing for all at all ages.

3.4—By 2030, reduce by one-third premature mortality from noncommunicable diseases (NCD) through prevention and treatment, and promote mental health and wellbeing.

3.d—Strengthen the capacity of all countries, in particular, developing countries, for early warning, risk reduction, and management of national and global health risks.

Goal 4: Ensure inclusive and quality education for all and promote lifelong learning.

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education, leading to relevant and effective learning outcomes.

As target 3.4 and research indicate, mental and social wellbeing is promoted by engaging in regular physical activity (Commonwealth of Australia, 2014; Lynch, 2015; Parkinson, 2015; Public Health England, 2015; Richards, 2016; Salmon et al., 2011).

Furthermore, “According to the United Nations (UN) ‘partnerships’ are essential for implementation of Sustainable Development Goals (SDG) and continued efforts towards equality in health and wellbeing” (Lynch, 2016, p. 1). This is supported by Elliott who suggests that at the “core of promoting children’s health and wellness in early childhood and school environments is communication and partnerships with families, and strong links between school, home and community” (2014, p. 191).

Within Asia, Singapore has “Physical Education” and Health Education is embedded within (Ministry of Education Singapore, 2016). Brunei Darussalam has adopted a new twenty-first-century national curriculum consisting of nine key learning areas, which includes HPE (UNESCO, 2011b). Extending PE to “Health and Physical Education” corresponded with the aim of the curriculum reform—to address issues relating to the whole child.

Similarly, neighbouring nation, Malaysia, also promotes a holistic curriculum, specifically in primary education they aim “at ensuring the overall, balanced and integrated development of a child’s potential – which includes intellectual, spiritual, emotional and physical aspects” (UNESCO, 2011i, p. 15). This stipulates enabling pupils to look after their health and physical fitness. HPE is embedded within arts and recreation (along with music and art) where the “elements of Health are incorporated within Physical Education” (UNESCO, 2011i, p. 16). This is a similar curriculum situation being offered in the Philippines (UNESCO, 2011k).

The first aim of education in Japan is that it should “foster an attitude to acquire wide ranging knowledge and culture, and to seek the truth, cultivate a rich sensibility and sense of morality, while developing a healthy body” (UNESCO, 2011h, p. 2). Japanese elementary schools have “Physical Education” as a subject and Health Education is embedded within (similar to Singapore). However, in Lower Secondary Education and Upper Secondary Education, the curriculum is titled “Health and Physical Education” (UNESCO, 2011h, p. 19). This is a similar curriculum structure to Nepal (UNESCO, 2011j).

Thailand also has the holistic HPE subject area in education (primary and secondary) which includes “human growth and development; life and family; movement, physical exercises, games, Thai and international

sports; strengthening of health, capacity and disease prevention; and protection from various risk behaviours” (UNESCO, 2011o, p. 22).

Cambodian education has “Health and Physical Education and Sport” as their subject area with the goal of “improving and maintaining their own physical and mental health and to contribute to the improvement and maintenance of the health of their families and wider society” (UNESCO, 2006, p. 13). Indonesia is similarly titled “Physical Education, Sports and Health” across both elementary and secondary education (UNESCO, 2011e).

In India “Health and Physical Education must be an integrated part of schooling at the elementary level” as well as at secondary schooling. The aim of the HPE curriculum is “To provide the required theoretical and practical inputs in order to provide an integrated and holistic understanding and developing positive attitudes, values, skills and behaviour related to health and physical education at the primary, secondary and senior secondary levels” (National Council of Educational Research and Training of India, n.d., p. 3). This is a similar curriculum situation being offered in Sri Lanka (UNESCO, 2011n).

In Europe, unlike Asia, there is not a common presence of holistic education in regards to PE curriculum and nomenclature. For example, in England, the curriculum area is only Physical Education. While there is Personal, Social, Health and Economic Education (PSHE) as a subject, it is “not statutory and therefore schools have the autonomy to decide on what and how they implement these guidelines” (Department for Education, 2016). The present PE national curriculum for England is described as a “dominant performance-oriented curriculum with its accompanying behaviourist inclined pedagogical approach” (Thorburn, Jess, & Atencio, 2011, p. 393); behavioural to the degree that “official guidance from the department of education advise teachers to use physical activity as punishment in schools - to discipline misbehaviour with forced exercise” (Curran, 2014; Department for Education, 2014). However, this does appear to be circumstantial, as the previous national curriculum draft purported a holistic approach. It preceded the Rose Review and was suitably titled “Understanding Physical Development, Health and Well-being”. This holistic H, W & PE curriculum however was discarded in

2010 with the change of government (Griggs, 2012). Notably, it can be argued that it has planted the seed for future reform.

Furthermore, in the UK, the health and wellbeing gap created by having optional PSHE appears to have been momentarily filled by the physical literacy concept which as argued has contributed to blocking curriculum policy in PE from reaching children in schools (Lynch & Soukup, 2016, 2017); “England, Canada and Wales are listed as having the most established physical literacy initiatives” (Corbin, 2016, p. 15), but there are confusing and problematic aspects which are addressed in Chapter 6 (cf. p. 69). It is of no surprise that the children in the countries who promote physical literacy or have adopted the term in curriculum (USA) are according to Curran “among the unhealthiest in the world” (2014; UNICEF, 2007), which suggests physical literacy may be a form of reactive panic rather than proactive, strategic forward planning.

The PE curriculum in many European countries does appear to correspond to tradition which is detailed in Chapter 7. Hence, when it comes to learning through the physical, many countries in Europe (such as England) do what has always been done; change is slow or non-existent. Germany has sports as a subject in primary education and General Lower Secondary (European Commission, 2019c). France has physical and sport education, again with no connection to health (European Commission, 2019b). Greece also has Physical Education which is related to mental health (not a holistic connection to health) (European Commission, 2019d). Italian primary education has sports education (European Commission, 2019e). Iceland, Poland, Spain and Romania refer to a PE curriculum only and again have no connection to health.

However, there are many European countries who acknowledge a holistic H, W & PE curriculum in either nomenclature or structure. This includes: Finland, Ireland, Northern Ireland, Scotland, Netherlands, Switzerland and Sweden. Ireland has Physical Education which aims to “promote the physical, social, emotional and intellectual development of the child” (Government of Ireland, 1999, p. 10) which is similar to Northern Ireland. Scotland’s curriculum area is titled Health and Wellbeing (European Commission, 2019f) and the Netherlands, Switzerland and Sweden all have HPE in nomenclature. Finland’s curriculum integrates wellbeing through all areas of teaching and learning; they have

health education and physical education as separate subject areas however acknowledge the holistic development of the child as a foundation throughout a healthy life (UNESCO, 2011d). A research review by Yli-Piipari (2014) concluded that “physical education has a solid foundation in Finnish schools and it enjoys strong support in Finnish society” (p. 1).

Finland is a progressive nation when it comes to education and has been identified as world leaders (Darling-Hammond, 2010). The new national core curriculum (2016) has instruction based on Steiner pedagogy, embedded within a constructivist curriculum approach (cf. p. 25). Furthermore, context is prioritised, the curriculum is closely aligned with the twenty-first-century lifelong learning skills (cf. p. 28) and innovation in delivery is encouraged (European Commission, 2019a).

Hence, similar to Australia, they advocate genuine school and community partnerships through curriculum implementation: developing schools as learning communities; emphasising the joy of learning; emphasising collaborative atmosphere; promoting student autonomy in studying and in school life (European Commission, 2019a).

The guidelines for developing school culture are specified in the national core curriculum. The goal is to build a school culture that promotes learning, interaction, participation, well-being and a sustainable way of living. The principles that guide the development of the school culture emphasise the school as a learning community. In addition, an aim to ensure the well-being and safety of every pupil.

Schools must provide opportunities for experimentation, exploration, active learning, physical activity and play. Cultural diversity and language awareness are also key principles that guide the development of the school culture. The use of various languages in the school’s daily life is seen as natural, and languages are appreciated. (Finnish National Agency for Education, 2014)

African nations are also mixed with many countries shifting towards a holistic H, W & PE curriculum. Nations such as Cameroon, Nigeria, Uganda, Sudan, Malawi, Namibia and Tanzania have Physical and Health Education and advocate a holistic approach to its implementation. However, there are countries such as Kenya, Botswana, Chad, Zimbabwe and

Zambia who offer Physical Education in the primary school with no explicit connections to health (UNESCO, 2011m).

Many Middle Eastern countries have also shifted to a holistic HPE in schools. Afghanistan's primary education includes PE and health education (UNESCO, 2011f). Islamic Republic of Iran has PE and has "Science and Health" as a separate subject in their primary curriculum (UNESCO, 2011g), and recently, the United Arab Emirates has experienced a holistic HPE curriculum reform;

The Ministry of Education have designed a brand new Physical and Health Education curriculum to meet the individual needs of each student and will be implemented in all government schools from January 2017. The objective is to empower young Emirati students to take ownership of their physical education, health and wellbeing to ensure a future generation of healthy, motivated, highly educated Emiratis. (United Arab Emirates Ministry of Education, 2017)

Bahrain advocates a holistic primary education; "developing the children physically, mentally, morally, socially, and emotionally, and providing them with the basic general education and skills required to be good citizens", however have PE (with no health) in the curriculum (UNESCO, 2011a). Other similar nations include Iraq, Jordan, Kuwait, Oman, Egypt and Qatar (UNESCO, 2011m).

Countries in Central and South America such as Mexico, Brazil, Chile and Argentina all advocate PE with no health subjects or curriculum connections. There are countries with no PE or health, such as Vanuatu in Oceania (International Council for Health, Physical Education, Recreation, Sport and Dance [ICHPER-SD], 2014). However, most nations in Oceania have been heavily influenced by Australia and New Zealand's shift towards holistic H, W & PE. The Cook Islands has Health Education and Physical Wellbeing (includes Physical Education and Health) (UNESCO, 2011c), and Samoa has HPE in their primary curriculum (UNESCO, 2011-l). There is clearly a global shift to a holistic constructivist approach in curriculum policy. However, there are questions raised regarding how effectively this curriculum reform is being implemented or enacted within primary schools.

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5

The Meaning of “Education” in “Physical Education”

This chapter introduces the concept of becoming “physically educated” and the holistic wellbeing and health benefits that it enables, again relating to whole child development (cf. Fig. 1.1). The terms “schooling” and “education”; “wellbeing”; “health”; and “health literacy” are defined and located within the broader physical education (PE) field. Explaining the complexity of the simple statement and book title; “Physical Education and wellbeing” is the purpose of Chapters 5, 6, and 7. What is meant by literally being “physically educated”? At present, there are many labels being used to represent the original nomenclature “physical education”—this is a result of varying approaches associated with child health.

In contemporary education with the influence of technology and specifically social media, there are copious sources of information, which has advantages and disadvantages. It is argued that one of the hindrances is that both teachers and “students are accessing much information from technology without assessing its accuracy, its truthfulness” (Ornstein & Hunkins, 2017, p. 306). Teachers today are required to be digitally literate, that is to understand and use technology. They also require analytic skills to be “producers” of technology, which involves being able to control data and analyse data. However, according to Ornstein and Hunkins (2017)

often teachers and students are only consumers (rather than producers) of the mass information referred to as “big data”. Ornstein and Hunkins consider being a consumer of technology as involving far less ability than being a producer as “information is not necessarily knowledge” (Australian Government, 2014; Greenfield, 2012).

Subsequently, research suggests that there is global confusion among practitioners responsible for physical education implementation (Lynch, 2016), including generalist classroom teachers and specialist PE teachers. This has major implications as the physical dimension is significant within the education of all children. To understand the concept of belonging, being and becoming “physically educated” and the holistic wellbeing and health benefits that it enables, exploration of the following terms is necessary: “schooling” and “education”; “wellbeing”; “wellness”; “health”; “physical education”; “health & physical education”; “physical literacy”; “health literacy”; and “quality physical education”. These terms are defined and located within the physical education (PE) field over the next three chapters.

Schooling and Education: Understanding the Different Concepts

Much of the confusion caused by the labels and branding within PE is grounded by the misunderstanding of the words “education” and “schooling”. Often people use the word “education” interchangeably with the word “schooling” but they are fundamentally very different. Schooling traditionally refers to what is learnt and taught within the confines of the physical school walls, during the school hours of 9–3 and often inside the classroom. This is problematic in present society where the advances in technology and media (big data), extra-curricular activities, experiences with family and community member connections/partnerships are accurately identified as making a large contribution to a child’s education. This is affirmed by Bass and Good (2004) who express, “A person who is schooled only to pass the test, is ill-prepared to cope with today’s rapidly changing world. Something more is needed to make the student successful in today’s world” (p. 162).

Education is derived from two Latin words: “educare” which means to train or mould and “educere” which means to lead out (Bass & Good, 2004). Bass (1997) supported that it was a balance between educare and educere, the passing on of knowledge and preparing students for the changes that they will face in the future that best represents the term “education”, “The act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgement, and generally of preparing oneself or others intellectually for mature life” (<http://www.dictionary.com/browse/education>). This definition also indicates that education is a lifelong process, a concept that has been referred to as education’s purpose for many years [constructivist approach] and also paramount to twenty-first-century lifelong learning skills.

Based on experiences in the UK, Kirk suggests, “This notion of lifelong physical activity has been a commonplace aspiration of physical educators around the world since at least the 1940s and indeed has been the *raison d’être* of physical education’s place in the school curriculum” (Kirk, 2014, p. 105). This is consistent with the purpose of “The National Curriculum” in England (1999, p. 3);

The focus of this National Curriculum, together with the wider school curriculum, is therefore to ensure that pupils develop from an early age the essential literacy and numeracy skills they need to learn; to provide them with guaranteed, full and rounded entitlement to learning; to foster their creativity; and to give teachers discretion to find the best ways to inspire in their pupils a joy and commitment to learning that will last a lifetime. (p. 3)

Hence, education is more than schooling, it involves more stakeholders than the immediate school community and it occurs throughout the course of life. In 1999, the national curriculum for England, Wales and Northern Ireland prioritised essential literacy and numeracy skills which is necessary for health literacy (cf. p. 65). In summary, “schooling” relates to training—committed to skills and competencies with a utilitarian ends, whereas education is concerned with knowledge and understanding (Australian Government, 2014).

Similar lifelong education shifts over time have been experienced in Australia. In April 1989, the Australian Education Council (AEC) endorsed

ten *Common and Agreed National Goals for Schooling* established by the State, Territory and Commonwealth Ministers for Education. The term “schooling” in the title referred to schools as a context and goal 5 specifically referred to lifelong education:

5. To provide a foundation for further education and training, in terms of knowledge and skills, respect for learning and positive attitudes for lifelong education. (AEC, 1994, p. 52)

The National Statement and Profile proceed the goals and initiated the planning and subsequent release of the 1999 Queensland Health and Physical Education (HPE) Syllabus. The release of the HPE Statement and Profile “prompted Australian States and Territories to review and renew their HPE curricula” (Macdonald, Glasby, & Carlson, 2000, p. 5) which saw a shift in valued attributes of a lifelong learner. Hence, the Queensland school curriculum was designed to help students develop the attributes of a lifelong learner (cf. p. 27).

These lifelong education attributes closely align with the then national curriculum of England and Wales’ “Personal, learning, and thinking skills” (PLTS) framework. “In essence the framework captures [d] the essential skills of: managing self; managing relationships with others; and managing own learning, performance and work” (QCA, 2011). It achieves this by promoting the use of various pedagogies, enabling active student involvement and deeper thinking through integration of objectives and life skills across the curriculum areas. The six groups of skills in the PLTS framework are:

- Independent enquirers,
- Creative thinkers,
- Reflective learners,
- Team workers,
- Self-managers,
- Effective participants (QCA, 2011).

Education perceived as a lifelong process and as a different concept to schooling has also specifically been a goal within PE in the USA. Graham,

Holt-Hale, and Parker (1998, p. 4) suggest PE within schools should be a “developmentally appropriate educational experience designed to provide immediate and lifelong benefits”. As previously mentioned in the USA, each state controls education policy and curriculum implementation. While there is no national curriculum as such, there is a National Framework for Physical Activity and Physical Education known as the Comprehensive School Physical Activity Programme (CSPAP). The CSPAP is a multi-component approach using all opportunities for students to be physically active each day to develop the knowledge, skills and confidence to be physically active throughout a lifetime. It “reflects strong coordination and synergy across all of the components: quality physical education as the foundation, physical activity before, during, and after school, staff involvement, and family and community engagement” (Centers for Disease Control and Prevention [CDCP], 2013, p. 12).

Curriculum is discussed in more detail in Chapter 6, but what is clear at this stage is that curriculum advocates the lifelong and comprehensive approach of “education”, which supplements but is much more than the concept of “schooling” or “training”.

Wellbeing, Wellness and Health

Globally, it is argued that Social and Emotional Learning (SEL) should be an essential aspect of children’s formal education (Durlak & Weissberg, 2005; Hargreaves, 2000; Payton et al., 2008; Zins, Weissberg, Wang, & Walberg, 2004). This is supported by the latest neuroscientific research which “has confirmed the powerful role of emotions on children’s cognitive mastery, indicating that emotions can either facilitate or impede children’s learning process” (Djambazova-Popordanoska, 2016, p. 1). Hence, wellbeing provides a strong foundation for healthy development and academic success. While this impetus in wellbeing is perceived as a priority today it has been gradually evolving over many years as an essential need in curriculum, having the strongest connections with the physical dimension.

Wellbeing is rightfully embedded in health curriculum, as evidenced by the World Health Organization’s (WHO) definition of health (cf. 36). Furthermore, there is “growing international recognition between

the inter-relationship of education and health, which necessitates a more comprehensive approach to school health and coordinated action across sectors” (UNESCO, 2016, p. 6). However, it is argued that the introduction of the multidimensions of health within curriculums requires clarity. In the UK, Griggs (2015, p. 3) states “there remains significant ambiguity around the definition, usage and function of ‘health and well-being’ in the public policy realm and in the wider world”.

One popular and simple definition of wellbeing is “a state of feeling good about ourselves and the way our lives are going” (Commonwealth of Australia, 2014a, p. 1), but it is stated that there is not one single definition around the world (Garvis & Pendergast, 2014). The Centers for Disease Control and Prevention (CDC) offer more details:

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. (<http://www.cdc.gov/hrqol/wellbeing.htm#three>)

An evidence-based framework for wellbeing designed in the UK using over 4000 children, youth, parents, researchers and practitioners is named the Nest. It outlines priorities for investment in six outcome areas which must be present for a young person to be said to have good/high wellbeing. These areas include: Loved and Safe; Material Basics; Healthy; Learning; Participating; Positive Sense of Identity; and Culture (ARACY, 2019). Quality of life requires an inclusive welcoming environment where members feel loved and safe, where they can develop to their potential. All members experience wellness through truly “belonging, being and becoming” within education environments.

Research evidences that regular physical activity promotes mental and social wellbeing (cf. Chapter 12) and can improve cognitive memory (Zhu et al., 2014) (cf. Chapter 14). Toddlers and preschoolers are recommended at least three hours of physical activity per day and children in the 5–12 years age group are recommended 60 minutes a day of moderate-to-vigorous-intensity physical activity for social, emotional, intellectual and

health benefits (Commonwealth of Australia, 2014b). This is consistent with the US Department of Health and Human Services *Physical Activity Guidelines for Americans* (2008) which suggests that 60 minutes should be the minimum amount of time per day, they encourage more time donated towards moderate or vigorous-intensity aerobic physical activity (for at least 3 days a week). The US guidelines also recommend that this time should include muscle and bone strengthening activities.

Health Literacy

The following details on health literacy have been taken from Lynch (2016). Health literacy relates to lifelong education, specifically lifelong health promoting behaviours. As the term suggests health literacy is derived from poor literacy skills and the negative influence they have on health outcomes (Nutbeam, 2008). The Australian curriculum, HPE defines the term health literacy as:

an ability to selectively access and critically analyse information, navigate community services and resources, and take action to promote personal health and the health of others. This includes online information and websites as well as information from friends, family and health professionals. Health literacy has three dimensions: functional, interactive and critical. (ACARA, 2016, p. 70)

According to Nutbeam, there are two conceptualisations of the term “health literacy”, asset and risk; “Both are dependent on the underlying base of literacy and numeracy, and are context and setting specific” (Nutbeam, 2008, p. 2076). Nutbeam concludes “Individuals with underdeveloped skills in reading, oral communication and numeracy will not only have less exposure to traditional health education, but also less developed skills to act upon the information received” (Nutbeam, 2008, p. 2077). Health literacy as a concept advocates preparation for life and wellbeing where knowledge and skills can be transferred and adapted across contexts, “developing knowledge and understanding in contexts that are meaningful to them” (Quennerstedt, Burrows, & Maivorsdotter, 2010, p. 105).

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6

“Physically” Educated for Student Wellbeing

The purpose of this chapter is to continue to clarify physical education labels, exploring the terms “health and physical education” (HPE), “physical literacy” and “quality physical education” (QPE). Hence, this chapter relates to being, belonging and becoming physically educated and specifically in relation to whole child development (cf. Fig. 1.1). The concepts are defined and located within the broader physical education (PE) field. PE curriculum practice around the world is explored in relation to the recent shift towards advocating “wellbeing”. The problem (gap in research) is identified; “What does quality holistic physical education look like in practice?”

“Health and Physical Education (HPE)” and “Quality Physical Education (QPE)”

Literature suggests that the notion of health is reliant on the concept of wellbeing, which is explained as the complex interrelationship of physical, social and mental health (Garvis & Pendergast, 2014). As already mentioned, connections between the physical dimension and wellbeing are

evident in curriculum documents (cf. p. 43). The National Statement and Profile for HPE in Australia followed the ten national education goals. Goal Nine was “to provide for the physical development and personal health and fitness of students, and for the creative use of leisure time” (Australian Education Council, 1989), thus highlighting the importance of HPE as a key learning area within Australian education systems. The Australian Education Council recommended in 1991 that statements and profiles be developed for eight broad learning areas of which HPE was one (Australian Education Council, 1994). This effectively “reinstated HPE as an essential component of a child’s learning” (Dinan-Thompson, 1998, p. 4).

Bradshaw, Hoelscher, and Richardson (2007, p. 8) define wellbeing in the early years as “the realization of children’s rights and the fulfillment of the opportunity for every child to be all she or he can be in the light of a child’s abilities, potential and skills”. The significance of child wellbeing and specific connections to the physical dimension in education appears to have initially been identified within early years curriculum sources in the UK. The statutory framework for the Early Years Foundation Stage (EYFS)—birth to five (2008)—in the national curriculum of England and Wales consisted of six areas of learning and development which were identified as equally important and connected. Social and Emotional Learning (SEL) (mental health and wellbeing) has a strong presence and is the first of the six areas listed; Personal, Social and Emotional Development. It is stated that of the six learning areas, “none can be delivered in isolation from the others. They are equally important and depend on each other to support a rounded approach to child development” (2008, p. 11). Furthermore, “All the areas must be delivered through planned, purposeful play, with a balance of adult-led and child-initiated activities” (2008, p. 11). Today, the EYFS statutory framework has been updated to give priority to three areas which are “particularly crucial for igniting children’s curiosity and enthusiasm for learning, and for building their capacity to learn, form relationships and thrive” (Department for Education, 2017, p. 7). These three prime areas are:

- communication and language;
- physical development; and
- personal, social and emotional development.

In Australia, the Victorian Early Years and Development Framework (VEYDF) elucidates the relationship and responsibilities between the learning area of HPE and wellbeing. For outcome three, “children have a strong sense of wellbeing”, it categorises wellbeing into two aspects (cf. Fig. 1.1, p. 11):

- children become strong in the social, emotional and spiritual wellbeing;
- children take increasing responsibility for their own health and physical wellbeing (DEECD, 2009, p. 23).

This identification of wellbeing as two categories was momentous for physical education. It is important to note that while HPE is the only learning area explicitly associated with wellbeing in curricula, it is not and cannot be responsible for all wellbeing development. This statement acknowledges that all areas of wellbeing need to be explicitly taught. Similar to what the EYFS proposes, learning needs to be purposefully planned. This is supported by Cale and Harris (2019, p. 5); “psychological and social benefits only occur if experiences of physical activity, physical education and sport are positive and explicitly planned and structured to produce particular outcomes”. Furthermore, Bailey et al. (2009) summarised from a review of research papers that many educational benefits claimed by physical education are highly dependent on contextual and pedagogic variables.

The National Association for Sport and Physical Education (2007) state five premises for a PE programme:

1. The ultimate purpose of any physical education programme is to help children develop the skills, knowledge and desire to enjoy a lifetime of physical activity.
2. Children should engage in physical activity that is appropriate for their developmental levels.
3. Recess and physical education are important but different parts of the school programme.
4. Physical activity and physical education are not the same.
5. Physical education and youth sports are different (NASPE, 2007, pp. 4–5).

In order for the PE curriculum to fulfil a role in developing lifelong participation in healthy activities, thus optimising wellbeing, it is imperative that a quality HPE curriculum be implemented in schools (NASPE, 2007; Queensland Government, 2003). “Improving the quality of physical education in schools is the best-documented intervention approach to promoting physical activity in youth” (ACHPER WA Branch, 1999, p. 9). Research data from a national survey in the USA of students years four to twelve revealed that enjoying physical education was one of the most influential factors for encouraging participation in physical activities outside school (Sallis, Prochaska, Taylor, Hill, & Geraci, 1999) and that if opportunities for physical activity were denied during school time, children would not voluntarily catch up on physical activity (Dale, Corbin, & Dale, 1999).

Pangrazi states that “there is no higher priority in life than health. Without it, all other skills lack meaning and utility” (2000, p. 18). Pangrazi’s opinion suggests that a quality PE school programme should be given priority over other subjects/ learning areas. A quality PE school programme, rather than being neglected or relegated a minor place in the school curriculum, plays a dominant role in the development of the child from the early years of primary school, and it improves child wellbeing and the likelihood of lifelong participation in physical activities. Within the dimensions of health; physical, social, emotional, mental and spiritual, while it is acknowledged that all are significant, it is the “physical” explicitly named in the nomenclature, and the value of movement that forms the foundation of the Health and “Physical” Education learning area.

Health and Physical Education is the key learning area in the curriculum that focuses explicitly on developing movement skills and concepts students require to participate in physical activities with competence and confidence. The knowledge, understanding, skills and dispositions students develop through movement in Health and Physical Education encourage ongoing participation across their lifespan and in turn lead to positive health outcomes. Movement competence and confidence is seen as an important personal and community asset to be developed, refined and valued. The study of movement also provides challenges and opportunities for students to enhance a range of personal and social skills and behaviours that contribute to health and wellbeing. (ACARA, 2019)

Research findings suggest that if holistic HPE is to be achieved, students must firstly be “physically educated” (Lynch & Soukup, 2016). Hence, while it is acknowledged that wellbeing can be achieved through all health dimensions, the physical dimension of physical education is the focus within HPE. According to UNESCO “physical education forms a foundation for positive patterns of behaviour and is the best way to access and systematically engage children and youth in a rounded and healthy lifestyle” (2015, p. 44).

The notion of a quality PE programme was defined and endorsed by the Senate Inquiry in Australia in the early 1990s. One recommendation from the Senate Inquiry was that all children be provided with quality physical education opportunities, requiring “as a matter of priority, all physical education programmes be conducted by, or under the supervision of, qualified physical education teachers, particularly at primary school level” (Commonwealth of Australia, 1992, p. xxi). Today, this recommendation remains as it has not come to fruition; “every primary school have a tertiary qualified health and physical education teacher who delivers physical education classes to all students and supports classroom teachers to engage students in physical activity throughout the school day” (AHKA, 2019).

Hence, having a quality HPE programme in the primary school requires access to a specialist physical education teacher, or what Cale and Harris refer to as a well-qualified professional (2019), for “several Australian studies have described the lack of qualifications and confidence of classroom teachers to deliver PE programmes, [is] mainly due to inadequate teacher training” (Lynch 2015; Morgan & Bourke, 2005, p. 7). Teachers can influence, for good or ill, students’ views about the value of physical education (Solmon & Carter, 1995), particularly students’ beliefs about physical activity (Lee, 2002). The Centers for Disease Control and Prevention (CDC) emphasise the importance “to encourage young people to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety” (CDC, 2013). Furthermore, “Quality physical education is both developmentally and instructionally relevant for all children” (NASPE, 2007, p. 3).

Quality instruction is a vital aspect of any PE programme, yet other aspects to consider during the design and development stage of a programme are enjoyment and fun for the participants (Garcia, Garcia, Floyd,

& Lawson, 2002; Sport England, 2019; Sport Wales, 2015). If children enjoy learning through movement, they develop optimistic views about being physically active (Henderson, Glancy, & Little, 1999; Sport England, 2019; Sport Wales, 2015) and they “will be predisposed to engage in it” (Garcia, et al., 2002, p. 3). Therefore, the way the programme is implemented is paramount to it being enjoyable, engaging and successful. It is suggested that teachers “think through the mind of a child” (Morgan, 2005, p. 16) to make games and PE lessons engaging and a positive social experience (Pangrazi, 2000) which underpins the 1999 Queensland HPE syllabus’ socio-cultural approach, imbued as it is with strong social justice principles (QSCC, 1999).

Consequently, “fun”, “participation” and “engagement” elements need to reach all children, in a class of diverse student interests and abilities; this is easier said than done. The provision of quality school PE is not just for those children who excel in sport or in the competitive arena, but also for those who prefer individual activities such as bike riding, bush walking or swimming: “we need to offer something for all of them” (Boss, 2000, p. 5). Physical activity benefits especially the unskilled and obese youngsters as these children need to discover suitable physical activities that they enjoy (Pangrazi, 2000). This approach to PE is described as the “new PE” (Boss, 2000) with an emphasis in the neo-HPE curriculum which requires teachers to adopt a socially critical perspective “for understanding ‘new kids’ and the context of ‘new times’” (Tinning, 2004, p. 251). Hence, contemporary HPE teachers need to incorporate critical pedagogy into their teaching practice (Tinning, 2004).

Inclusive programmes can be implemented by “assigning open-ended tasks that allow kids to progress as far as they can individually, and modifying traditional team sports so that teams are much smaller and everyone gets more opportunities to practise skills” (Boss, 2000, p. 4). This replaces the relay races or large groups with minimal equipment, where many children are spectators waiting for their turn (Boss, 2000). Subsequently, classes require sufficient equipment to enable this new pedagogy to be enacted. It was a recommendation of the Senate Inquiry that funding for HPE be comparable with other key learning areas (Commonwealth of Australia, 1992).

Schools play a vital role in the promotion and development of physical activity across a wide range of sports with a diversity of children (Cale & Harris, 2019). “Only schools currently provide an environment where children can experience and learn about a full range of physical activities and choose those to which they are best suited” (Moore, 1994, p. 24). Hence, for quality programmes to be implemented in the primary school, it is essential that they have sufficient equipment and facilities for these to occur. Because of the skills and expertise necessary to implement these programmes, specialist PE teachers are preferred (Clarke, 2000).

Pangrazi lists the essential components of a quality PE programme:

- Being guided by content standards;
- Student-centred and developmentally appropriate;
- Having physical activity and motor skills forming the core of the programme;
- Teaching management skills and promoting self-discipline;
- Promoting inclusion of all students;
- Emphasising learning correctly rather than outcome;
- Promoting a lifetime of personal wellness; and
- Teaching responsibility and cooperation, and promoting diversity (2001, p. 18).

It is common knowledge that “not every PE program is a quality program. Some are little more than organized recesses” (Graham, Holt-Hale, & Parker, 1998, p. 6), which not only fails to achieve many of the outcomes it espouses under the rhetoric of enhanced health, fitness, skill and self-esteem, but often exacerbates the very problems it seeks to overcome. It is argued that “where physical education is poorly or insensitively taught, it is more likely to have a negative influence on learners than a positive one” (Tinning, MacDonald, Wright, & Hickey, 2001, p. 181).

Therefore, PE teachers need to be able to deliver and lead quality HPE lessons across strands of Physical activity, Health and Personal Development. A study conducted by Lynch (2017a) found that HPE implementation is achievable through leadership, underpinned by clear communication and a “whole school” approach. This is advocated by Cale and Harris (2019, p. 13); “Specifically, a coordinated whole-school approach

to teaching health would help young people connect learning across a range of subjects. In addition, we can adopt teaching approaches that help pupils relate their learning to themselves and their everyday lives”.

Leadership does involve the teacher having the knowledge and understanding of the various pedagogies that exist in HPE and the awareness to choose the most appropriate for each particular learning experience (Tinning, 1999). PE teachers are often required to choose critical, socially just pedagogies rather than the traditional dominant science and performance-based pedagogies for HPE, which focus on technical outcomes in movement. Hence, the constructivist approach is necessary to counteract the ideologies that have existed throughout history.

Globally, PE curriculum in schools has been underpinned by the ideologies of sexism, elitism, healthism, individualism and mesomorphism (Colquhoun, 1991, 1992; Hickey, 1995; Kirk, 1992; Kirk & Twigg, 1993; Scraton, 1990; Tinning, 1990; Tinning & Fitzclarence, 1992; Tinning et al., 1993). Critical socially just pedagogies will necessitate teachers being trained and educated in this mode of teaching (Tinning, 2004). Webster recommended that “pre-service education of primary school teachers include mandatory units directly related to the content strands of the syllabus, with further opportunities for teachers to specialize in PE courses” (2001, p. 1).

Lifelong and multi-component education is affirmed by UNESCO, “physical education is the entry-point for lifelong participation in physical activity” (2015, p. 6) and is “the most effective means of providing all children and youth with the skills, attitudes, values, knowledge and understanding for lifelong participation in society” (2015, p. 6). In summary, quality PE according to UNESCO involves:

movement competence to structure thinking, express feelings, and enrich understanding. Through competition and cooperation, learners appreciate the role of rule structures, conventions, values, performance criteria and fair play, and celebrate each other’s varying contributions, as well as appreciating the demands and benefits of teamwork. Additionally, the learner understands how to recognize and manage risk, to fulfill assigned tasks, and to accept responsibility for their own behaviour. They learn how to cope with both success and failure, and how to evaluate performance against their

own and other’s previous achievements. It is through these learning experiences that QPE provides exposure to clear, consistent values and reinforces pro-social behaviour through participation and performance. (2015, p. 14)

Alderman, Beighle, and Pangrazi (2006) suggest that children’s enjoyment of physical education is enhanced when teachers promote “intrinsic motivation, perceived physical competence, and create a mastery-oriented environment” (p. 41).

Physical Literacy

As published by Lynch and Soukup (2016), the ambiguous grey area surrounding the terms PE and HPE has seen the rise and traction of new terms to represent and replace the original meaning of Physical Education, one such term is “Physical Literacy”. Corbin informs us that physical literacy is not a new term with references made in the early 1900s and again in the late 1950s (2016, p. 15). Earlier definitions of physical literacy referred to being able to read or write (Corbin, 2016) but “in its broadest context ‘literacy’ means becoming educated” (Richards, 2016, p. 1). Physical education has been well known in the past as “education through the physical” (Corbin, 2016, p. 14), hence, there are strong links between the semantics “literacy” and “education” (Lounsbury & McKenzie, 2015).

Quality PE components were reinstated as the key qualities of the new-old term physical literacy. Common themes identified by Richards in literature include “Physical Literacy is a lifelong process, that acquisition (competence) of fundamental movement skills is a core component, and that it embraces knowledge, attitudes and motivations that facilitate confident movement” (2016, p. 1). Lynch and Soukup propose that “compared to HPE, PL (physical literacy) by definition focuses on one-dimension” also that “PL has not been positioned within the international field of PE, or body of knowledge within the discipline” (2016, p. 19). Cale and Harris (2019) establish how within the UK physical literacy has also influenced physical activity and PE generally in schools. In their book, they assert to offer a holistic perspective on physical activity, but again similar to physical literacy only one dimension is addressed—the physical dimension.

Publications on physical literacy are often produced by government funded organisations and departments, which are subsequently associated with governmentality and not always related to education (cf. 35). This provides some explanation into the concept's evolvment, a consequence of people's misunderstanding of the terms "education" (constructivist) and "schooling" (behavioural) (cf. p. 60). In Australia, the limited literature on physical literacy has been produced by the Australian Sports Commission (Richards, 2016) and by the National Institute of Sport Studies. Similarly, in the UK, a Primary School Physical Literacy Framework was produced by the Youth Sport Trust. Another example is the Canadian "Healthy Active Living and Obesity Research Group", identified as a leader in physical literacy assessment (Corbin, 2016).

The term physical literacy constitutes different meanings to different organisations. Literature has identified the confusion that this may have on teachers and students (Corbin, 2016; Griggs, 2015; Lounsbury & McKenzie, 2015; McKenzie & Lounsbury, 2016). Lounsbury and McKenzie (2015, pp. 143–144) caution the use of physical literacy for it is perceived as supplementing the already unclear learning area.

the term physical literacy was adopted in the national K-12 PE standards [US] without either widespread consultation among professionals or market research. To date, its adoption has generally been substantiated on the bases that it will help to elevate the profession by providing increased clarity and by coming into line with current general education trends. We fully agree that PE needs clarity. However, to date there is no evidence that using and promoting the term physical literacy will help. There are currently very few peer review publications on physical literacy and none of these are data based.

This confusion also exists within the realm of education. In the UK, the Association for Physical Education (AfPE) define PE in reference to the concept of "schooling" rather than belonging, being and becoming "educated":

the planned, progressive learning that takes place in school curriculum timetabled time and which is delivered to all pupils. This involves both 'learning to move' (i.e. becoming more physically competent) and 'moving

to learn’ (e.g. learning through movement, a range of skills and understandings beyond physical activity, such as co-operating with others). The context for the learning is physical activity, with children experiencing a broad range of activities, including sport and dance. (2016)

The UK, similar to Australia, has a national curriculum, but Australia’s sheer size (similar to US) creates many barriers for consistency across all regions. The UK is much smaller in size (geographically) and their national curriculum appears to be implemented more consistently in comparison. The key learning area in the national curriculum for England is titled “Physical Education” (2016a). It is important to note that this curriculum advocates quality PE (referred to as high-quality PE) and not physical literacy (unlike USA), although as addressed, it does appear to have been influenced by the physical literacy concept (cf. p. 77). As a separate learning area, England (2016b) has Personal, Social, Health and Economic Education (PSHE) where it is advised:

Schools should seek to use PSHE education to build, where appropriate, on the statutory content already outlined in the national curriculum, the basic school curriculum and in statutory guidance on: drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle.

Hence, as previously discussed, PSHE is not statutory and therefore schools have the autonomy to decide on what and how they implement these guidelines. In the lacunae created by having optional PSHE, the UK appears to have filled the “whole child health development” philosophy gap with physical literacy. This theory is supported by Jurbala (2015) who shares that physical literacy has become a replacement term for holistic development.

McKenzie and Lounsbury (2016, p. 1) ask “What’s in a name? Is physical literacy simply a rose by any other name?” Furthermore, they suggest:

there is lack of consensus among international physical activity/fitness experts regarding what constitutes physical literacy. If experts are uncertain about what physical literacy is, one can only imagine how confused the lay public and policy makers might be. Many already cannot discriminate

among terms such as physical activity, physical fitness, and physical education, and adding yet another term (physical literacy) would only add to the confusion.

As previously mentioned, in simple terms, physical literacy is PE (Kirk, 2013). Kirk describes physical literacy as a “philosophical position on physical education” (2013, p. 975). This position relates to the holistic discourse in PE, embedded within an inclusive ideology. Therefore, many of physical literacy characteristics are not new and have been borrowed from PE, specifically literature relating to “quality PE” and “[lifelong physical education”.

According to Lynch (2017b), QPE:

- enhances children’s health and wellbeing
- is a planned, progressive and inclusive learning experience
- requires all children having opportunities to master fundamental movement skills (FMS) preferably before seven years of age
- requires educators to have expertise in the fundamentals of movement and the inclusive socio-cultural approach.

However, as previously mentioned literature suggests that there is global “significant ambiguity” (Griggs, 2015, p. 3) surrounding “the definition, usage and function of ‘health and well-being’ in the public policy realm and in the wider world”. Suggestions made in the opening paragraph that the implementation of quality physical education to enable holistic health is complex and multifaceted is heightened by many associated discourses (Garvis & Pendergast, 2014) and practitioner confusion is investigated in Chapters 7 and 8.

Classroom teachers are today required to be health and wellbeing experts, but not PE experts. This is a paradox and counteracts the premise of this book—to be a health and wellbeing expert one must also be an expert in the physical dimension. The issue of “how” the physical dimension is being supported and implemented within and outside of primary schools relates back to the reason for “why” primary schools must remain as the focus—schools are key to “inclusive QPE”.

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7

History of the Physical Dimension

A glance through history illustrates that from the dawn of civilisation primitive man had to be very physically active to survive (Duncan & Watson, 1960). During ancient times, PE was given considerable emphasis by the Spartans, where PE was state regulated, age determined and involved similar experiences for men and women, boys and girls (Phillips & Roper, 2006). However, PE has always been philosophically associated with more than just the physical dimension. The following literature has been amended from Lynch and Soukup (2016).

The Athenians first acknowledged the power of the physical dimension to enhance and influence the other health dimensions: intellectual, emotional, social and spiritual. Similar to the Athenians, the Romans recognised the benefits of physical education for quality of life, but the Romans preferred milder forms of exercise (Phillips & Roper, 2006). It can be argued that the purpose of PE for the Athenians and Romans during this ancient time was similar to HPE today, underpinned by wellbeing—to educate the mind and the body embedded within all dimensions of health. Hence, this chapter connects with the whole child development element; community connections (strengths-based); and the movement

priority element of being, belonging and becoming physically educated (cf. Fig. 1.1).

Whipp encapsulates the historical and present implications of the HPE ideal closely associated with “wellbeing”.

In the past, the Greek ideal; “*Mens sano in corpore sano*”, stressed the importance of having a healthy mind within a healthy body... This communique highlights the importance of a comprehensive educationally-based and strategical approach to wellness that values the role of the health and physical educator. (2015, p. 111)

As addressed throughout the book, holistic HPE is not a new concept to education, but it has more recently been given greater recognition to the contribution that the learning area makes in developing the whole child and the important role the physical dimension plays in wellbeing.

The process of objectifying the body was evident in the second century AD when Galen opened the human body. Galen didn't believe he saw anything, but he only saw what he believed (Kirk, 1993). Leonardo da Vinci (1452–1519) was the first to give an accurate description of the muscles and their functions, which was not published until the end of the eighteenth century (Broekhoff, 1972). In 1679, Borelli metaphorically explained the human body as a machine and “paved the way for the emergence of rationalised systems of physical exercises” (Kirk, 1993, p. 14).

During the Middle Ages, PE held fluctuating relations with the Catholic Church, which was very influential on European culture. The Church “permeated every aspect of culture – scholarship, politics, economics, and even one's private life” (Mechikoff & Estes, 2002, p. 104). While there were occasions where PE was not supported by the Church (Lynch, 2004), it was advocated through key figures during this period: St. Dominic (1170–1221), St. Thomas Aquinas (1225–1274) and Pope Pius II (1405–1464) (Feeney, 1995). This association with the Church strengthened the affiliation between PE and the spiritual dimension of health (Lynch, 2015). Present-day research findings suggest that “potential for spirituality can be capitalized by assuring HPE curriculum is delivered in a quality manner” (Lynch, 2015, p. 217).

Europe has had a large impact on the PE discipline. An Italian teacher, Vittorino da Feltre (1378–1446) first introduced holistic PE as an essential part of the school curriculum, necessary for the “ideal citizen”, encompassing body, mind and spirit (Phillips & Roper, 2006). Another European educator, Johann Friedrich GutsMuths (1759–1839) was accredited for professionalising PE. Germany, at this time, along with Sweden and Denmark perceived PE mainly as military training. Hence, the focus for PE was on drilling and exercising, on coercion, discipline and control rather than enjoyment (Kirk & Twigg, 1993). GutsMuths developed a PE syllabus at Schnepfenthal Educational Institute, Germany. This syllabus became a platform for PE teaching and consisted mainly of gymnastics (Phillips & Roper, 2006). Sweden’s Per Ling (1766–1839) was the first to promote the medical benefits of PE, often associated with a scientific discourse and advocated the various health dimensions.

In late modern history, since the mid-1800s governing bodies otherwise known as organisations grew in numbers to represent people’s interests. William G. Anderson was considered the founder of what is today known as SHAPE America (Society of Health and Physical Educators), having established the organisation in 1885. In 2014, AAHPERD’s (American Alliance for Health, Physical Education, Recreation and Dance) board became SHAPE America. This was the 7th name change of AAHPERD since its original founding as the Association for the Advancement of Physical Education (AAPE) (Yang, 2015). PE has augmented significantly since Per Ling to the present day and “in many respects has thrived since the 1960’s” (Kirk, 2013, p. 974).

Exploring PE globally, considering the growth stated by Kirk and understanding that associations were representative of groups of people; one cannot ignore the impact of the International Council for Health, Physical Education, Recreation, Sport and Dance (ICHPER-SD). Acknowledging that there is no one representative voice for the PE field, there is no denying ICHPER’s influence. ICHPER was established so educators; “could work together on an international basis... an association which was not representative of any one country, or system, or one method of physical education” (Hircock, 1988, p. 73). ICHPER-SD was initiated by AAHPERD [SHAPE America], founded in 1958 in Rome, Italy, and the first ICHPER world congress was “Child health and the school”. The title of

this world congress proposes that health dimensions of PE were promoted. According to Corbin, this was consistent at this time, “central to the ‘new physical education’ was the education of the whole child” (Corbin, 2016, p. 14).

ICHPER-SD has influenced many countries around the world and does acknowledge a HPE approach similar to the Athenians. One such direct influence was in 1970 in Sydney, Australia, at the ICHPER-SD first and only world congress to be held in Oceania. Australian Council for Health, Physical Education and Recreation (ACHPER) was formally known as Australian Physical Education Association (APEA), and the name change was a direct result of ICHPER-SD’s assembly. As cited in Kirk and Macdonald the conference report stated, “the Congress indicated that ‘we in Australia are now part of the international scene’, and it may have been this feeling of connectedness [belonging] internationally through ICHPER along with the great success of the conference that led to the acceptance of an Australian version of this name” (1998, pp. 6–7). The influence on Australia is evidenced in the first of the ten points made in the 1970 ICHPER World Congress Resolutions:

1. Health, physical education and recreation are allied and closely inter-related fields and should be coordinated in the best interests of the community. (ICHPER, 1971, p. 189)

Furthermore, as cited in Kirk and Macdonald, Elaine Murphy (ACHPER National President 1988–1993 and ICHPER-SD Vice President-Oceania) describes: “our description of physical education is just not adequate when health is such a large component (of what we do)... they wanted these words included otherwise they felt that physical education was too narrow” (1998, p. 7). ICHPER-SD “has also directed efforts towards developing countries in order to initiate and strengthen programmes and leadership within the schools and higher education institutions” (Kane, 1989, p. 107). While ICHPER-SD remains a branch of SHAPE America today, sharing headquarters in Reston, Virginia, USA, it is separately governed and operated. However, more recently such national and international organisations have found it increasingly difficult to maintain members and subsequently, remain financially viable. This has

forced contemplation of their purpose and need during a time of technological advancements which have allowed global connections, for example, through social media.

Navigating one's health with a health preventative focus involves connections and partnerships. This perspective offers guidance for education departments and governments when implementing HPE in schools, and sport generally within communities. Megatrends predict that in the future, education departments need to be prepared for a quality of life with limited world resources; world economy shifting from north to south, west to east; associated healthcare costs and the responses in lifestyles and services; and the rising importance of social relationships (Hajkowicz, Cook, & Littleboy, 2012). However, as the literature evidences, limited resources have been problematic for H/PE throughout modern history and remain a problem today (Cale & Harris, 2019; Commonwealth of Australia, 1992; Hardman, 2008; UNESCO, 2008, 2014). Furthermore, when faced with limited resources, educators find it easier to implement PE through adopting a behavioural approach which forms a barrier for health education (Westbrook, Durrani, Brown, Orr, Pryor, Boddy, Salvi, 2013).

Partnerships in HPE related areas sit within a “strengths-based” approach which “supports a critical view of health education with a focus on the learner embedded within a community's structural facilitators, assets and constraints, and is enacted through resource-oriented and competence-raising approaches to learning” (Macdonald 2013, p. 100). An example of a strengths-based approach is Antonovsky's salutogenic model which involves:

- A focus more so on the promotion of healthy living rather than on preventing illness;
- The viewing of healthy living as multidimensional and encompassing physical as well as social, mental, spiritual, environmental and community dimensions;
- Consideration of health as something dynamic, always in the process of becoming;
- Viewing health as something more and also something else than the absence of disease;

- Acknowledging humans as active agents, living in relation to their environment; and
- That health is not regarded as an end goal in itself, but rather as an important prerequisite for living a good life (McCuaig, Quennerstedt, & Macdonald, 2013, p. 113).

Adopting a strengths-based approach from a salutogenic perspective, specifically through partnerships advocates preparation for life and well-being where knowledge and skills can be transferred and adapted across contexts (Lynch, 2016).

It can be evidenced that the holistic HPE ideal has existed and evolved since the Athenians and was strong during the twentieth century, although it was referred to as “physical education”. As aforementioned, Robbins, Powers, and Burgess identify seven dimensions of health (HPE ideal), referred to as wellness: physical, intellectual, emotional, social, spiritual, environmental and occupational. Additionally, “there is a strong inter-connection among these dimensions” (2011, p. 9). Research suggests that “HPE should be embraced in all schools for its ability to offer opportunities in a holistic manner” (Lynch, 2015, p. 217). Throughout history, physical education has been an all-encompassing term, the one term consistently used to represent a number of discourses, ideologies, philosophies and aspects of movement development.

Exploration of the past reveals that physical education (PE) has been influenced by two philosophies: (1) body viewed as an object and (2) the view of the whole person: body, mind, spirit and wellbeing. It is important to understand these two philosophical influences in recognition that PE is socially constructed and subsequently semantics have evolved over time.

Literature suggests that on occasions throughout history PE has been responsible for “schooling” the body, where the body is viewed as an object. The body as an object occurs “in a society when man [and woman] has gained the capacity of looking at his [or her] own body as if it were a thing” (Broekhoff, 1972, p. 88). This concept is described by Kirk as a “useful and controlled body, one which is appropriately skilled with the capacities to meet the standards of acceptable social behaviour of any particular society and to make a productive contribution within the economic system” (1993, p. 13). Reiterating, the companion PE discourses to have

influenced this philosophy include military, scientific, health and sporting—which portray ideologies which include sexism, elitism, healthism, individualism and mesomorphism—which is discussed in more detail (cf. Chapter 9) (Colquhoun, 1991, 1992; Hickey, 1995; Kirk, 1992; Kirk & Twigg 1993; Scraton, 1990; Tinning, 1990; Tinning & Fitzclarence, 1992; Tinning, Kirk, & Evans, 1993). Wherein, students acquire knowledge and attitudes unintentionally while in the school environment (Kirk, 1992). Such ideologies are regarded as problematic as they give false messages (Kirk, 1992). The term “schooling” the body is appropriate for this “body as object” philosophy due to the dominant behavioural approach to health education it adopts.

The introduction of the socio-cultural approach saw a philosophical shift using a “holistic” discourse in PE. This holistic view was influenced by an inclusive ideology and in some regions of the world was relabelled HPE. This shift has occurred on numerous occasions throughout history but most recently began as a complex counter discourse to those associated with the “body as object” philosophy. This discourse changed perception of the body as a separate object, to that of the “whole person”: body, mind, spirit and wellbeing.

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8

Contemporary Problems: Exploring the Power of Educational Approaches in Health, Wellbeing and Physical Education

This chapter explores the power of educational approaches in Health, Wellbeing and Physical Education (HW & PE) which relates to curriculum, teaching and learning; and School implementation (cf. Fig. 1.1). Three key historical and contextual themes emerge from the present national curriculum for England in PE: healthism; assumptions about sport; and an awareness of the social and cultural forces of influence. The first two themes relate to the behavioural philosophy which views the body as an object to be controlled. The third theme adopts a constructivist approach, placing a focus on “awareness”. An awareness of social and cultural forces relates to holistic education and specifically the socio-cultural approach to PE. This chapter investigates contemporary problems with how PE is implemented, revealing the power of balance when choosing educational approaches in HW & PE.

It is suggested that Health Education is currently guided by obesity discourses (Quennerstedt, Burrows, & Maivorsdotter, 2010) and “offers a resurgence of individualistic and instrumental notions of health” (Alfrey & Brown, 2013, p. 160). For example, children in the early years of primary schools in England are being informed that they need to exercise or else they will get fat. Intentional or not, viewing the body as an object to

be trained, places pressure on children, parents and school communities, often at the expense of enjoying movement. This chapter investigates why this is happening, beginning in the early years of British (English) primary schools, through exploring the educational and health approaches; in this instance, the “dominant performance-oriented curriculum with its accompanying behaviourist inclined pedagogical approach” (Thorburn, Jess, & Atencio, 2011, p. 393). This dominant behavioural approach reveals hidden messages (discourses) beneath the surface of the physical education (PE) national curriculum for England. It is argued that such discourses often exist in society without challenge and are having adverse effects on the “healthy active lives” the curriculum purports (Cale & Harris, 2019).

Hidden Messages

Some children in Reception class in south-east England state schools are bringing home a letter stating that they are overweight. This is because in England “Children are measured and weighed for their body mass index (BMI) in Reception class and in Year 6, under the government’s National Child Measurement Programme” (Ford, 2018). In one example, a letter from Kent Community Health (NHS Foundation Trust) informed the parents that their child’s measurements taken (as part of the National Child Measurement Programme) suggested they were overweight for their age, sex and height. Also, that overweight children often become overweight adults (Head of School Health and Immunisation Service for Kent and East Sussex, Letter to parents, November 16, 2016).

In another example, a Dorset schoolgirl, Daisy who is eleven years of age, “lost confidence”, and “was miserable and angry” after receiving the same “fat letter”. Her mother was not notified of the programme and unaware her daughter would be weighed at school. Daisy stated that after reading the letter she felt that “Because I was fat I didn’t fit in with all of the other people that were playing cricket”. Consequently, Daisy began skipping breakfast and it has taken weeks for her to return to playing cricket (Ford, 2018). Pressure on body image is also evident in advertisements for free summer school clubs in a primary school in Suffolk, listed under the West Suffolk weight management groups on the OneLife Suffolk website.

The advert reads “Fun packed clubs for those children aged 4-14 years who struggle with their weight”, and in 2016/2017, “over 200 children and their families successfully completed our child weight management programme” (One Life Suffolk, 2017).

While in each scenario the messages given may be done with best intentions, the question of what messages are being received within young minds needs to be identified and addressed by educators. Cale and Harris (2019, p. 11) assert “a key area to focus on is how recommendations for physical activity and health are promoted, interpreted and accepted by teachers, health professionals and parents”. For discourses and ideologies are not recorded in school curriculum documents, “but are traits taught and learnt through various mediums within society, often in what is termed the ‘hidden curriculum’” (Lynch, 2017, p. 80). How does the child identified as “fat” for the free summer school club feel? What impact will this label have throughout their lives? Also, it raises the question of what messages are being received by parents? For example, as a result of the letter that came home from Kent Community Health, the Reception child’s mother was left distraught and unnecessarily questioned her parenting skills (personal communication, June 20, 2017). Furthermore, Daisy’s mother questioned why there is not a holistic view of the child’s health; “you don’t get a chance to say what you are doing at home or what your child is doing regarding exercise” (Ford, 2018).

The 2012 Olympic Games held in London had a large influence on the planning of the national curriculum for England in PE. Griggs (2015) identified this occurrence as “policy by the way” (Dery, 1998)—he further explained this connection as where “dominant discourses and rhetoric are favoured and permitted often without understanding the appropriateness or impact that may result” (Griggs, 2015, p. 38). This chapter provides new insights and a deeper understanding of “appropriateness” and “impact” by exploring relevant literature. Hence, it can be argued that presently the national curriculum in PE for England advocates a focus on the body as an object rather than the “whole” child. That is, the national curriculum for PE is heavily influenced by the behavioural, top-down governmental approach in education and health; being deliberate, systematic, planned attempts to change behaviour. This is supported by Leahy, O’Flynn, and Wright who refer to curriculum as a government

assemblage (2013). Hence, it desperately requires a balance of approaches and preferably a predominant inclusive, socio-cultural approach.

Subsequently, this chapter suggests that giving preference to a behavioural approach is having long- and short-term detrimental effects on many children's physical development and wellbeing and requires urgent change. In exploring discourses underlying the national curriculum for England in PE, two key historical and contextual themes/questions emerge:

'Healthism' as an ideology

Does sport really build character in the early years of primary schools?

"Healthism" as an Ideology

Throughout history, PE has had different guiding principles or purposes which are often driven by the government or needs of society. Arthur, Beecher, Death, Dockett, and Farmer (2015, p. 429) refer to this as the philosophy of the discipline, "beliefs and values that underpin practice". As previously discussed, historically, PE has been influenced by two philosophies:

1. The body viewed as an object (*relating to behavioural model in education/efficiency [top down]/governmentality/medical model in health & behavioural model in health*).
2. The view of the whole person: body, mind, spirit and wellbeing (Lynch & Soukup, 2016) (*relating to process/humanistic perspective/constructivist approach/learning across dimensions/social model of health*).

From the perspective where the body is viewed as an object, PE has been responsible for schooling the body, a "controlled body, one which is appropriately skilled with the capacities to meet the standards of acceptable social behaviour of any particular society and to make a productive contribution within the economic system" (Kirk, 1993, p. 13). Tinning and McCuaig share that in many countries often this has related to physical training, for

the development of a certain type of citizen (2006). It is also “recognised that there is a crucial significance of the body and physical activity in relation to the exercise of power” within society (Tinning, Kirk, & Evans, 1993, p. 79).

According to Lynch and Soukup (2016), many discourses have influenced the “body as an object” philosophy. Healthism is defined as “a belief that health can be unproblematically achieved through individual effort and discipline directed mainly at regulating the size and shape of the body” (Crawford, 1980, p. 366). Hence, health problems are perceived as individual problems, failing to recognise the social and environmental influences—relating to the medical and behavioural models in health. Health discourses, from scenarios such as the ones described in the introduction of this chapter, and “healthism” as an ideology (accepted beliefs within society), are underpinned by the ever enduring crisis referred to as the “obesity epidemic”.

Young peoples engagement with healthism discourses may be facilitated by well-meaning but inadequately prepared teachers who themselves hold narrow, reductive views of health, fitness and physical activity. Such cases may result in schools falling well short of their potential to promote healthy, active lifestyles. (Cale & Harris, 2019, p. 13)

The obesity crisis has been growing over the last 60 years, produced by biomedical research experts it is re-contextualised within professional and academic PE literature (and social media) to justify the importance of the discipline. Subsequently, it has been argued over the years that it often creates fear in society which involves governments and media blaming parents and schools (Gard, 2006; Gard & Wright, 2001, 2005). According to Steinbeck research in primary PE has focused on physical inactivity and childhood obesity (2001). Gard and Wright (2001) warn that: unquestioning acceptance of obesity discourses in PE constructs anxieties about the body; creates a blame culture which takes away the pleasure of participating in physical activities, furthermore, marginalises physical activities that are not regarded to be “fat burning”; and negatively affects the way PE is researched and taught in higher education and schools. Hence, there

is “an urgent need to increase the breadth, depth and relevance of young people’s learning about health in schools” (Cale & Harris, 2019, p. 13). Gard and Wright (2005, p. 13) propose that “the scientific foundations of ‘obesity epidemic’ thinking are far less certain than commonly assumed”, this is supported by Biddle et al. (2004) who describe the evidence as less than compelling.

Promotion of health is “greatly valued by governments responsible for costs involved with the wellness of citizens, especially considering the influence of hypokinetic diseases and the strong correlation research evidences physical activity plays” (Lynch, 2013, p. 258). However, healthism forms a belief that causes guilt for those who do not fit the “exercise = fitness = health” triplex (Kirk & Colquhoun, 1989). Hence, physical appearance plays a leading role in healthism, underpinned by judgements being made about ideal appearances and how people conform to society’s expectations. “Like a script, bodies tell us a story about the person they embody, they convey sets of ideas and values” (Kirk, 1993, p. 7).

Healthism is associated with people’s morals and with feelings of guilt. “The television program ‘The Biggest Loser’ is a prime example of healthism, where the body is associated with morally disciplined behaviour and people experience guilt if they are seen as undisciplined” (Lynch, 2017, p. 81). Such messages are passed onto children through what is referred to as the hidden curriculum, as in the scenarios given at the beginning of this chapter of the children in Reception and Year 6 class. It is debated that this is often unintentional and in many instances the teacher has become so accustomed to the messages that they may be unaware of their existence (Lynch, 2017).

It can be stated that healthism is encouraged in the English national curriculum, in particular where the “purpose of study” states; “It [PE] should provide opportunities for pupils to become physically confident in a way which supports their health and fitness” (Department for Education, 2013, p. 1). As the scenarios discussed in the introduction of this paper illustrate, a consequence of this PE curriculum has witnessed children in Reception and Year 6 fearing obesity, being labelled as overweight, and head teachers permitting advocacy of “fat” clubs in their schools. Subsequently, teachers and school leaders are required to be educated in

the existence of ideologies and informed of practical ways that they can be sensitively addressed.

In relation to the obesity crisis, Gard warns of teachers' responses such as the undesirable examples identified earlier, which indicate a lack of professional thought and may even be unethical. Such practices are unlikely to have any "detectable effect on population obesity or levels of health" (2006, p. 79). The current PE national curriculum for England has been described as a "dominant performance-oriented curriculum with its accompanying behaviourist inclined pedagogical approach" (Thorburn et al., 2011, p. 393). A previous national curriculum draft purported a holistic approach and was suitably titled "Understanding Physical Development, Health and Wellbeing", however, was discarded in 2010 with the change of government.

Does Sport Build Character in the Early Years of Primary Schools?

As mentioned earlier, the present national curriculum for England for physical education was influenced by the 2012 Olympic Games held in London. At the close of the Olympics, the Prime Minister, David Cameron, published the following statement; "any new national Physical Education curriculum which would follow the Games will now 'require every primary school child to take part in competitive team sport like football, netball and hockey'" (Griggs, 2015, p. 38). Griggs refers to this curriculum as having a hegemonic position of sport (2015) with "increased focus on competition and in particular competitive teams now permeates [ing] down into Key Stage 1" (2015, p. 40).

These details suggest the latest curriculum may promote discourses and ideologies such as sporting, sexism and elitism and therefore need to be identified and addressed by educators. Furthermore, if there is limited education in teacher preparation it is very likely that such ideologies are influencing children now even earlier in life. Unfortunately, this is of major concern as Griggs suggests that PE in English primary schools is being delivered ineffectively (2012), thus increasing opportunities for cultivation.

When unpacking the national curriculum for England in PE—Key Stage 1, the purpose of study suggests that the citizen being developed is ideally an Olympic champion: one who is “inspired” to “succeed and excel in competitive sport and other physically demanding activities” (Department for Education, 2013, p. 1). The problem with this ideal is that for most boys and girls it is not realistic and therefore becomes exclusive. Kohn clarifies, “competition is structured to produce a single champion and many more losers” (1992, p. 109). As the scenarios shared in the introduction of this chapter illustrate, unfortunately for many children failure is being reinforced before they may have even begun the Key Stage 1 school curriculum.

This national curriculum statement is an example of a sporting discourse, “developed beliefs about physical education and sport that are not always necessarily true” (Lynch, 2017, p. 82). Furthermore, the national curriculum “purpose of study” also states, “Opportunities to compete in sport and other activities build character and help to embed values such as fairness and respect” (Department of Education, 2013, p. 1). Such statements need to be questioned by educators, rather than accepted.

Is it realistic to expect all children in schools, given the present problems identified with the preparation of teachers and infrastructure for PE delivery (UNESCO, 2014), to excel in competitive sport? Does playing sport build character for every child? Are fairness and respect outcomes of playing sport for all children? Where do the ideologies of sexism, elitism and individualism sit within this rhetoric and how are they addressed?

As the national curriculum for England in PE “Purpose of study” accentuates, sports sits within the PE curriculum. However, there is often a misconception that PE is only sport. This becomes confusing for educators in the early years when children’s motor control is not developmentally ready to combine a number of motor skills with game rules and strategies. Using the analogy of learning to read, throwing a child into a complex game is like introducing early years’ children to phonics using a novel—it is not developmentally appropriate.

Curriculum statements about sport and PE, such as the ones located in the English curriculum’s purpose of study for PE, are assumptions. While they may be outcomes experienced at times by some children through sport, for many they contradict experiences, exacerbated by limited teacher

education. Simply put, they are not based on research evidence. According to Hickey common assumptions about sport include:

- By being involved in sport, people naturally develop positive attitudes about healthy lifestyle;
- Friendship, teamwork, sharing and cooperation are incontestable manifestations of involvement;
- If you are prepared to work hard and make the necessary sacrifices, you can achieve what you want;
- That boys and girls receive equal opportunity and recognition (1995, p. 5).

These assumptions are ideals, which can be argued are enhanced through quality PE implementation, as the “purpose of study” refers to a high-quality PE curriculum. Moreso, what is vital is quality implementation from quality teachers (Lynch, 2005, 2016, 2017; Lynch & Soukup, 2017). However, as previously mentioned, it is argued that PE as a subject can be vulnerable (Tinning, Macdonald, Wright, & Hickey, 2001). Quality PE is contentious within the context of England as it is well documented that most teachers are underprepared for teaching PE (Griggs, 2012, 2015; Lynch, 2015; Lynch & Soukup, 2017). Literature shares “England appears to have not experienced growth in the first of the five UNESCO pillars for quality PE, ‘Teacher education, supply and development’” (Lynch & Soukup, 2017, p. 8). Furthermore, it is the only subject often taught by sports coaches; not requiring teaching qualifications, nor the presence of qualified teachers (Blair & Capel, 2011; Carney & Howells, 2008; Smith, 2013).

This gives impetus to Kohn’s arguments against assumptions made by the national curriculum for PE. Conversely, “competing drags us down, devastates us psychologically, poisons our relationships and interferes with our performance” (Kohn, 1992, p. 114). Kohn positions the advocacy for sport and competition within the “body viewed as an object” philosophy for PE, associated with schooling the body for a certain type of citizen:

Sport does not simply build character, in other words; it builds exactly the kind of character that is most useful for the social system. From the

perspective of our social (and economic) system – which is to say, from the perspective of those who benefit from and direct it – it is useful to have people regard each other as rivals. (1992, p. 85)

He asserts that competition is not enjoyable for all children, referring to competitive sports as a failure factory which not only eliminates the “bad ones” but also turns off many of the “good ones” (1992). This argument is of particular interest as the 2015 Wales school survey involving 110,000 Welsh school children across almost 1000 schools found that “Making sport and physical activity enjoyable and fun is critical to boosting participation by children and young people” (Sport Wales, 2015).

Perhaps Kohn’s argument against competition resonates with children in England, as it is affirmed in literature that PE in the UK fails to engage children in school and is unsuccessful in inspiring physical activities outside of school (Griggs & Ward, 2012; James & Brophy, 2019; Sandford & Rich, 2006). An England-wide survey from the Department of Culture Media and Sport (2016) titled “Taking Part” researched child participation in sport for 5–10-year-olds. Findings for 2015/2016 (1096 participants) revealed that in July 2016 “there has been no significant change in the proportion of children participating in sport in any age group (5-15, 5-10 or 11-15) compared to 2008/09 or 2014/15”. This indicates that the new PE national curriculum for England and the government’s one billion pounds funding for Sport England to invest in grass-roots sports has made no improvement (British Broadcasting Corporation [BBC], 2017). Based on these latest findings, it may be suggested a new holistic approach to PE is necessary and timely. It is recommended that unwelcomed ideologies are addressed in the early years of schools using a holistic, socio-cultural approach—which has been raised on numerous occasions throughout the book and is explored in detail in Chapter 9.

Reviewing literature reveals PE has had different purposes over the years, all driven by needs of the government or society. At present, the British national curriculum for PE was derived from a need for Olympic champions and young competitors. This is of particular significance because a deeper analysis reveals that it may be defeating its own aim of “healthy active lives” in both the short and long terms. Educative questions are raised about possible hidden messages that are experienced by four-year-old chil-

dren in their first year at primary school, messages adversely affecting the development of the “whole” child.

This chapter offers balance to perspectives portrayed through the national curriculum in England for PE. In doing so, it suggests that educators are made aware of existing social and cultural influences that influence PE and sport. Discourses and ideologies need to be identified; the position or contextual needs for the discourse should be shared, as should the undesirable aspects. Children are passive consumers of discourses and ideologies; an awareness of their choices needs to be brought to their attention from the early years of school. The socio-cultural approach requires teachers to be educated about such forces and strategies for how best to manage these.

In short, the national curriculum for England in PE can and needs to be better, in design and implementation. This is supported by Cale and Harris (2019, p. 13):

In PE, in particular, learning should challenge the narrow focus, misunderstandings and misconceptions that many young people hold [and teachers] concerning health, fitness and physical activity. Meeting this goal is likely to require us to develop alternative approaches, both in initial teacher education and in professional development related to PE-for-health pedagogies.

Children in Reception class should be moving for enjoyment, because it comes naturally to them, and this should be exploited by teachers as a medium to enhance their learning across all areas. They shouldn't be exercising out of fear that they will get fat, nor should they be experiencing guilt for not meeting adult “health” expectations. It is wrong for children to be categorised as overweight and school leaders should not be allowing this within their schools. Hence, it is recommended that the global shift to a constructivist, holistic social-cultural approach be adopted for the national curriculum for England in PE, one which has a focus on the whole person philosophy: body, mind, spirit and wellbeing.

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9

The Socio-Cultural Approach and Implementation in Schools

Exploring the socio-cultural approach, investigating how it evolved and is best implemented in schools relates to the school implementation element of quality physical education (QPE) (cf. Fig. 1.1). The socio-cultural approach has been discussed throughout the text in relation to an inclusive learning experience for all children, catering for the diverse needs of a school community. Within the education field and specifically in relation to how the Health, Wellbeing and Physical Education (H, W & PE) holistic curriculum is best implemented, the social model to health is advocated; more specifically, the socio-cultural approach, which “acknowledges that health behaviour is closely related to social and cultural factors” (Ruskin, Fitzgibbon, & Harper, 2008, p. 32). Furthermore, it recognises the physical, social, emotional, mental and spiritual dimensions of health, the interactions between the dimensions and that health is dynamic, a constantly changing state (QSCC, 1999). Therefore, it is appropriate for promoting wellbeing which is multidimensional in nature (OECD, 2017). The socio-cultural approach “contrasts with some historical views that defined health as the absence of disease and emphasised, to a large extent, physical health” (QSCC, 1999). Hence, the socio-cultural approach was developed re-actively; to counteract the dominant medical

approach traditionally used in public health and the behavioural approach in education. For “an individual view of health used alone has limitations in addressing health concerns” (Ruskin et al., 2008, p. 32).

The socio-cultural perspective suggests that the curriculum be connected to the child’s world and everyday interests (Arthur, Beecher, Death, Dockett, & Farmer, 2015). As children have a natural play structure, learning through movement therefore heightens interest. “Play” sits within the physical dimension, “where children are learning through their interactions, as well as adopting and working through the rules and values of their own cultural group” (Arthur et al., 2015, pp. 99–100). The socio-cultural benefits of play enable “the development of imagination and intelligence, language, social skills, and perceptual-motor abilities in infants and young children” (Frost, 1992, p. 48). Hence, as previously mentioned, it is imperative that QPE begins in the early years using an inclusive, holistic social-cultural approach.

Socio-Cultural Approach as Curriculum Policy

Lynch details how the socio-cultural approach was led and evolved as policy within the Australian education context, offering balance and advocacy for the constructivist and critical approaches within education:

The Syllabus embraced a socio-cultural perspective that suggests “the disciplines of social psychology, pedagogy, philosophy, sociology and history sit alongside the biophysical sciences of anatomy, physiology, and biomechanics to inform the learning area” (Macdonald et al., 2000, p. 6). This approach also promoted social justice (QSCC, 1999a), enabling members of society to be informed and aware of such forces within their various environments. The key learning area emphasizes the social justice principles of diversity, equity and supportive environments. These principles underpin the syllabus and guide curriculum design and delivery. They are embraced in the tenets of an inclusive curriculum which seeks to maximize educational opportunities for all students (QSCC, 1999c, p. 1). As a result people are assisted to make well-judged decisions in relation to good health and well-being (QSCC, 1999b). (Lynch, 2017, p. 6)

The approach has been supported in literature by Tinning and Fitzclarence (1992) who considered the crisis in physical education at the time of the syllabus construction, to have a cultural meaning. However, curriculum reform shifting towards a socio-cultural approach has been slow and described as “gradual” (Macdonald, 2012, 2013).

It has been a concern in literature that not all states and territories in Australia have prepared teachers to teach holistic HPE (Lynch, 2014a, 2014b). Furthermore, the depth that the socio-cultural perspective, adopted by the 1994 National Statement and Profile “filtered into the implementation of the HPE curriculum in each state and territory, differed considerably” (Lynch, 2014a, p. 513). Subsequently, so too has the influence of this perspective on teachers’ ideologies (Kirk & Macdonald, 2001).

The Australian national curriculum framework supports critical inquiry [constructivist and critical approach]; “content and pedagogies that engage all students as active learners and, while doing so, question the “taken-for-granted” of how physical activity and health practices and opportunities play out locally and globally” (Macdonald, 2013, p. 102). Hence, the national curriculum (2013) is underpinned by the socio-cultural perspective (ACARA, 2010).

The Health and Physical Education curriculum will draw on its multi-disciplinary base with students learning to question the social, cultural and political factors that influence health and wellbeing. In doing so students will explore matters such as inclusiveness, power inequalities, taken-for granted assumptions, diversity and social justice, and develop strategies to improve their own and others’ health and wellbeing. (ACARA, 2012, p. 5).

Socio-Cultural Approach Evolution Within Physical Education

The introduction of the socio-cultural perspective recognises that children are influenced by the different physical, social, cultural, political, economic and environmental forces affecting their wellbeing (QSCC, 1999). Therefore, offering an “holistic” learning approach for PE. Throughout history, PE has often focused on the body as an object, in contrast to the “whole”

child. Critically examining literature and taken for granted assumptions within the PE field, from a cultural and historical perspective, illustrates the pertinence of the socio-cultural approach.

As previously mentioned, discourses that have influenced the body as an object philosophy include military, scientific, health and sporting, which portray ideologies which include sexism, elitism, healthism, individualism and mesomorphism (cf. p. 83). Such ideologies often pass on false messages to the child, on many occasions, these are unintentional and/or the teacher is unaware of their existence. For ideologies are not recorded in curriculum documents, but are traits taught and learnt through various mediums within society, in what is termed the “hidden curriculum”. The hidden curriculum is defined as where the students acquire knowledge and attitudes unintentionally while in the school environment (Kirk, 1992; Lynch, 2005).

Military discourse involved physical education through means of drilling and exercising. This military style training existed in Australian schools from 1911 to 1929 and was the first and only national system of physical training. Kirk and Spiller described this period as a time of schooling rather than education, for “physical education was deeply implicated in the project of schooling the docile body, in knowing it and shaping it to meet particular circumstances and fulfil particular social and political projects” (1991, p. 108).

Science has had a major influence on physical education through means of technology and medicalization; the scientific discourse has particular relevance to the biophysical foundations of human movement. The influence of science on education began after the launch of the first Sputnik on 4 October, 1957. Similar to current concerns, it was thought that schools were not producing enough scientists, so financial support was directed towards this goal. During this time, PE curricular became “technocratically rationalised” (Kirk, 1988) where a new look physical education curricular was focused on biomechanics, exercise physiology, sports medicine, psychology of sport and history of sport (Kirk, McKay, & George, 1986).

Health as an ideology has influenced both society and physical education. Healthism is described by Crawford as “an individual effort and discipline directed mainly at regulating the size and shape of the body” (1980, p. 366) (cf. p. 100). The sporting discourse has developed beliefs about

physical education and sport that are not necessarily true. The national curriculum for England “Physical Education Programme” (Department for Education [DfE], 2013) states the “purpose of study” for the subject in Key Stage 1 (5–7 years) and Key Stage 2 (8–11 years):

A high-quality physical education curriculum inspires all pupils to succeed and excel in competitive sport and other physically demanding activities... Opportunities to compete in sport and other activities build character and help to embed values such as fairness and respect.

While competition can be delivered in an inclusive manner, over the years “belonging, being and becoming” physically educated has not always been achieved especially when it was poorly or insensitively taught. The socio-cultural approach is opposite to the “body as object” philosophy, and subsequently, the behavioural approach in education. In simple terms, the socio-cultural approach in practice enables QPE and involves quality implementation by quality teachers.

What Does the Socio-Cultural Approach Look like in PE Practice?

The socio-cultural approach requires inclusive, creative activities which cater for the diverse abilities and needs of a class, successfully enabling enjoyment, engagement and challenge for all. Adopting this approach in PE can be challenging for teachers, especially if they do not feel that they have been adequately prepared. However, it is vital, as research evidences that the early years (preschool and early years of primary) are the best time to learn and refine Fundamental Movement Skills (FMS).

Notably, quality PE lessons prioritise: holistic health (physical, social, emotional, cognitive and spiritual); offers diverse PE learning opportunities and instruction; interest in the activities and learning is shown by significant others; are positive and encouraging experiences; FMS are developed in the early years of school; is developmentally appropriate; engaging and enjoyable; inclusive; and enable all children to succeed (Lynch, 2005). Finally, children respect one another and any societal miscon-

ceptions/discourses are addressed sensitively by the teacher. It is recommended that QPE is implemented using: the socio-cultural approach; movement/physical activity at the core of H, W & PE; teachers promote social justice; and a learner-centred approach to learning and teaching (constructivist) emphasises students solving problems, making decisions and taking action to promote health (QSCC, 1999).

Supporting research indicates that many children unfortunately have limited FMS at the beginning of secondary school (Barnett et al., 2013). This is another socio-cultural aspect of PE that educators need to be mindful of. For it is not inclusive practice to play a game or modified sport when not all children have had opportunities to develop the skills required. Such practices in schools needs to be critically examined as the children who have had prior experiences are often favoured over those who have not.

Educators are therefore challenged to be creative when implementing PE adopting a socio-cultural approach. At all times, the aim should be to maintain inclusivity, by catering for the diverse needs of the class. This is easier said than done and is the greatest modern day challenge for physical educators. Educators' ability to implement strategies to cater for all needs, whilst enabling enjoyment, engagement and challenges, evidences the teacher's mastery of being a quality physical educator. Furthermore, they are encouraged to be creative in their provision of inclusive movement activities and to offer progressive and developmentally appropriate learning experiences.

Whole-School Approaches: Health Promoting Schools Model and Strengths-Based Approach

Looking at the “big picture” of implementing QPE begins globally with the UNESCO “Strategy on Education for Better Health and Well-Being: Contributing to the Sustainable Development Goals” which reflects:

growing international recognition of the inter-relationship between education and health, which necessitates a more comprehensive approach to school health and coordinated action across sectors. The Global Education

First Initiative identifies health as one of the core outcomes of good quality education and the Incheon Declaration states that quality education ‘develops the skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges’. (UNESCO, 2016, pp. 6–7)

This global policy very much relates to the purpose of education—which is to achieve all approaches (cf. p. 30). Furthermore, “Schools are an important setting for promoting a healthy diet and physical education and activity, through a whole-school approach that includes skills-based education” (UNESCO, 2016, p. 14).

An whole-school approach is one that “goes beyond the learning and teaching in the classroom to pervade all aspects of the life of a school” (Public Health England, 2014, p. 10) and includes:

- Culture, ethos and environment: the health and wellbeing of students and staff is promoted through the ‘hidden’ or ‘informal’ curriculum, including leadership practice, the school’s values and attitudes, together with the social and physical environment.
- Learning and teaching: using the curriculum to develop pupils’ knowledge, attitudes and skills about health and wellbeing.
- Partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children and young people’s health and wellbeing.

“Healthy schools” or “health-promoting schools” approaches are used by some schools to help translate the whole-school approach into practice and to enhance health and educational outcomes of their pupils (Public Health England, 2014, p. 10).

Healthy schools is derived from the WHO Health Promoting Schools (HPS) global initiative:

The concept of the health-promoting school is international in its development, with many countries around the world working on programmes which support schools and their communities in better health actions. It complements the WHO School Health Initiative, which provides an impe-

tus for mobilizing and strengthening school health promotion and education activities at local, national, regional and global levels. (WHO, 1996, p. 2)

This derivative can be evidenced by the definition of HPS:

A health-promoting school is a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health. (WHO, 1996, p. 2)

HPS and Healthy School models (whole-school approaches) are in action and advocated internationally. These include: Schools for Health in Europe (SHE) network (<http://www.schools-for-health.eu/she-network>); Healthy Schools network (<http://www.healthyschools.org/index.html>; <https://www.cdc.gov/healthyschools/index.htm>; <https://www.clintonfoundation.org/our-work/alliance-healthier-generation/programs/healthy-schools-program>); Project Healthy Schools (<http://www.projecthealthyschools.org/>); Health Promoting Schools New Zealand (<https://www.cph.co.nz/your-health/health-promoting-schools/>); Australian Health Promoting Schools (<https://www.achper.org.au/advocacy/australian-health-promoting-schools>); and Healthy Schools London (<http://www.healthyschools.london.gov.uk/>).

The WHO Health Promoting Schools concept influenced the development of the Australian Health and Physical Education curriculum which adopted the socio-cultural approach, as described by Lynch (2016, p. 93):

The concepts outlined in the national curriculum documents that laid the foundations for the 1999 Queensland HPE syllabus and later the 2013 Australian Curriculum (Health and Physical Education) are closely aligned with the Health Promoting Schools (HPS) principles (Centre for Primary Education, 1998; Lynch, 2013c). The Australian HPS Association was established in 1994 and HPS developed in Australia around the same time as the development and implementation of the 1999 HPE curriculum documents.

As illustrated by the whole-school approach attributes above (Public Health England, 2014), “Health promoting schools are schools which display, in everything they say and do, support for and commitment to enhancing the emotional, social, physical and moral well being of all members of their school community” (Centre for Primary Education, 1998, p. 2).

The Health Promoting Schools (HPS) concept was developed to promote health in education (World Health Organisation, 1996). The Health Promoting Schools Model encompasses program implementation as it describes the broad, holistic framework for the implementation of health education beyond the boundaries of the classroom (Queensland Government, 2003b). It offers “a suitable approach because it encompasses a range of influences internal and external to the school environment” (O’Dea & Maloney, 2000, p.4). The HPS model comprises three overlapping elements: (1) curriculum, teaching and learning; (2) school organization, ethos and environment; and, (3) partnerships and services. The overlapping components “need to be considered as a whole rather than as separate entities”. (Australian Health Promoting Schools Association, 1996, p. 1) Implementing across the three elements allows for a more comprehensive promotion of health (World Health Organisation, 1994) and therefore forms an ideal framework for the strands of HPE: enhancing personal development; developing the concepts and skills for physical activities; and promoting the health of individuals and communities (Queensland Government, 2003c). (Lynch, 2016, pp. 93–94)

These three elements relate directly to the elements of QPE (Fig. 1.1, cf. p. 11) and are underpinned by the socio-cultural approach. In particular, the third element—partnerships and services which Public Health England describe as “proactive engagement with families, outside agencies, and the wider community to promote consistent support for children and young people’s health and wellbeing” (2014, p. 10). Community partnerships sit within a “strengths based” approach to education. According to the Australian curriculum, the strengths-based approach is contextual (cf. Fig. 1.1):

This approach affirms that all students and their communities have particular strengths and resources that can be nurtured to improve their own

and others' health, wellbeing, movement competence and participation in physical activity. The curriculum recognises that students have varying levels of access to personal and community resources depending on a variety of contextual factors that will impact on their decisions and behaviours. (Australian Curriculum, 2019)

Research on the strengths-based approach within H, W & PE found that community partnerships do offer opportunities to “increase the scale of effectiveness of activities, reduce transaction costs, bring together resources and tools that otherwise would not be available to one actor only and it helps to mutually understand perspectives that otherwise would not be understood appropriately” (Leisinger, 2015).

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10

Methodology: Research Design and Analysis of Data

As discussed in Chapter 1, the data used in this research book have been gathered from varying research projects relating to the preparation and implementation of “holistic” Health and Physical Education (HPE). The predominantly qualitative data have been gathered from different regions of the world, namely Oceania, America, Europe and the Middle East. The purpose of the research was to identify “how” the physical dimension can be implemented to best develop students’ wellbeing. Wellbeing is a complex, multidimensional construct that cannot be properly measured by a sole indicator in a single domain (Borgonovi & Pál, 2016). Hence, in order to accurately monitor wellbeing, “it is critical that its multidimensional nature is considered” (OECD, 2017). Researching “Physical Education and Wellbeing” has involved various studies investigating various dimensions (cf. Chapters 11, 12, 13, and 14):

- a. Primary school case studies: qualitative in-depth data from three case study Australian primary schools of various sizes;
- b. Questionnaire: qualitative questionnaire for educationalists representing nine states of the USA;

- c. Initial teacher education (ITE) case study: qualitative in-depth data from a recognised model (Ofsted outstanding) UK ITE physical education programme;
- d. Teacher preparation: qualitative case study carried out in an international school in the Middle East, investigating secondary trained PE teacher participants who are responsible for teaching primary school children; and
- e. National survey: qualitative and quantitative data gathered from a large empirical ex-post facto survey involving approximately 400 Australian primary [elementary] government school principals [head teachers].

Research Design

The qualitative research conducted was interpretivist and positioned within a constructionist paradigm. This theoretical framework is most apposite for the research studies (a, b, c, d and e), considering that understanding of the PE field, its clarity and success of policy implementation ultimately depends on teachers and students (Gardner & Williamson, 1999). The participants shared their experiences and perspectives within their context, which are never wrong. This is important as the implementation of curriculum, policies and PE terms adopted differ between nations and states.

The interpretive perspective assumes that there is change and that we live in an ever-changing world (Glesne, 1999). Emphasis is placed on the change and development of individuals, groups and societies (Sarantakos, 1998). This is most suitable given the various discourses, ideologies and philosophies that have influenced the PE field over the years. With regard to practitioner's perspective of H, W and PE, it was envisaged that there would be both positive and negative outcomes. This assumption is based on the personal experiences of the researcher, who in "qualitative research is often the primary instrument for data collection and analysis" (Merriam, 1998, p. 7).

Table 10.1 Research framework for (a) Primary school case studies (Australia)

Epistemology	Constructionism
Theoretical perspective	Interpretivism
Research methodology	Case study
Data generating methods	Interviews; Semi-structured Interviews; Focus group Reflective journal Observation Document analysis

(a) Primary School Case Studies

A constructionist epistemology frames the research as meaning making and was developed from engagement and interaction with the participants sharing their lived experiences and interpreting those experiences. The methodology chosen to construct meanings through capturing the context of each school was “evaluative” and “multiple” case study (Merriam, 1998). The purpose of the study is to explore the implementation of the Queensland HPE syllabus in three primary schools of varying enrolment size. The sites for the three case studies involved: one small-sized primary school (less than 200 students); one medium-sized primary school (200–400 students); and one large-sized primary school (over 400 students). The three case studies were selected as representative of their different demographics, pertaining to their size as measured by enrolment numbers, their geographic location and their socio-economic status. The study was a storytelling case study as it is a “narrative and descriptive account of an educational event, program or system which deserves to be told to interested audiences, after careful analysis” (Bassey, 1999, p. 58).

The methods engaged so as to enable precision of details within the chosen theoretical framework were semi-structured and focus group interviews, reflective journal, observations and document analysis (Table 10.1).

There were three focus group interviews within each school/case. One focus group with representatives from a class in the early years, one with representatives from a class in the middle years and one with representatives from a class in the upper years of the school. Maximum variation representation (Glaser & Strauss, 1967) involves “identifying and seeking

out those who represent the widest possible range of the characteristics of interest for the study” (Merriam, 1998, p. 63). A maximum variation representation process was employed, by means of a questionnaire, to select four student representatives with a high interest level in physical activities (two boys and two girls) and four student representatives with little interest in physical activities (two boys and two girls). The questionnaire results were checked for confirmation by the classroom teacher.

The overarching general research question that guided conduct of this research is:

- How is the key learning area Health and Physical Education being taught?

Supplementary research questions that generated data include:

- How are teachers in the schools implementing the HPE curriculum documents?
- What readily accessible resources do schools have to assist with the implementation of HPE?
- What are teachers’ perceptions with regard to the HPE Key Learning Area?
- What are children’s perceptions of the HPE Key Learning Area?

An analytical question arising from the research questions provides a more critical generation of data:

- What implementation strategies are required to optimise wellbeing?

Two ethical clearances were granted before this research was conducted. An ethical clearance was awarded from Australian Catholic University and from Brisbane Catholic Education (BCE). Permission was then granted by each of the case study school principals; each of the teacher participants within each case study school; and consent from the parents of student participants. Credibility of the study was achieved by employing triangulation, the process for using multiple perceptions to clarify meaning

Table 10.2 Research framework for (b) Questionnaire (USA)

Epistemology	Constructionism
Theoretical perspective	Interpretivism
Research methodology	Interview/Questionnaire
Data generating methods	Open-ended question

(Stake, 1994). The multiple perceptions were obtained from observing and interviewing a variety of participants.

(b) Questionnaire (USA)

The purpose of this study was to investigate if issues raised in literature regarding uncertainty and confusion about associated PE terms in relation to HPE implementation exist among practitioners. For this investigation, it was decided to conduct an interview in the medium of a questionnaire (Table 10.2). The research site was set within the USA as this chosen nation provided a sample from which most could be learned (Merriam, 1998); it is a large and heavily populated country; separate states have authority for education curriculum policy, and as the literature eludes, there appears to be a number of terms used to represent the traditional nomenclature of “physical education” (cf. Chapter 6). Interviewing is a popular method for collecting qualitative data (Merriam, 1998); “There are many variants of the standard face-to-face interview. Questionnaires are one, where the respondent is given written questions and asked to respond at his [or her] leisure” (Bassey, 1999, p. 82).

Hence, the most appropriate method for gathering data in this sample, considering the research question, was a questionnaire (Kumar, 2005). The informal interview structure of an open-ended question is regarded as flexible, exploratory and more like a conversation (Merriam, 1998), enabling a format where “individual respondents define the world in unique ways” (Merriam, 1998, p. 74). Participants were asked an open-ended question relating to PE nomenclatures, where the respondent recorded the answer in his/her words, expressing themselves freely (Kumar, 2005, p. 132).

Other benefits of asking an open-ended question were that participants answered the same question, thus increasing comparability of

responses and reduced interviewer influence (Patton, 1990). Furthermore, this method was a favourable choice considering expense and time, and that the population were “scattered over a wide geographical area” (Kumar, 2005, p. 127). It is axiomatic that PE practitioners are articulate in written expression and are also very busy people.

A question relating to HPE implementation was posted on Society of Health and Physical Educators (SHAPE) America’s Exchange online network as a discussion topic. Exchange is a modern online platform used by SHAPE America members for sharing ideas and insights, discussion topics, discussions and resources. The question posed was:

Can we promote HPE as a strong combination or will it be at the expense of either Health or Physical Education?

Underlying implementation questions emerging from the literature and offering guidance during analysis include:

- What is the structure for PE/HPE implementation?
- How do practitioners differentiate between PE terms?
- What discourses and ideologies exist in modern day PE?

While no dates are disclosed, regions are acknowledged to illustrate population representation. All nine teachers who answered the question were selected as participants and represented a range of regions across the country; five elementary teachers, one middle school teacher, one secondary teacher and two university educationalists.

(c) Initial Teacher Education Case Study (UK)

This research investigated how an award-winning UK primary school physical education specialist course/programme (Ofsted Outstanding) prepared their ITE students. The specific course was awarded “Outstanding” by the British Office for Standards in Education, Children’s Services and Skills (Ofsted).

Table 10.3 Research framework for (c) Initial teacher education (ITE) case study (UK)

Epistemology	Constructionism
Theoretical perspective	Interpretivism
Research methodology	Case study
Data generating methods	Interviews; Semi-structured Reflective journal Observation Document analysis

Ofsted is the Office for Standards in Education, Children’s Services and Skills. We report directly to Parliament and we are independent and impartial. We inspect and regulate services which care for children and young people, and those providing education and skills for learners of all ages. From 2017 we will ensure that all of our work is evidence-led. (<http://www.ofsted.gov.uk/about-us>)

The case study university course was identified for having strong partnerships with local schools. Hence, it was the purpose of this study to investigate such course features (including partnerships as identified by Ofsted). The researcher in “qualitative research is often the primary instrument for data collection and analysis” (Merriam, 1998, p. 7), noting the differences between what was planned and what actually occurred (Anderson, 1990).

A successful programme/course with established partnerships in England was deliberately chosen, identified as an appropriate case study during online research when investigating PETE courses that qualified graduates to be generalist primary school teachers with a specialism in physical education. The researcher, who was employed in an Australian University (in the Faculty of Education) with expertise in HPE, was unable to find a similar primary course within Australia at the time. That is, a course specifically focusing on and specialising in primary education PETE did not exist in Australia (Lynch, 2013).

The methods engaged so as to enable precision of details within the chosen theoretical framework were semi-structured interviews, reflective journal, observations and document analysis (Table 10.3).

The researcher observed: open days for prospective students, which included course-specific information from the course manager; interviews for prospective students; discussed the course with present students; worked alongside course teacher educators (two lecturers and one technical assistant) and observed course lessons; consulted the two university lecturers involved in the PETE primary course and conducted semi-structured interviews. Meetings and discussions were held with the ITE course leader and the international coordinator for the faculty of education. Observations also included visiting local primary partner schools and having discussions with teachers.

An ethical clearance was granted from the Monash University Human Research Ethics Committee (MUHREC) where the researcher was employed. Also, permission from the UK University was granted for the recruitment of participants and research to be conducted.

(d) Teacher Preparation for Primary H/PE (Qatar, Middle East)

The purpose of this research was to investigate secondary education H/PE specialist teachers' preparation for teaching H/PE in the primary school. The case study was an English international school catering for children from 3 to 18 years of age (primary and secondary school). The case study international school was identified for having teachers who gained their ITE qualifications from the UK and Australia.

This qualitative study school was located in Qatar, Middle East, and specifically investigates:

- What are Secondary Education trained H/PE specialist teachers' perceptions of teaching H/PE in the primary school?

The methods engaged so as to enable precision of details within the chosen theoretical framework were semi-structured interviews, reflective journal and observations (Table 10.4).

All eight PE specialist teachers in the school were invited to participate and the six PE specialists who expressed interest were chosen. Observa-

Table 10.4 Research framework for (d) Teacher preparation (Qatar)

Epistemology	Constructionism
Theoretical perspective	Interpretivism
Research methodology	Case study
Data generating methods	Interviews; Semi-structured Reflective journal Observation

Table 10.5 Research framework for (e) National survey (Australia)

Epistemology	Constructionism
Theoretical perspective	Interpretivism
Research methodology	Questionnaire
Data generating methods	Ex-post facto survey (qualitative and quantitative questions)

tions were conducted to support the semi-structured interviews and were recorded as fieldnotes in a reflective journal.

An ethical clearance was granted from the MUHREC where the researcher was employed. Also, permission from the English International School was granted for the recruitment of participants and research to be conducted.

(e) National Survey (Australia)

This empirical research investigated school principal [head teacher] perceptions of how quality HPE in government primary [elementary] schools are implemented. Data were gathered using ex-post facto surveys embedded within an interpretivist paradigm. The questionnaire formulated open-ended questions providing principals [head teachers] with the opportunity to express themselves, and closed-ended questions where they chose the category that best described their school. The aim of this project was to investigate how best to prepare HPE specialist teachers within primary schools to enhance students' wellbeing (Table 10.5).

This study sits within an interpretivist paradigm, as educational leadership and the role of the school principal [head teacher] is socially complex and constructed: "Social realities are constructed by the participants in

their social settings” (Glesne, 1999). This theoretical framework enables the principal [head teacher] participants to share their stories on how HPE is taught and learned within the contexts of their schools, thus providing valuable insights into implementation. My Schools website (ACARA) <https://www.myschool.edu.au/>, the National Education Directory <https://www.education.net.au/> and the Australian Schools Directory <https://www.australianschoolsdirectory.com.au/> databases were used to access a large-scale sample of school and principal [head teacher] contact details. A large-scale sample of 376 principal participants from a cross section of Australian Government schools was chosen as participants, representing every state and territory, region and size.

Through this interpretivist paradigm, meaning that already exists was explored (inductive research); therefore, the surveys were ex-post facto design (Cohen, Manion, & Morrison, 2007) adopting a mixed methods approach. The open-ended and closed-ended questions on the ex-post facto designed survey represented problems identified in the Worldwide Surveys of School PE (UNESCO, 2014), Senate Inquiry findings (Commonwealth of Australia, 1992) and literature (Lynch, 2005, 2007; Morgan & Bourke, 2005, 2008). These issues were related specifically to resources, time and teacher qualifications/training.

The first ethical clearance granted was from MUHREC. Following, an ethical clearance was granted from all Australian state and territory Government Departments of Education (Victoria, New South Wales, Queensland, Tasmania, Australian Capital Territory, South Australia, Western Australia and Northern Territory). It was clearly stated in the “Explanatory Letter” that completing the questionnaire was voluntary and principals were under no obligation to consent to participation.

Data Analysis

An interpretivist data analysis strategy employed for the purpose of these research studies was narrative/descriptive analysis. Each case study and questionnaire investigates a different context, a different story, and this analysis strategy enables emphasis to be placed on the communication of these stories (Merriam, 1998). The interpretivist is committed to hearing

Table 10.6 Process of data analysis

Stage 1	Analysis of data for each case study/survey region using Wellington's table of analysis
Stage 2	Narrative/descriptive report given as an analysis for each case study/survey region
Stage 3	Cross-case analysis again using Wellington's table of analysis. This time analysing whole stories or story sections (surveys were analysed according to school size)
Stage 4	Narrative/descriptive report given for cross-case study/survey state region analysis

the stories of the participants, their perspectives of the world they experience (Taylor & Bogdan, 1998). The researcher attempts to capture the stories by interpreting the culture of the school through reported experiences, understandings and other collected data, resulting in a learning episode for both reader and researcher (Glesne, 1999). The narrative/descriptive analysis method has been deliberately chosen to illuminate each story/case study in this interpretive study; to identify “how” the physical dimension can be managed to best develop students’ wellbeing.

The combined research projects employ multiple case studies (and questionnaires); hence, it is necessary to collect and analyse data from more than one school/school region (Merriam, 1998). The analysis process involves employing a narrative/descriptive report for each of the case study contexts (and questionnaire regions). During Stage One (Table 10.6), each interview, observation and journal entry (for each of the case studies), and questionnaires for each survey region, were analysed using Wellington’s six-stage simplified version of the “Constant Comparative Method for Analysing Qualitative Data” (Wellington, 2000), (Fig. 10.1). This was followed by Stage Two (Table 10.6), where each individual case (and survey region) was described in a report. The constant comparative method of analysing qualitative data combines inductive category coding with a simultaneous comparison of all units of meaning obtained (Glaser & Strauss, 1967). As each new unit of meaning is selected for analysis, it is compared to all existing units and subsequently categorised and coded with similar units. If there are no similar units of meaning, a new category is formed (Maykut & Morehouse, 1994).

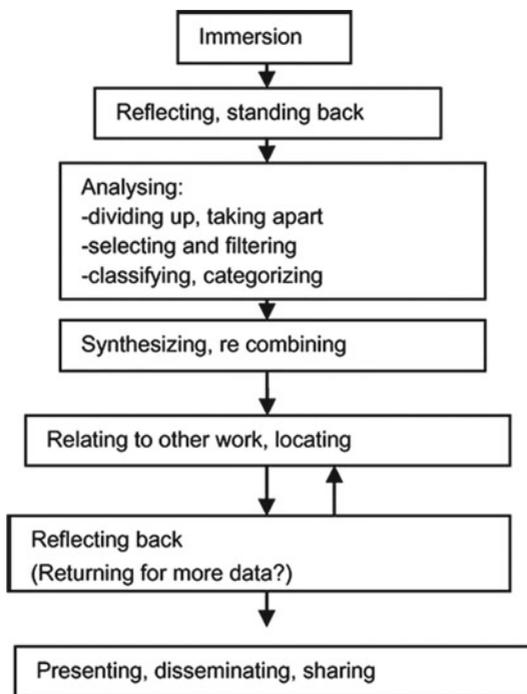


Fig. 10.1 General stages in making sense of qualitative data (Wellington, 2000, p. 141)

Stage Three (Table 10.6); the cross-case analysis began at the completion of an analysis report for each case/survey region (Stage Two, Table 10.6). “A qualitative, inductive, multicase study seeks to build abstractions across cases” (Merriam, 1998, p. 195). Repeating the same analysis process, Wellington’s six stages were used to analyse the data across the case studies (surveys were analysed according to school size) which was again reported in Stage Four (Table 10.6) using a narrative/descriptive report.

Analysis is therefore iterative (Dey, 1993) and during cross-case and regional analysis, the researcher attempts through iteration to see processes that are common among the case studies/survey regions. Relating to the similarities in context can develop more sophisticated descriptions and more powerful explanations (Miles & Huberman, 1994).

Table 10.7 Coding of interview transcript

Interview transcript	Coding
I What do you like about the Health & PE syllabus?	
P Because I haven't had that much experience with it I don't know it that well so it's hard to say what I like and what I don't like—what I have seen of it I like the way that it's set out because it's fairly easy to follow, easy to read and I just like the way it's set out and structured	<ul style="list-style-type: none"> - Teacher familiarity with syllabus - Teacher confidence & knowledge - Syllabus likes & dislikes
I How does the school manage to fit the demands of the Health & PE syllabus that is the three strands, into the crowded curriculum?	
P We are fairly lucky here because we have a HPE Specialist who comes in and takes that strand of things for 40 minutes a week	<ul style="list-style-type: none"> - HPE specialist
I So physical activities?	
P Physical activities, yep. In terms of Health and Personal Development, that's left up to the classroom teacher to do in your own planning. Personal Development is, we have included that into some of our units that we have done previously particularly with RE and with some of our SOSE, but with the Health and any other Personal Development you do, it's basically what you can implement into your everyday planning. Whether you do that with your buddy teacher or not, or whether you do that with your own class	<ul style="list-style-type: none"> - Time afforded to strands - Teachers responsible for strands - Integration with other KLAs - Methods of implementation
I Do you integrate or connect the curriculum with the Health & Personal Development to fit that in?	
P We try to do it—I guess it's happened more with Personal Development than what has happened with Health. Just that Personal Development does seem to fit in well with some of the RE outcomes. Yes it would be good to integrate it but it's hard	<ul style="list-style-type: none"> - HPE Connections with Religious Education - Integration with other KLAs

During the analysis process, key themes were generated by employing a coding system. Table 10.7 illustrates a copy of a participant's coded transcript. In an attempt to answer the research questions, units of meaning were formed, coded and categorised with other similar units. This process occurred within each case study school/survey region and across case studies/survey regions. A detailed description of findings from the analysis process is provided in “findings and discussion” (cf. Chapters 11, 12, 13, and 14).

Confidentiality and anonymity were assured during the study as pseudonyms were assigned to protect the privacy of the participants. A conscious effort was made by the researcher to be fair in the generation of data, in the interpretation of data, in the formulation of theories and in the presentation of data. Member checks involved soliciting informants' views as to credibility of findings and these were utilised to confirm the plausibility and credibility of interpretations. Themes and conclusions were checked within the other data generating methods, for example, a finding during an observation was further explored during an interview. This addresses the issue of public disclosure of processes and gives the themes congruence and verisimilitude (Anfara, Brown & Mangione, 2002).

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11

Spiritual Dimension

This chapter explores the development of the spiritual dimension within the Health and Physical Education (HPE) learning area which sits within the whole child development element of quality physical education (cf. Fig. 1.1). The following literature has been amended and condensed from a previous publication (Lynch, 2015).

Children's Spirituality

The spiritual dimension of wellness is defined as “the personal search for meaning and direction in life” (Robbins, Powers, & Burgess, 2011, p. 10). Furthermore, there is a strong link between spirituality and one's self-esteem (Robbins et al., 2011). This dimension may be connected to a religion, but it may not. “In its purest sense, spiritual wellness involves cultivating beliefs, principles, and values that provide guidance and strength throughout all of life's experiences” (Robbins et al., 2011, p. 10). Having accentuated that HPE is more than the physical dimension, it can be argued that the physical dimension does offer unique opportunities and

perhaps more so than others, for children in primary schools to experience a “sense of connection”, a spiritual dimension.

Spirituality is an essential aspect of all human beings which needs to be given the opportunity to grow (Lavery & Hay, 2004). This is axiomatically the same situation for children, where spirituality is an essential part of child development (Hay & Nye, 2006). There are numerous definitions of spirituality and the same can be said about spirituality experienced in a primary school (Mountain, 2011). Hyde (2008) suggests that the education systems have done little to describe what is meant by spirituality, yet it is advocated that spirituality promotes inner wellbeing and wholeness (Lavery & Hay, 2004). Harris (2007, p. 264) defines children’s spirituality as, “transformational, directive, and peer-relational which involves actively living by being innately connected to a natural source within the moral universe and affectively belonging with relationships that are interconnected within a child’s culture and community”. Hence, the concepts of relationships, self, community and culture are recurring themes.

When exploring children’s experiences of spirituality, it is vital to understand how this may exist and appear. Hyde (2008) identifies four characteristics of children’s spirituality;

- the felt sense,
- integrating awareness,
- weaving the threads of meaning, and
- spiritual questing.

The first characteristic, “the felt sense”, involves physicality and bodily awareness and is the most applicable for the purpose of this study; “Individuals encounter and act upon the world with the whole of their bodies” (Hyde, 2008, p. 120). Hyde, Ota, and Yust (2012) profess that young children often are unable to articulate verbally their thoughts; subsequently, they become “far more in tune with their physicality” (p. 3), using “non-verbal avenues, such as laughter, crying, play and the like” (Hyde, Ota, & Yust, 2012, p. 3).

The “felt sense” was professed by Gendlin, an American psychotherapist:

Individuals encounter and act upon the world in which they live with the whole of their bodies. He called this focusing, maintaining that it involved attending to the bodily awareness of situations, persons and events. Such bodily awareness is not a mental experience, but a physical one. It doesn't come from thoughts, words or other separate components, but rather as a single, though sometimes puzzling and complex, bodily feeling. Attending to one's own body may then assist with personal difficulties and in being sensitively aware in relationships with others. (Hyde et al., 2012, p. 2)

“The felt sense” is defined as “the way in which a child draws on the wisdom of her or his own body as a natural and primal way of knowing. It involves an awareness of the immediacy of experience and tactile, sensory activity” (Hyde, 2010, p. 510). The significance of this characteristic for children involved in PE lessons is axiomatic. According to Hyde, Ota and Yust, “The challenge for those who work with children is to recognise that many of these activities could be experienced by children as spiritual” (p. 3).

“Integrating awareness” “refers to an emerging level of consciousness enveloping, or integrating, a previous level of awareness. This might typically occur, for example, when a person meditates” (Hyde, 2010, p. 511). “Weaving the threads of meaning” “refers to the child drawing on her or his own sense of wonder as a means by which to make sense of the world and events from the many and diverse frameworks of meaning that are available” (2010, p. 512). The last characteristic “spiritual questing”, “refers to the fact that children are seekers. They are actively searching for a sense of life's meaning and purpose, and this is often reflected in what they claim to value most” (2010, p. 514). Parallels can be drawn with secular spiritual wellness behaviours developed by a child which include:

- develops an awareness of life versus death,
- develops a sense of the importance and expanse of life,
- begins establishing a value system; can distinguish right from wrong,
- begins showing compassion and forgiveness (Robbins et al., 2011, p. 556).

Spirituality is embedded within all strands of the HPE curriculum. Within this “holistic” curriculum, the spiritual dimension is defined as “a sense of

connection to phenomena and unusual events beyond self and usual sensory and rational existence; a sense of place within the universe” (QSCC, 1999a, p. 26). As the contexts of the case study schools were set in Catholic education, it is assumed that the term spirituality may often refer to a Christian expression of spirituality, although it was understood that this may not be the case for all children.

Findings and Discussion

The data gathered in the case study schools and initial teacher education case study support that there are expressions of children’s spiritual cognisance and opportunities within HPE lessons. Harris (2007) defines children’s spirituality as “transformational, directive, and peer-relational which involves actively living by being innately connected to a natural source within the moral universe, and affectively belonging with relationships that are interconnected within a child’s culture and community”. Student participants and lecturer participants verbally articulated connections mainly through the physical activity strand. While connections are of a personal nature, they can be identified as spiritual experiences in HPE.

Children in the early years of the schools did not express spirituality verbally. This is reasoned by Hyde et al. (2012), professing that young children often are unable to articulate verbally their thoughts. However, physical activity lesson observations did display children acting upon the world with the whole of their bodies, subsequently becoming “far more in tune with their physicality” (2012, p. 3). Thus, young student participants (early years) displayed the children’s spirituality characteristic of “felt sense”.

Where the physical activity strand was of quality implementation, the HPE teacher acted as director and facilitator, peer relations were empathetic, accepting and encouraging which enabled the children to truly belong and feel appreciated within the community of the school. Hence, this was consistent with the concepts of relationships, self, community and culture. “In its purest sense, spiritual wellness involves cultivating beliefs, principles, and values that provide guidance and strength throughout all of life’s experiences” (Robbins et al., 2011, p. 10). In case study two school

where PE quality teaching and learning was experienced regularly, children's verbal articulation and observed physical engagement of spiritual expressions were increased. The connection between physicality and bodily awareness was observed for all lessons when children were engaged. For this reason, the data gathered within this research study implies that implementation of QPE lessons increased spiritual connections. In QPE lessons, safety was optimal, children were involved in maximum participation, activities were challenging and differentiated for the engagement of all students and lessons were inclusive and enjoyed. Hence, opportunities for students to experience the children's spirituality characteristic of "felt sense" were observed more frequently.

In case study two school, the children in middle and upper years articulated spiritual experiences through observations and interview. In being attuned to their physical, bodily knowing, these children appeared to have engaged their whole selves in direct, experiential and concrete ways. The children were absorbed in experiences that seemed to bridge the divide between self and object (Hyde, 2008, p. 121). As one middle years' student participant described, "Um, you feel like you're going to do it and like you're not going to stop and it's going to help you run and you're not going to hurt yourself". The boy was explaining the importance of the PE learning area as he "draws on the wisdom of his own body as a natural and primal way of knowing. It involves an awareness of the immediacy of experience and tactile, sensory activity" (Hyde, 2010, p. 510).

The majority of upper year student participants and many middle year student participants from all three case study schools connected HPE and the RE Christian expression of spirituality, as well as spirituality generally. This was mainly through the promotion of Christian Gospel values in the Physical Activity strand. One child described "you feel better, about yourself and you have more self-esteem" which relates directly to the strong link between self-esteem and spirituality that Robbins et al. (2011) assert. Again, there was an increase in verbal articulation of links in schools that had a HPE specialist or designated teacher, where lessons were conducted regularly. Observations suggested that QPE lessons promoted student interest (Tables 11.1 and 11.2) and maximised physicality, bodily awareness and relationships.

Table 11.1 Summary of cross-case data analysis findings

School	HPE specialist	HPE specialist in syllabus	HPE specialist in-serviced in syllabus	Number of Classroom Teacher participants professionally developed in HPE syllabus	Clear knowledge of who is responsible for the different strands	Classroom teacher responsible for Religious Education and HPE (Personal Development and Health) strands	Number of classroom teacher participants who evidenced HPE (Personal Development and Health) in book	Whole school programme for HPE physical activities
Case study one	No	No	1	Yes	Yes	1	No	
Case study two	Yes	Yes	2	Yes	Yes	2	Yes	
Case study three	Yes	No	2	No	Yes	0	No	

Table 11.2 Comparison of case study school student participants' interest in HPE

School	Teachers' perception of students' interest levels in HPE	Number of students interviewed in each focus group	Number of				HPE specialist teacher
			of early years' student participants whose favourite subject was HPE	middle years' student participants whose favourite subject was HPE	of upper years' student participants whose favourite subject was HPE		
Case study one	Medium	6	0 0%	2 33%	0 0%	No	
Case study two	High	8	6 75%	3 37.5%	4 50%	Yes	
Case study three	High	8	0 0%	0 0%	0 0%	Yes	

The characteristic “spiritual questing”, “refers to the fact that children are seekers. They are actively searching for a sense of life’s meaning and purpose, and this is often reflected in what they claim to value most” (2010, p. 514). The children in the upper years’ group of case study two school valued team sports. One boy stated he preferred team sports to individual: “It’s better than individual, because like, if you like, if you make a mistake or something, there are people to help you out and stuff”. Another girl mentioned that within cooperative teamwork she enjoyed experiencing “good team spirit”. She shared that she enjoyed working together and that it was fun to know that you could enjoy working with other people in the group. All student participants agreed that they do look out, backup and support their teammates.

The data generated suggest that a whole school curriculum programme (WSCP) for HPE increases the likelihood of quality experiences for the children in schools by increasing the rate of developmentally appropriate activities. This resulted in enhanced student interest, a positive effect on students’ attitudes towards physical activities and spiritual connections (Table 11.2). Also, specialist teachers are associated with quality delivery of all dimensions of HPE which includes the spiritual dimension of the HPE curriculum (QSCC, 1999a).

Furthermore, the data gathered are consistent with the literature, which states that HPE may hold particular significance and valuable spiritual experiences for children in relation to good health and wellbeing (QSCC, 1999b). Specifically within Brisbane Catholic Education (BCE), this connection is acknowledged by the document “Religious Education Support Resource for the Early Years – RE and Health and Physical Learning Organising Ideas” (Catholic Education Archdiocese of Brisbane, 2010).

Karen (pseudonym), a lecturer in the ITE PETE course, spoke about “physical literacy” which sat within the spirituality characteristic of “felt sense”, where “Individuals encounter and act upon the world with the whole of their bodies” (Hyde, 2008, p. 120). Karen referred to physical literacy as a journey and “The holistic nature of it, they [some teachers] don’t understand that each child is on their own physical literacy journey and they’re supposed to be guiding those children on the journey”. Although the term spirituality was not mentioned by Karen, there were strong connections made with the “holistic” curriculum. The spir-

itual dimension is defined as “a sense of connection to phenomena and unusual events beyond self and usual sensory and rational existence; a sense of place within the universe” (QSCC, 1999a, p. 26), and the concept of the physical literacy journey was embedded within this definition.

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12

Mental Health: Social and Emotional Dimensions

This chapter explores social and emotional dimensions of wellbeing (mental health) and their development through Health and Physical Education (HPE). Hence, it sits within whole child development and community partnerships (strengths-based) elements of quality physical education (cf. Fig. 1.1). Reiterating, Robbins, Powers, and Burgess identify seven dimensions of wellness: physical, intellectual, emotional, social, spiritual, environmental and occupational. Additionally, they reinforce “there is a strong interconnection amongst these dimensions” and a strong link between spirituality and one’s self-esteem (relating to one’s social and emotional development) (2011, p. 9). Hence, as established in the literature in the previous chapter (Chapter 11), the social and emotional dimensions of wellbeing (also referred to as mental health) are very closely related to the spiritual dimension. Another common thread is the feeling of “belonging”, a recurring theme throughout this book which relates to “connectedness” (NSW Department of Education and Communities, 2015). The concepts of relationships, self, community and culture are consistently presented across the dimensions of wellbeing; therefore, the findings in the previous chapter are also relevant within the focus for this chapter—social and emotional dimensions (also referred to as mental health).

Research and literature have over a long period of time found there are social and emotional benefits that result from participating regularly in physical activities, for example physical activity has been consistently shown to lessen symptoms of clinical depression (Calfas & Taylor, 1994; Chekroud et al., 2018; Taylor, Sallis, & Needle, 1985). Recently, the largest study of this kind was conducted in the USA involving 1.2 million participants. The findings suggest that “regular physical activity lasting 45 minutes three to five times a week can reduce poor mental health” (BBC News, 2018). Hence, “Poor mental health is a major risk factor for poor physical health and vice versa” (Australian Health Policy Collaboration, 2018). Other mental health benefits include better stress management (American Heart Association, 2019; British Universities & Colleges Sport, 2018; Chiras, 1991; Robbins et al., 2011), having fun, relationships, self-esteem and self-efficacy, enhancement and building of personal and social skills such as leadership, communication, teamwork and cooperation (British Universities & Colleges Sport, 2018; Shilton, 1997).

In educational contexts, “It is widely recognised that a child’s emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health, and their mental wellbeing in adulthood” (Public Health England, 2015, p. 4). Physical activity creates a friendly school climate where students are less aggressive and experience fewer discipline problems (Public Health England, 2014; Queensland Government, 2003), reducing the likelihood of students being involved in anti-social behaviour (Clea, McNeely, Nonnemaker, & Blum, 2002; Kerr, 1996; Public Health England, 2014; Stead & Neville, 2010; Trudeau & Shephard, 2008) and decrease the levels of vandalism, mischief, petty crime and negative behaviour (Norrie & Mustard, 1999).

This directly relates to students sense of belonging within school; how much students feel respected, accepted and supported by the school community (Pedler, 2018). “Sense of belonging has been shown to be an important schooling outcome in its own right, and for some students, is indicative of educational success and long-term health and well-being” (ACER, 2018, p. 12; OECD, 2004). Research evidences that students from Australian metropolitan schools have significantly greater sense of belonging than students from provincial schools and remote schools (Australian Council for Educational Research (ACER),

2018, p. iii, <https://research.acer.edu.au/cgi/viewcontent.cgi?article=1031&context=ozpisa>)

A longitudinal study conducted in Finland found that teachers play a pertinent role in nurturing students' sense of belonging. More so, if a student considers their teacher to be caring and accepting, they're more likely to adopt the teacher's academic and social value. Approaches to teaching that foster belonging include:

- prioritising high-quality teacher–student relationships
- creating a supportive and caring learning environment
- offering emotional support to students
- being sensitive to students' needs and emotions
- showing interest in students
- trying to understand students' point of view
- respectful and fair treatment
- fostering positive peer relationships and mutual respect among classmates to establish a sense of community
- positive classroom management (Ulmanen, Soini, Pietarinen, & Pyhältö, 2016).

Other significant approaches include giving students a voice, working with community partners to meet students' needs, student participation in extracurricular activities and developing a culture of high standards and behaviours across the whole school (NSW Department of Education and Communities, 2015). Hence, “prioritising belonging within school culture is essential. If done effectively, educators can support students' emotional and social development and enhance their motivation, effort and achievement” (Pedler, 2018).

Numerous researchers and educators around the world advise that Social and Emotional Learning (SEL), which is embedded in the HPE curriculum, should be addressed as an essential aspect of children's formal education from the beginning of school, as it provides a strong foundation for healthy development.

SEL is the process of acquiring the skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish

positive relationships, and handle challenging situations effectively. Research has shown that SEL is fundamental to children's social and emotional development - their health, ethical development, citizenship, academic learning, and motivation to achieve. Social and emotional education is a unifying concept for organizing and coordinating school-based programming that focuses on positive youth development, health promotion, prevention of problem behaviors, and student engagement in learning. (Illinois Children's Mental Health Partnership, 2005, p. 73)

HPE's aim is to enable students to “access, evaluate and synthesise information to take positive action to protect, enhance and advocate for their own and others' health, wellbeing, safety and physical activity participation across their lifespan” (ACARA, 2019). Hence, research suggests that schools play a central role in fostering children's social and emotional competence (Bahman & Maffini, 2008; Daunic et al., 2013; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Roffey, 2011), and therefore, children's sense of belonging within the physical dimension plays a key role (Commonwealth of Australia, 2014; Public Health England, 2014). In addition, an integrated approach to learning is advocated (Australian Health Policy Collaboration, 2018; Illinois Children's Mental Health Partnership, 2005).

This chapter investigates the social and emotional dimensions of wellbeing and how they are enhanced through H/PE in schools. This is done using a specific focus on children's sense of belonging through health promotion and student engagement, specifically:

- a supportive and caring learning environment;
- teachers being sensitive to students needs and emotions;
- fostering positive peer relationships and mutual respect among classmates to establish a sense of community.

Findings and Discussion

As established using the data in Chapter 11 (spiritual dimension), when the physical activity strand was of quality implementation (QPE): the

HPE teacher was knowledgeable; acted as director and facilitator; peer relations were empathetic, accepting and encouraging which enabled the children to truly belong and feel appreciated within the community of the school. This was supported by the 376 school principal participants' perceptions of how QPE in government primary [elementary] schools is implemented. Specifically relevant to "sense of belonging", 215 of the total 637 mentions (representing 33.75%) related to fostering positive peer relationships and mutual respect among classmates to establish a sense of community. Again, 142 mentions (22.3% of total mentions) were in relation to teachers being sensitive to students' needs and emotions; 43 mentions (representing 6.75%) were in relation to a supportive and caring learning environment and working with community partners; 60 mentions (representing 9.4%) were in relation to student engagement; and 177 mentions (representing 27.8%) were in relation to health promotion. Hence, this was consistent with the literature; concepts of relationships, self, community and culture, underpinned by "belonging".

These data are supported by research and literature relating to children's social and emotional development; "Sense of belonging has been shown to be an important schooling outcome in its own right, and for some students, it is indicative of educational success and long-term health and well-being" (OECD, 2004). Students' sense of belonging within school is described as the degree students feel respected, accepted and supported by teachers and peers (Pedler, 2018).

Within small schools (less than 100 children), many principals stated that it was not possible or financially viable to have HPE specialists due to their rural, regional or remote location and/or their size (funding available). This corresponds with the research evidencing that students from Australian metropolitan schools [who often have HPE specialists and regular lessons] have significantly greater sense of belonging than students from provincial schools and remote schools (ACER, 2018, p. iii). The ITE lecturer prioritised a sense of belonging in PE when she defined physical literacy as a concept; "regardless of what your endowment... we want individuals to have motivation, confidence, competence, and knowledge and understanding". This was also evident across the three case study schools but more so in case study two school.

Case study two school had a knowledgeable and qualified HPE specialist teacher who was also a qualified, caring and accepting classroom teacher. This was identified by lecturers as a strength of the UK “outstanding” initial teacher education (ITE) programme—that the graduating teachers offered something special to the community. They described the unique course as filling a gap, offering something to the school community and culture that is needed; “they’re not going to be PE teachers, they are primary school teachers with a specialism in Physical Education”. Someone with the subject and pedagogy knowledge, knows the children and can give feedback to teachers and parents. Furthermore, data indicated that 83.2% of principals believed a course that qualifies teachers to be generalist classroom teachers and HPE specialists would be or would probably be valuable—only 2.4% of principals indicated that it would not be valuable. There were 637 mentions (made by the 376 principal participants) of key attributes of a good HPE teacher which directly related to children’s social and emotional development. In particular, being a good classroom teacher was advocated 73 times (11.5%).

Interestingly, the ITE lecturer raised the pertinent issue of teacher social and emotional wellbeing. The lecturer shared that many head teachers would “go for someone who was secondary trained [PE] and hope they could adjust”. She believed that not everyone is able to do this and “find it really really hard”. She shared that the key for her was being a parent and having her own children to learn from. However, she believes that the primary school “is where the real work is being done” and that the priority should be “the other way around, you start as a primary specialist and build up”. This was supported by Andrew (pseudonym), a secondary trained PE teacher who teaches PE in the primary school. He recommended teachers of PE in primary school go down the primary route; “if you are interested in working with primary school children, I would go down the primary teaching degree route”; however, Andrew, David (pseudonym) and Angela (pseudonym) acknowledged that such courses were rare. Angela has heard of primary teachers with specialist PE and thought that such a course “would be brilliant” but added “there is very few in the UK”.

Preparation for PE in the primary school within the UK was highlighted as a major flaw. Andrew explained that he felt “Nowhere near enough [prepared], purely trial by error and no-one helped other than your PE

department, to get ideas off”. Andrew shared that his knowledge was limited for primary PE; “At that point I had zero. I didn’t know how to talk to the children and I didn’t know what level they should be at or what they could do and what they couldn’t do”. Andrew suggested that this is common practice in international schools and his interest and strength now in teaching primary PE has also come from having his own children. Angela shared that in terms of being prepared to teach primary PE, she relied on her experiences as a sports coach, as in her GTP “in terms of primary - there was nothing. It was a secondary PE course” and she chose secondary over primary “because that is all I could train in”. She shared that for this reason, she lacked confidence and preferred to teach from Year 5:

Sometimes when they are younger than Year 5 it is more difficult to get your ideas across, than when they get older. Because I don’t have a PE degree, I can struggle with the more academic side of things, because I didn’t learn that, I came from a coaching background rather than a PE teaching background.

The data generated suggested that a whole school curriculum programme (WSCP) for HPE increases the likelihood of quality experiences for the children in schools by increasing the rate of developmentally appropriate activities. In case study two school, QPE was directly connected to the implementation of a WSCP for PE and a whole school PE behaviour management policy. Having developmentally appropriate curriculum through the WSCP was supported by the ITE lecturer who spoke about the importance of children learning fundamental movement skills early, “giving them the competence, if they’ve got the competence then they become more confident, they become more motivated and the whole thing begins to spiral”. The behaviour management policy in case study two school comprised of four rules which represented approaches to teaching that foster belonging (Ulmanen et al., 2016):

1. Every student must wear a hat for HPE physical activity lessons—sunscreen was encouraged (safety—a supportive and caring learning environment),

2. When the whistle is blown, it signals for all children to “stop, look and listen” (mutual respect),
3. Only touch the sports equipment when instructed to do so (mutual respect),
4. Be kind to others (teachers being sensitive to students needs and emotions).

In case study two school, mention was given to the Health Promoting Schools (HPS) framework as promoted by global policy and the three focus areas within the framework: the school environment; the curriculum; and community partnerships (cf. p. 119). The HPS framework was also evident in the UK ITE programme—an ITE strength identified was intricate connections with schools in the local community. Within the course, there were a number of partners who contributed to the learning environment including local and international primary schools and community groups. Working with community partners enhanced the ITE students’ and the primary children’s learning. As the lecturer explained; “We are quite unique I think in that within the faculty we work with children in eight of our nine modules. I know other subjects never work with children at all, so our PE students often say to us ‘we’re really lucky because we get lots of opportunities to work with children’”. Also, relationships among the ITE students were also described as a strength, “the fact that the lecturers know the students, they are not just faces” and “offer a motherly or fatherly overview of their progress”. Furthermore, the ITE programme was similar to case study two school where relations with local schools enabled access to facilities. The PE subject leader explained, “what we’re really short of is our outdoor space, so in a way that’s why our relationship with our partner schools is so important”.

In the US questionnaire data, the Associate Professor advocated HPE leadership in school communities as evident in case study two school. He described the HPE teacher as being “positioned to be the school leader/community leader in ‘healthy, active living’ and not only be the lead teacher for this coordinated curricular effort, but also as an ‘adviser’, ‘collaborator’, and ‘advocate/promoter’ of everything that contributes the lifestyle development”.

As previously mentioned, the curriculum in case study two school was developmentally appropriate and enabled a range of skills and strategies to be developed through meaningful experiences. Hence, the curriculum was well designed and implemented which both teachers and students believed to be important, beneficial and enjoyable—developing a culture of high standards and behaviours across the whole school (NSW Department of Education and Communities, 2015). HPE communication was a strength of the school; teachers knew and could share what aspects of the HPE curriculum they were responsible for and this was led passionately by the HPE specialist teacher. The students were given a voice, organising and coordinating school lunchtime netball and touch football events and sharing their insights for the purpose of this research (NSW Department of Education and Communities, 2015). The school environment included sufficient equipment and inadequate space was overcome by genuine, long-term community partnerships. These factors contributed to all the approaches to teaching that foster belonging identified by Ulmanen, Soini, Pietarinen, and Pyhälä (2016).

Social and emotional benefits were identified by the children in the case study schools. Specifically, social benefits were discussed by one boy who stated he preferred team sports to individual (cf. Chapter. 11, p. 150): “It’s better than individual, because like, if you like, if you make a mistake or something, there are people to help you out and stuff”. Another girl mentioned that within cooperative teamwork, she enjoyed experiencing “good team spirit”. She shared that she enjoyed working together and that it was fun to know that you could enjoy working with other people in the group. All student participants agreed that they do look out, backup and support their teammates. “It is fun to know that you are having fun with other people in the group”.

The social and emotional benefits were also acknowledged in the US questionnaires by both the Associate Professor from Missouri, who championed for continued efforts towards the holistic HPE ideal through the implementation of the Health Promoting Schools model (HPS), and Barry. Barry stated that “mental/emotional Health and Social Health are significant elements to the potential success that each of us will experience in life”. In the case study schools, one child described the emotional benefits when he suggested “you feel better, about yourself and you have more

self-esteem”. Another shared that after PE lessons, “we are not stressed”, which relates directly to the research regarding better stress management (American Heart Association, 2019; British Universities & Colleges Sport, 2018; Chiras, 1991; Robbins et al., 2011; Shilton, 1997).

Children in all case study schools enjoyed moving, enjoyed PE, and it was valued by the school communities. Both the children and the teachers shared that children were motivated, interested in movement regardless of their strengths and weaknesses and enjoyed giving their best effort which the literature states are related to students’ sense of belonging (Pedler, 2018). Furthermore, teachers referred to lifelong and holistic benefits. One girl in case study two school spoke of enjoying her new school more (heightened wellbeing) solely because of the regular PE lessons. The secondary trained PE teachers also shared that in their experiences, most children in primary thoroughly enjoy PE and learning through the physical.

In case study two school, the students spoke about PE lessons reducing stress and improving work in other areas. Upper years’ students shared “you feel relaxed when you come back [from PE] and you can work easier”. In case study three school, the students also agreed that moving during PE helps them with their school work, “cause you get a rest from it [working in the classroom], because we do heaps and it is nice to have a break”. One girl added that it improves their school work as “we are more relaxed”, and another boy added “when we come back, we concentrate better”. There was an increase in verbal articulation of links in schools that had a HPE specialist or a designated teacher, and lessons were conducted regularly. Furthermore, observations suggested that QPE promoted student interest.

In case study two school, the teachers felt that they promoted inclusion by beginning in the early years and making the physical activities enjoyable for all. This was achieved by covering a diverse range of sports and skills and by using minor games to maximise student participation and increase opportunities for students to experience success. As well, efforts were made to ensure struggling students were not on show in front of others, a situation that could possibly result in students feeling uncomfortable.

Case study two school and more specifically their HPE specialist manifested a deep understanding of inclusiveness, by “assigning open-ended tasks that allow kids to progress as far as they can individually and modi-

fyng traditional team sports so that teams are much smaller and everyone gets more opportunities to practise skills” (Boss, 2000, p.4). Hence, case study two school evidenced: a supportive and caring learning environment; where teachers were sensitive to students’ needs and emotions; and fostered positive peer relationships and mutual respect among classmates by using a whole-school approach. This involved whole school rules for PE and the Health Promoting School Model. By so doing, the teacher participants in case study two school displayed an understanding of the socio-cultural approach to HPE—teaching underpinned by social justice principles of equity, diversity and supportive environments.

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13

Physical Dimension

This chapter explores the development of the physical dimension within the Health and Physical Education (HPE) learning area. It directly relates to three elements of quality physical education (QPE): whole child development; community partnerships (strengths-based); and school implementation (cf. Fig. 1.1). The physical education curriculum enables students to experience and learn in, through and about a wide spectrum of physical activities. Physical activity (and subsequent fitness) minimises the risk of disease and maximises wellness. “Physical education develops fine and gross motor skills and contributes to the maintenance of health, fitness and prevention of sickness not only in childhood, but throughout life” (Cale & Harris, 2019; Commonwealth of Australia, 1992, p. xiv). Being physically active throughout life plays a valuable role in reducing the risk of non-communicable diseases (NCD), this is one reason why governments should prioritise HPE in primary schools (Lynch, 2013).

The USA spends more than twice as much for health care than any other nation, yet is among the sickest in the world (Robbins, Power, & Burgess, 2011). According to the Centers for Medicare and Medicaid Services (CMS), “US health care spending grew 4.3 percent in 2016, reaching \$3.3 trillion or \$10,348 per person. As a share of the nation’s Gross Domestic

Product, health spending accounted for 17.9 percent” (CMS, 2019). In the UK, the “total current healthcare expenditure in 2016 was £191.7 billion, an increase of 3.6% on spending in 2015, when £185 billion was spent on healthcare” (Office for National Statistics, 2016). Specifically, obesity costs are “at least £5.1 billion to the NHS [national health scheme] and tens of billions to UK society every year” (Obesity Health Alliance, 2017). Australia has a similar situation where health problems related to excess weight impose substantial economic burdens on communities, especially the most disadvantaged socioeconomic groups. For example, “obesity is more prevalent in rural and remote areas compared to urban areas” (National Health and Medical Research Council, 2013, p. xviii). Recent reports indicate that childhood obesity is not just a problem in the UK or Australia but rather is a global issue (Cale & Harris, 2019, p. 4).

It is important to identify that health benefits from physical activity are evident in both adults and children (ACHPER-WA Branch, 1999; WHO, 2018; WHO EMRO, 2019). A 28-year longitudinal study suggests health behaviours of youth can predict the same behaviours later in life (Palomäki et al., 2018), and several studies have tracked coronary risk factors from childhood into adulthood (Cale & Harris, 2019; Corbin, Welk, Corbin, & Welk, 2011; Schmidt, Walkuski, & Xiaoqian, 1997). Health benefits from physical activity include wellbeing promotion, the prevention of disease and treatment for disease; “Regular physical activity over a lifetime may overcome the effects of inherited risk” (Corbin et al., 2011, p. 67).

Prevention of disease includes reduced risk of coronary heart disease and heart attacks (coronary occlusion); it improves coronary circulation and assists the heart to resist stress, reduces the risk for stroke and prevents peripheral vascular disease (Corbin et al., 2011; Shilton, 1997; Sport and Recreation Queensland, 2005). Physical activity protects the heart as it increases high-density lipoprotein (“good”) cholesterol (Bouchard, Shepherd, Stephens, Sutton, & McPherson, 1990; Corbin et al., 2011; Fletcher et al., 1995; Sport and Recreation Queensland, 2005). “Regular physical activity can help prevent atherosclerosis by lowering blood lipid levels and reducing blood coagulants” (Corbin et al., 2011, p. 69); reducing heart disease by 30% (WHO EMRO, 2019).

Exercise is associated with lower rates of colon cancer (Blair et al., 1989; Corbin et al., 2011; Schardt, 1993; Sport and Recreation Queensland,

2005) breast cancer, rectal cancer and prostate cancer (Corbin et al., 2011), reducing breast and colon cancer by 21–25% (WHO EMRO, 2019).

Weight-bearing exercise enhances bone density and decreases the risk for osteoporosis (Caplon, Lord, & Ward, 1993; Corbin et al., 2011; Sport and Recreation Queensland, 2005; White, Wright, & Hudson, 1993). Studies suggest more active people are less likely to develop non-insulin dependent (Type II) diabetes, and physical activity can manage and treat Type II diabetes (Blair & Meredith, 1994; Corbin et al., 2011; Schardt, 1993; Sport and Recreation Queensland, 2005). Research findings indicate that regular physical activity reduces diabetes by 27% (WHO EMRO, 2019).

As well, exercise is an important management tool for asthma, arthritis, premenstrual syndrome, gallstones and impotence, also, for reducing the risk of obesity (Berkowitz, Agras, Korner, & Kraemer, 1985; Corbin et al., 2011; Johnson, Burke, & Mayer, 1956; Shilton, 1997; Sport and Recreation Queensland, 2005; Stefanik, Heald, & Mayer, 1959). Furthermore, physically fit people have a better immune system against colds and upper respiratory tract infections (Corbin et al., 2011; Schardt, 1993).

In summary, physical activity:

- Improves cardiovascular health,
- Mental health,
- Opportunity for successful experience and social interactions,
- Improved appearance,
- Greater lean body mass and less body fat,
- Improved flexibility,
- Bone development,
- Reduced cancer risk,
- Reduced effect of acquired ageing,
- Improved wellness,
- Improved strength and muscular endurance,
- Resistance to fatigue (American Heart Association, 2019; Centers for Disease Control and Prevention, 2019; Corbin et al., 2011).

Knowledge of the health benefits of physical activity has always been known, but evidence-based research has rapidly progressed over the last

50 years. The connections between physical activity and PE are illustrated by Lynch (2016, p. 4):

Specifically, children 5-12 years are recommended moderate to vigorous intensity physical activities for at least 60 minutes a day for social, emotional and intellectual, and health benefits (Commonwealth of Australia, 2014). Physical education “is the entry-point for lifelong participation in physical activity”. (UNESCO, 2015, p. 6)

While the health benefits of physical activity (and QPE) are known, there are global issues with implementation—as described in Chapter 1 under the subheading “Problem” (cf. pp. 5–11). With a focus on Australia, the Australian Curriculum Assessment and Reporting Authority (ACARA) draft shape paper for HPE espouses quality experiences for children and the importance of having these from the very beginnings of schooling. What is being accentuated within this shape paper is one particular aspect of quality HPE; that it is “developmentally appropriate”. The priority for HPE is “to provide ongoing, developmentally appropriate opportunities for students to practise and apply the knowledge, understanding and skills necessary to maintain and enhance their own and others’ health and wellbeing” (ACARA, 2012, p. 4).

In the late 1980s and early 1990s, the HPE school curriculum within Australian schools was considered to have been in crisis (Dinan-Thompson, 2009; Tinning, Kirk, Evans, & Glover, 1994). Curriculum research indicates that the “crisis” was experienced at an international level also (Dinan-Thompson, 2009, p. 4). “In-house” discussions of crisis at HPE conferences and in journals led to a Senate Inquiry (Commonwealth of Australia, 1992) into the state of physical education and sport within Australian education systems. The findings in the report by the Senate Standing Committee on Environment, Recreation and the Arts (Commonwealth of Australia, 1992) confirmed the “in-house” discussions of crisis (Dinan-Thompson, 2009). The findings included that there was in fact a decline in the opportunities for QPE in Australian schools although paradoxically there was unanimous support for the learning area. The problems were mainly with resources and the time allocation to the

key learning area which resulted in a drastic decline in children's skill levels and physical fitness (Tinning et al., 1994).

These issues, according to the Australian Council for Health, Physical Education and Recreation (ACHPER), still exist today. "It is true that some schools struggle to provide quality PE and sport, in particular in primary schools" (2011). Furthermore, some graduate teachers are to this day completing teaching degrees without studying any units in HPE and are then responsible for implementing this learning area in schools. HPE primary specialist teachers are only employed sporadically within primary schools across Australia with, according to Dinan-Thompson (2009, p. 48) questions often raised about "who is teaching HPE, and who is deemed competent to teach HPE in schools".

In response to addressing such issues on a global scale UNESCO designed a national strategy for QPE in 2015:

1. Teacher education, supply and development
2. Facilities, equipment and resources
3. Curriculum flexibility
4. Community partnerships
5. Monitoring and quality assurance (p. 23).

Findings and Discussion

Of the three case study schools, it appeared that only case study two school was implementing QPE lessons on a regular basis. Only case study two school had a whole school curriculum programme which was developmentally appropriate and progressive, enabling immediate and lifelong benefits. Only case study two school implemented a Perceptual Motor Programme in the early years of the school which developed the locomotor skills of walking, running, hopping, vertical jumping, horizontal jumping, galloping, sliding, skipping and leaping, and the manipulative skills of throwing, catching, dribbling, striking, kicking and punting balls. Children do not acquire fundamental movement skills (FMS) naturally, rather they need to be provided with quality learning experiences to enable development (Doorn, 1999). Research suggests that the best time for chil-

dren to learn and refine their motor skills is in the early years of school (Branta, Haubenstricker, & Seefeldt, 1984; Commonwealth of Australia, 1992; Espenschade & Eckert, 1980), and health behaviours such as regular physical activity developed at a young age can predict the same healthy behaviours later in life (Palomäki et al., 2018). Hence, in case study two school PE “is the entry-point for lifelong participation in physical activity” (UNESCO, 2015, p. 6) and QPE “enshrined in UNESCO’s 1978 International Charter of Physical Education and Sport” is evidenced as a “fundamental right for all, and an essential element of lifelong education” (UNESCO, 2015, p. 11).

Only case study two school lessons observed by the researcher actually confirmed the teacher participants’ shared insights and evidenced their understanding of the socio-cultural approach, embedded in the HPE syllabus. This was evidenced through the promotion of social justice and equity principles, where the HPE specialist teacher structured and taught inclusive lessons which acknowledged student diversity and skill levels and created supportive learning environments (QSCC, 1999). Such learning environments were created through the use of eclectic pedagogies. At times, a traditional dominant science pedagogy (Tinning, 2004) was evidenced with emphasis placed on correct skills and movement techniques. This was achieved through demonstrations, cues, explanations and by providing feedback to students. At other times, critical socially just pedagogies (Tinning, 2004) were evidenced in a diverse range of sports and skills covered and implemented using several minor games simultaneously, enabling students maximum participation and involvement.

In this case study, it is clear that qualified specialist HPE teachers positively influence the implementation of the school’s curriculum, a finding strongly supported by the national survey of primary school principals—82% of school principals preferred to have H/PE specialist teachers in their school. Within very large sized schools (600 children and more), all comments from principals supported HPE specialists within primary schools, with 97.8% of principals preferring to have a specialist HPE teacher.

Principals-stated quality PE was increased by a H/PE specialist teacher, provided through: expertise (knowledge of the subject) and qualifications; priority of the learning area; skill development (correct technique); motiva-

tion and interest (passion); community relations; confidence; safety; consistent/regular lessons; and coordination of HPE/sport within the school. Thus enabling a comprehensive, sequential, developmentally appropriate and consistent programme delivered across the whole school (where resources are maintained). It was mentioned that HPE classes often provide release time for classroom teachers and that some teachers lack confidence and training. Having a specialist HPE teacher was perceived as being in the best interest of children's health/wellbeing and provision of a variety of health opportunities, also allowing classroom teachers to focus on other curriculum areas—not be burdened by curriculum demands, parents to not have to pay for outsourcing and enable optimal safety.

Furthermore, only case study two school employed a HPE specialist teacher with qualifications in the HPE learning area, who had extensive knowledge of the HPE syllabus and demonstrated an awareness of the various pedagogies needed to deliver quality HPE lessons (Tinning, 2004). This was endorsed by case study two school student participants who said that they enjoyed HPE Physical Activity and found it fun. Thirteen of the twenty-four student participants named HPE as their favourite school learning area at case study two school—even though the focus groups were selected to represent a cross section of interests. There were only two student participants from case study one school and not one from case study three school who expressed such positive sentiments about the HPE key learning area (cf. Table 11.2, p. 149). The QPE experience for children in case study two school increases children's likeliness of meeting the recommended moderate to vigorous intensity physical activities for at least 60 minutes a day (Commonwealth of Australia, 2014).

There presently does appear to be an issue regarding the knowledge and ability of those teaching PE in schools, as Dinan-Thompson (2009, p. 48) phrases “who is teaching HPE, and who is deemed competent to teach HPE in schools”. When principals were commenting on key attributes of a good HPE teacher—the top five responses were: HPE curriculum knowledge and developmentally appropriate pedagogy; planning/assessment and flexibility; rapport/communication and management skills; passion/interest/enthusiasm in HPE and children; and that they are a good classroom teacher also. It can be argued that these top five responses

closely relate to teacher education and specifically the UNESCO national strategy for QPE (2015).

There were 232 schools (61.7%) where a HPE specialist teacher was responsible for part or all of the implementation of the learning area. However, of these 232 schools there were 36.4% (95 principals) who stated that their HPE specialist did not have specific qualifications in PE. Furthermore, 115 principals chose not to answer the question which suggests that many of the HPE specialist teachers were either not qualified or the principals were not informed of any specific qualification. Another major problem identified in the Australian Senate Inquiry was that “suitably qualified physical education teachers were not being employed to teach physical education and school sport to all children” (Commonwealth of Australia, 1992, p. xiv). There was also no required accreditation or formal training in physical or sport education as a condition of employment for graduating primary school teachers (Moore, 1994). Hence, there does appear to be a gap in teacher education, supply and development, the first focal point for the UNESCO national strategy.

Principals believed a course that qualifies teachers to be generalist classroom teachers, and HPE specialists would be or would probably be valuable (83.2%). Only 2.4% of principals indicated that it would not be valuable. The majority of principals believed a testamur/certificate that read “Bachelor of Primary Education (Health and Physical Education)” would assist or probably assist them with the employment of staff (60.3%). Only 12.9% believed it would not assist.

In the UK, the UNESCO national strategy for QPE does appear to be even more pertinent. Teacher education, supply and development is necessary as a “lack of understanding” of physical education among generalist teachers and fellow teacher educators was identified as a challenge to overcome in the ITE course. Also, Angela (pseudonym) the PE specialist teaching primary children shared that during her Graduate Teacher Programme (GTP) course preparation “in terms of primary, there was nothing. It was a secondary PE course”. Andrew (pseudonym) asserted, “I know in the UK we don’t have specialist PE in primary and primary teachers have to teach PE”. Furthermore, he believed that there was an opportunity at university to have a course which qualified teachers to teach PE in the primary school and where they could learn what he has learnt

over many years of experience. Angela agreed, she thought primary teachers being given the opportunity to specialise in PE were an ideal course, “that would be brilliant” but commented, “there would be very few in the UK”.

Official ITE course documentation stated, “The physical education team recognise that some non specialist trainees embarking on a course of initial teacher education have significant weaknesses in, and negative attitudes towards the subject”. Therefore, if as Angela suggests “training for primary PE is minimal”. Then, as Andrew identifies in primary school “teachers wouldn’t be that confident to teach PE”. Simone (pseudonym), the ITE lecturer supported this belief and specifically referred to field experience; “Some classroom teachers lack confidence and therefore hand it (PE) over to them (pre-service teachers) straight away”.

Priorities 2, 3 and 4; facilities, equipment and resources; curriculum flexibility; and community partnerships, respectively, were also identified by the specialist teachers and lecturers as being important and related. Partnerships (priority 4) enabled more facilities, equipment and resources (priority 2)—identified as a problem area throughout history which resulted in a drastic decline in children’s skill levels and physical fitness (Tinning et al., 1994). The university and schools shared facilities as ITE subject leader shared:

One of the schools their hall is tiny and they have 30 children, so they have to break it (PE lessons) into three sessions of PE, they bring 10 children in at a time. So when they come up to our hall, which to them is a huge space, their children get a lot from it, using all the apparatus and equipment that we have got as well, so it’s a win-win situation really for both of us.

Furthermore, she shared that “the children get a lot from it” as they get access to expertise, space and equipment that they may otherwise not have. The teacher educators shared that parents also benefit from the partnerships who at times are invited up to observe the lessons.

Hence, community partnerships (priority 4) were also used to optimise teacher education, supply and development (priority) and monitoring and quality assurance (priority 5). The ITE subject lead commented:

They [teachers] value it as well, they see it as an opportunity to get CPD (Continuing Professional Development). From experience they often say 'That was brilliant, I never thought of doing that, I'm going to try do that' and things like this. So it is good and helpful to them too. But also they (the classroom teacher) get to sit and watch and assess their children.

Partnerships were also a successful strategy identified by the PE specialist teachers; Andrew and Angela discussed the School Sports Partnerships. This partnership involved "giving advice to the primary classroom teachers, giving them schemes of work and giving them guidelines, they [primary classroom teachers] gradually then took over the lessons and the sports coordinators became an advisory role". As Angela detailed, this initiative "ran all over the country - they either brought coaches in or gave the teachers schemes of work, they gave the teachers training. Every primary [school] had a 'link' teacher. They could have a whole day training session for gymnastics and go back and train their school". Andrew referred to the partnership as "brilliant" and "standards improved significantly". Angela was employed as a sports coordinator in the sports partnership initiative where she would "go into primary schools and help primary school teachers with their PE teaching". However, the initiative ended when as Andrew states "the government pulled the funding".

Andrew recommended that it was essential "to watch lessons being delivered by a primary expert in PE - that's the key". He advocated that there "has to be good communication with classroom teachers with what is expected. What frameworks are being used". In Andrew's context, this was essential as he was underprepared for the primary sector, "from my own experiences, because I am not trained in that area... communication and how to talk to Key Stage 1 children and Key Stage 2 children. We learn a lot from the teachers and then they learn a lot of our skills and then you put it all together and you start to get some good lessons". This related specifically to the first and fifth priority of the UNESCO national strategy; teacher education, supply and development and monitoring and quality assurance. School leadership also plays an important role in advocating communication and employment of teachers.

School leadership was an issue raised, specifically the role of head teachers in deciding who they employ within the school to coordinate physical

education. The ITE lecturer shared “It is the Head’s ultimate responsibility. Anyone going into primary school will have a teaching qualification (classroom teacher) and it is assumed they will take PE, even if they’ve only had six hours training”. As the ITE subject lead affirmed, “Yes, and it doesn’t always have to be a qualified teacher, so sometimes head teachers will say this person is a gymnastics coach, we’re going to get them in. So they might not have qualified teacher status (QTS) but they have qualifications in gymnastics”.

Teaching a holistic HPE learning area did come with identified problems. Within the PE field in the US states, it appears that time was the major barrier for teachers in relation to HPE implementation. As Robert (pseudonym) shared, “The biggest problem is time. We barely have time to teach Physical education standards. How are we going to add health standards to an already overloaded program?” Ruth (pseudonym) from New York (East Coast) suggested that “many PE teachers, like myself, incorporate many health topics into our lessons (ie: nutrition, tobacco use, safety, how the body works, hygiene, etc.)”. Furthermore, she offered examples of curriculum connections for managing the crowded curriculum, which relate to the third UNESCO strategy priority—curriculum flexibility. “These concepts, and many more, can be easily integrated into various games/activities”. Curriculum connections were supported by Barry also, a middle school teacher from Washington.

Other barriers included a lack of either a health curriculum, Ruth (pseudonym), or physical education curriculum, Rebecca (pseudonym), and also professional development, Lucy (pseudonym). This often resulted in the prioritisation of PE but as Rebecca (pseudonym) from Washington shared, health is at times taught at the expense of PE. Kate spoke of her disbelief in the holistic HPE ideal because of the practical barriers. Another barrier was teacher preparation, as Ruth shares; “creating a HPE titled position, although a good idea perhaps, could be truly burdensome to the PE teacher who has limited time with their students as it is in most instances. Proper training is a must since most PE majors don’t really focus on Health unless they are striving for a separate certification”.

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14

Cognitive Dimension

This chapter explores the development of children’s cognitive dimension within the Health and Physical Education (HPE) learning area and is embedded within the whole child development element of the quality physical education model (cf. Fig. 1.1). As mentioned in Chapter 1, Greenfield (2012) advises that while the “physical” body slows down and deteriorates as we get older our brain connections, known as plasticity, actually gets better (cf. p. 5), enabling increased cognition (thinking). According to the American Psychological Association (APA), cognition is defined as “all forms of knowing and awareness, such as perceiving, conceiving, remembering, reasoning, judging, imagining, and problem solving. Along with affect [emotion] and conation [motivation], it is one of the three traditionally identified components of mind” (American Psychological Association, 2019). While it is suggested by Hyndman (2018) that “over the past two decades, growing research has strongly recognised the inter-connections between body and mind”, the connection between the physical and cognitive dimension has been known much longer than this. In the constructivist approach (cf. p. 25) to education, “educators recognise ‘active learning’ or ‘play-based learning’ where children learn across emotional, social, physical and cognitive areas” (Arthur, Beecher,

Death, Dockett, & Farne, 2015, p. 427). Furthermore, the connection is recognised by UNESCO in their global definition of PE (cf. p. 3): “The learning experience offered to children and young people through physical education lessons should be developmentally appropriate to help them acquire the psychomotor skills, cognitive understanding, and social and emotional skills they need to lead a physically active life” (2015, p. 9).

As discussed in Chapter 2 (cf. p. 17), “the modern study of cognition is concerned with mental processes, such as perceiving, remembering, reasoning, deciding, and problem solving” (Atkinson, Atkinson, Smith, Bem, & Hilgard, 1990, p. 11). In physical education, this relates to psychology of learning and specifically the information processing model (Lynch, 2017) which “stresses the importance of the internal cognitive processing of the learner” (Rink, 2010, p. 24). The information processing model and the acquisition of motor skills model have played a predominant role over the last 50 years in regard to the teaching of PE, and such models evidence the connection between the physical and the cognitive dimensions. They illustrate the benefits of instructions, demonstrations, analogies, cues and opportunities for correct practice—considered in relation to children’s internal cognitive processing. According to Lynch (2017, p. 88), the information processing model is opportune for teachers:

Children require a clear idea of the task, need to be actively engaged in the learning process, have plentiful opportunities to practice, be offered external feedback as well as having opportunities to self-assess through internal feedback. Furthermore, “knowledge of how learners process information [information processing theory] helps educators to select appropriate cues and to design appropriate feedback for learners” (Rink, 2010, p. 24). During practice formative feedback such as ‘Assessment for Learning’ is vital.

Considering models to improve teaching practice, as in the example above, relates to “thinking about thinking” and optimising students opportunity to be successful learners—this is referred to as “metacognition”. The term “metacognition” has become more prevalent over the last 20 years and is one of the buzzwords in educational psychology, most often associated with John Flavell (1979) (Livingston, 2003). “Metacognition refers to higher order thinking which involves active control over the cognitive

processes engaged in learning. Activities such as planning how to approach a given learning task, monitoring comprehension, and evaluating progress toward the completion of a task are metacognitive in nature” (Livingston, 2003, p. 3). Furthermore, research has found that using tactical-game approaches in PE “is an effective way to improve metacognitive behaviour” (Chatzipanteli, Digelidis, Karatzoglidis, & Dean, 2015, p. 28). Hence, the connection between the physical and the cognitive dimensions has been prevalent within psychology and more recently as suggested by Hyndman (2018) has increasingly been supported by physiological research.

Physiological and neurological research findings [biological perspective] indicate that regular movement optimises thinking ability. The brain requires energy to function—as much as 20% of the body’s energy. Furthermore, cognitive and metacognitive functioning requires more energy; “Evolutionary studies indicate that the emergence of higher cognitive functions in humans is associated with an increased glucose utilization and expression of energy metabolism genes” (Magistretti & Allaman, 2015, p. 883). Hence, “cognition needs a strong flow of fuel (glucose, oxygen) and hormones to activate and enhance the brain’s capacity to perform, learn and get rid of waste” (Hyndman, 2018). Therefore, “Children need exercise to learn. Scientists say it is plausible that by promoting blood flow to the brain, physical activity increases cognitive power” (Rothstein, 2000, p. 11).

Research indicates that children’s cognitive functions of the brain are likely to improve through physical activity, including their attention, concentration, memory and space perception (Flöel et al., 2010; Greenwood, Strong, Foley, & Fleshner, 2009; Sibley & Etnier, 2003). Moreso, moderate to vigorous physical activity is advised to promote healthy cognitive functioning as sedentary behaviour is associated with lower cognitive performance (Falck, Davis, & Liu-Ambrose, 2017). This has been found specifically among preschool and primary school children where inactivity was associated with poorer working memory performance (López-Vicente et al., 2017) and learning—cognitive functions including visual memory, executive functions and attention (Syväoja, Tammelin, Ahonen, Kankaanpää, & Kantomaa, 2014). Hence, “a student’s brain does not keep itself healthy independently. It is the connection with a healthy, moving body that can help improve brain performance. Therefore, physical activ-

ity [and PE] is also important in developing students' brain structures (cells/neurons) and functioning at an early age" (Hyndman, 2018).

Many studies have found that regular movement optimises children's cognitive functioning. Initially, "acute physical activity breaks lasting 10-60 minutes have been related to positive effects on student focus and academic performance" (Raney, Henrikson, & Minton, 2017), while large studies have been linked to fitness levels (Chormitz et al., 2009; CDC, 2019). However, more recent research suggests that any movement is beneficial to children's cognitive functioning—it does not have to be vigorous or for long periods of time.

Hillman, Pontifex, Raine, Castelli, Hall, and Kramer (2009) found that even moderate physical activity—walking on a treadmill for 20 minutes improved "the cognitive control of attention in preadolescent children, and further support the use of moderate acute exercise as a contributing factor for increasing attention and academic performance". Thus, suggesting that "single bouts of exercise affect specific underlying processes that support cognitive health and may be necessary for effective functioning across the lifespan" (p. 1044). Raney et al. (2017) found that even very short bouts of 1–5 minute repeated brief physical activity infused academic lessons (referred to as energizers) "are an effective tool for increasing health and science knowledge with the added benefits of improving student focus and providing more opportunities for physical activity participation" (p. 1).

A growing number of studies suggest that regular physical activity and higher physical fitness levels are related to improvements in school-age student on-task behaviour in the classroom and academic achievement (Dwyer, Sallis, Blizzard, Lazarus, & Dean, 2001; Lambourne et al., 2013; Pindus et al., 2016; Welk et al., 2013), including improved grades, school attendance, cognitive performance (e.g. memory) and classroom behaviours (e.g. on-task behaviour) (CDC, 2019). Furthermore, large scale reviews of research publications also suggest physical activity is positively related to academic performance (Martin, 2010; Rasberry et al., 2011; Fedewa & Ahn, 2011).

As mentioned previously, the academic benefits of PE have been known for a long period of time. Various cross-sectional and longitudinal studies have shown improved academic performance when physical education time is increased. "Studies overseas and in Australia have found that allocat-

ing as much as one-third of the school day to physical education actually enhances students' performance in other curriculum areas" (ACHPER-WA Branch, 1999, p. 74). Such studies include the Vanves, Trois-Rivieres and Hindmarsh.

The Vanves study (Hervet, 1952) was a ten-year experiment named after a suburb in Paris, France, where it was conducted in 1951. Particular experimental classes were selected, their academic education was reduced to about four hours per day, and the extra time was devoted to physical education (one to two hours per day). The school week was lengthened from 32 to 41.5 hours per week. "Not only were the levels of health, fitness, discipline and enthusiasm superior in the experimental schools, but the academic results surpassed those for the control classes" (ACHPER-WA Branch, 1999, p. 75). The balancing of the attributes of the whole person kept the learners more focused and interested. Similar experiments with similar outcomes were also carried out in Belgium, Japan, Israel and Canada (ACHPER-WA Branch, 1999; Commonwealth of Australia, 1992). One such piece of research conducted in Canada was the Trois-Rivieres study.

The Trois-Rivieres study involved 546 primary school children in Quebec (ACHPER-WA Branch, 1999). The experimental classes were given extra physical education time (sixty minutes per day), taught by a specialist teacher and the control classes were given 14% more academic instruction with their physical education taught by a non-specialist teacher (forty minutes per day) (ACHPER-WA Branch, 1999). "During the first year of observation (Year One), on average the control students had better grades, but in Years Two to Six the experimental students outperformed the controls" (ACHPER-WA Branch, 1999, p. 75). Similar research conducted in Australia was the Hindmarsh study.

The Hindmarsh research had similar outcomes to that of the Vanves and the Trois-Rivieres studies. This study was conducted by the Physical Education Branch of the South Australian Education Department at Hindmarsh Primary School in Term Three, 1977. Two classes (forty-five children) were tested for endurance fitness, obesity measures and self-concept. They then received approximately six hours each week of physical education throughout the term (ACHPER-WA branch, 1999).

The results generally supported the findings of the overseas studies: the Hindmarsh students covered the same work in less time and with better results. In doing so, they became more self-confident, fitter, more skilful (physically) and more sociable, and the obese became slimmer”. (ACHPER-WA Branch, 1999, p. 76)

These advantages and benefits from participating in physical education “included improved health, fitness, discipline, enthusiasm, academic results, self-confidence, skills, social abilities, and lower body fat content” (Swabey, Carlson, & Kirk, 1998, p. 5). The studies indicate PE is an essential key learning area for increasing both the chances of students leading a healthy lifestyle and performing academically better.

Jorgensen (2013) conducted a cross-sectional study across Australia, New Zealand and the USA, investigating early years children swimming—embedded within PE. The study involved almost 7000 parent participants and independently assessed 177 children aged 3, 4 and 5 who scored significantly better in literacy, numeracy, mathematical reasoning, visual motor skills and oral expression:

To summarise, across all age groups, when considering the mean age differences in the cognitive and linguistic domains, there are consistent and considerable cognitive differences between the swimming children and the normal population. These data suggest that swimming children in this study appear to be many months ahead of their same-age peers. (p. 41)

Further research has found that regular physical activity correlates positively with improvements in subjects such as mathematics (Sallis et al., 1999; Telford et al., 2012). It is positively associated with enhanced educational aspirations (Kerr, 1996) and results in students being more productive, more motivated, better organised and more effective in learning and performance tasks (Kidd, 1999).

After a review of literature, Bailey et al. (2009) concluded that many of the educational benefits of PE (including cognitive) depend on contextual and pedagogic variables. Zach, Shoval, and Lidor (2017, p. 16) agreed, advising that:

Research should also be focused on the way learning is acquired. For example, the cooperation of PE teachers with the other class teachers will most likely enable physical activity to exert a positive effect on the learners... Lynch (2015b) addressed this issue. His study's findings suggested that PE is best implemented when teachers work together - both specialist PE teachers and classroom teachers. Such an approach involves a programme for each of the HPE strands, and enables opportunities for the staff to communicate openly about implementation of the HPE curriculum.

Findings from one qualitative study where data were gathered from teachers' perceptions supported regular physical activity and concluded that "physical education should be infused into the classroom throughout the day, not separated and provided only in physical education classes" (Foran, Mannion, & Rutherford, 2017, p. 67).

On a final note, it must be stated that the various dimensions of holistic PE compliment one another: spiritual; social and emotional; physical; and cognitive. Also, as previously mentioned the latest neuroscientific research "has confirmed the powerful role of emotions on children's cognitive mastery, indicating that emotions can either facilitate or impede children's learning process" (Djambazova-Popordanoska, 2016, p. 1). As discussed earlier, PE enhances learning opportunities through the social dimension and "cognitive development occurs in socio-culturally organised activities in which children are active in learning and managing social partners, and partners are active in structuring situations with access to observe and participate in culturally-valued skills and perspectives" (Rogoff, 1990, p. 37). Hence, the more any one of these dimensions is enhanced the more the other dimensions may also benefit. This is captured by the Public Health England document (2014, p. 4) where a synopsis of the research evidence is offered:

1. Pupils with better health and wellbeing are likely to achieve better academically.
2. Effective social and emotional competencies are associated with greater health and wellbeing and better achievement.

3. The culture, ethos and environment of a school influence the health and wellbeing of pupils and their readiness to learn.
4. A positive association exists between academic attainment and physical activity levels of pupils.

Findings and Discussion

Responses from the various participants related to the three traditional components of mind: cognition, emotion and motivation. The connection between the cognitive dimension (including metacognition) and the physical dimension has been clearly identified historically by the constructivist approach in education. “Metacognition refers to higher order thinking which involves active control over the cognitive processes engaged in learning” (Livingston, 2003, p. 3). This is supported by the latest findings in neuroscience where our brain connections, known as plasticity, actually get better with age (cf. p. 5), enabling increased cognition (thinking) capacity (Greenfield, 2012).

This constructivist connection has been advocated within Australian schools since the 1990s when the holistic HPE curriculum was developed and first implemented, furthermore, it has since been acknowledged in global policy (UNESCO, 2015). The educational question is no longer whether or not physical activity enhances children’s wellbeing, including the cognitive dimension (cf. p. 1) as evidence-based research affirms (predominantly quantitative). Such research is supported by the data gathered; the ITE lecturer mentioned the child’s cognitive dimension development during her conversations, and one secondary trained PE teacher shared the satisfaction he receives from witnessing the cognitive development of primary children he has taught PE to over a period of five years. Furthermore, the specialist HPE teacher from case study two gave reference to the enhanced metacognition requirement PE teachers need to have to enable QPE; “It does take special ways of making, knowing special strategies, of getting the teams even - being able to have inclusive games”.

Principals also identified that the PE specialist requires well-developed metacognitive skills to build learning opportunities for the children; “Need skills in building relationships with classroom teachers and capacity to

motivate/support/ build support from ‘colleagues’ to passionately support the PE program”. Which principal participants suggested was an asset not just for specialist H/PE teachers but rather for all teachers. “My experience shows that an excellent generalist teacher with an interest in HPE can make an outstanding specialist”. Furthermore, teachers “Need to have the ability to reflect on the effectiveness of their teaching. In a primary school you need to have good knowledge of other curriculum areas”. Research supports the underlying value of PE for all curriculum areas. Children’s cognitive functions of the brain are likely to improve through physical activity, including their attention, concentration, memory and space perception (Flöel et al., 2010; Greenwood et al., 2009; Sibley & Etnier, 2003).

However, principals very much valued PE teacher’s expertise, “It is an undervalued area, not everyone can simply teach PE like other curriculum areas”. Also, “I do think specialist PE teachers are a great asset - most classroom teachers teach PE badly!” Another principal suggested that “The best primary PE teachers, in my experience, are also or have been quality classroom teachers. Same skill set, different learning environment”. Moreso, “We need people with classroom and pedagogical skills, not just jocks!”

The children in the early years of case study three school evidenced that they enjoy being creative, using their imagination to create games within the physical dimension. Hence, data gathered from the children in schools affirmed this physical and cognitive connection; children shared that “getting up, stretching and exercising” actually “helps them feel better and work faster and better”. This assisted them with their metacognition, “So we can concentrate”, “being a team member”, “playing games”, “learning new games”, “learning new skills” and “having fun”. Also, the principals believed that children’s metacognition is developed through “Good variety - provide challenges to focus an understanding of the self better. Develop positive attitudes - keep persevering despite challenges [resilience]”. Another comment included “Need to link in with research on brain development, developing neural pathways, maximising participation of all, enjoyment, challenge etc.”. Hence, “Having the right (properly trained) teacher is critical”. There were strong arguments for PE special-

ists and the priority for the HPE learning area, “We need to continue the crusade of having a HPE specialist in every school”.

The metacognitive skills, including collaboration and resilience, were also acknowledged by principals naming, “Team spirit” and “Emotional literacy” as powerful outcomes of PE. Furthermore, PE “teaches collaborative skills and resilience”, which is “Extremely important. We promote teamwork, confidence, collaboration as important skills and dispositions”. Also, preference for team sports/games was discussed by the children, promoting “good team spirit”. One girl stated, “It is fun to know that you are having fun with other people in the group”. This supports the research which has found that using tactical-game approaches in PE “is an effective way to improve metacognitive behaviour” (Chatzipanteli et al., 2015, p. 28).

It was affirmed by some school principals’ that PE led to improved academic performance and many children believed PE enables them to perform better in class; “It releases all the stress and stuff”, “You feel relaxed when you come back and you can do the work easier”, and “it makes me feel good”. This is supported by research; Raney et al. (2017) found that even very short bouts of 1–5 minute repeated brief physical activity infused academic lessons (referred to as energizers) increased health and improved student focus. Further, research has found that regular physical activity correlates positively with improvements in subjects such as mathematics (Sallis et al., 1999; Telford et al., 2012) and PE results in students being more productive, more motivated, better organised and more effective in learning and performance tasks (Kidd, 1999).

The children found PE to be meaningful and engaging “Because you get to do more stuff, better stuff, like exciting stuff”. As “nearly every week we do something different and it makes it interesting”. For this reason, principals believed that there needs to be “More cross curricular teaching to provide more active learning”. Thus, linking the physical dimension “to be part of daily school routine as well as a weekly PE lesson”. Principals valued engagement, “If PE is fun, children will be keen to participate and hopefully this will flow into home/ community sport participation”. Also, “Early experiences will shape and influence children; attitudes to sport and physical fitness/activity for the rest of their lives. It is imperative that they are taught well”.

The qualitative data in this chapter builds upon the body of knowledge surrounding the predominantly quantitative research, linking the cognitive benefits to the physical dimension of children's learning. This addresses the gap in research as identified by Bailey et al. (2009) and Zach, Shoval, and Lidor (2017). For it is the richer and more varied insights offered by qualitative research that is commonly used in education and social sciences (Lune & Berg, 2017; Kervin, Vialle, Herrington, & Okely, 2006; Merriam, 1998; Salkind, 2017). Providing "insight into the subtle nuances of educational contexts and allows the exploration of the unexpected that cannot be accommodated in quantitative approaches" (Kervin et al., 2006, p. 37). Furthermore, "is more likely that the research findings will have an impact on educational practice" (Kervin et al., 2006, p. 37).

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15

Conclusion and Recommendations

The purpose of this book is to offer insight into enacting holistic PE (HPE). Research findings strongly suggest that holistic QPE enhances children's wellbeing, arguably more so than any other curriculum area offered in schools. Quantitative evidence-based research indicates that physical activities optimise children's wellbeing and physical activities are unique to the physical education curriculum, defined as "education through movement" (Pangrazi, 2001, p. 5). This book supplements the prevalent quantitative research with much needed qualitative research investigating PE implementation in schools. Hence, this book is significant as it provides balance and strength to the present quantitative research findings and offers guidance as to how holistic PE for children's wellbeing is best achieved.

Qualitative data have been gathered from deep contextual studies from around the world influenced by Swedish didactical research, supplementing insights into how QPE can be best implemented. Didactical research investigates the relations between teaching, learning and socialisation by exploring theories and practice—asking questions such as who is teaching, who is learning, when and with whom. Thus, the political, economic and social conditions are acknowledged and reflected upon as educational practices are explored and scrutinised. This is significant, as while the strengths

of quantitative methods have been well suited to scientific research over the last century (Kervin, Vialle, Herrington, & Okely, 2006), it is the richer and more varied insights offered by qualitative research that is commonly used in education and social sciences (Kervin et al., 2006; Lune & Berg, 2017; Merriam, 1998; Salkind, 2017). Hence, this book identifies the “what” of “physically educating” children and “how” this is best done.

It is suggested that to optimise wellbeing children are first and foremost “physically educated”. This is the nature of the learning area and educators must get this right if they are to reach all children in all schools. Hence, laying a strong “physical dimension” platform is necessary to achieve a holistic “Health and physically educated” child. Therefore, a strong, clear and comprehensive grounding in quality PE is essential for both teachers and students. For far too long in primary schools around the world, PE has been marginalised—dismissed as not a serious subject. In the future, PE will be arguably, “the most important” learning area as “there is no higher priority in life than health. Without it, all other skills lack meaning and utility” (Pangrazi, 2000, p. 18). Primary schools’ play a key role in children’s health and wellbeing and according to education policy and global guidelines, holistic PE must be prioritised.

Figure 1.1 (cf. p. 11) illustrates the dimensions of “physically educating” children and offers a framework for optimising children’s wellbeing in schools through QPE. This framework is an extension to the HPS framework, sharing similarities, but with a PE focus it is fundamentally different. Physically educating all children entails four pillars:

1. Curriculum, teaching and learning—this focus prioritises movement in lessons, enabling inclusive experiences where all children are given the opportunities to develop the necessary movement skills (beginning with FMS). While having a physical (and cognitive) focus, children are able to engage and enjoy moving which sets the platform for a lifetime.
2. Whole child development—Educators and students are aware and constantly work towards the bigger picture; the holistic “Health and physically educated” child. Evidence-based research (quantitative and qualitative) illustrates how the various dimensions of holistic PE compliment one another: spiritual; social and emotional; physical; and cognitive. All

dimensions are enhanced through QPE and the more any one of these dimensions is enhanced the more the other dimensions can benefit.

3. School implementation (organisation, ethos and environment)—the HPE curriculum area is implemented using an inclusive socio-cultural approach, consistently throughout the whole school. This requires leadership and strong communication. School leadership was a pertinent issue raised, specifically the role of principals/head teachers in deciding who they employ within the school to coordinate physical education and health.
4. Community—strength-based partnerships are developed and maintained to optimise teaching and learning resources and opportunities, subsequently optimising children’s wellbeing.

For these QPE dimensions to be achieved UNESCO developed a national strategy:

1. Teacher education, supply and development
2. Facilities, equipment and resources
3. Curriculum flexibility
4. Community partnerships
5. Monitoring and quality assurance (2015, p. 23).

The four pillars/dimensions for optimising children’s wellbeing in QPE, along with the UNESCO national strategy, are strongly supported by the qualitative findings within this research book.

Approaches to PE

Considering the dimensions of physical education, there are various approaches (and theories and models within) that have influenced delivery throughout history. Approaches to education and health evolve from the psychological perspectives which frame the theory of knowledge: biological, behavioural, cognitive, psychoanalytic and phenomenological. Educators understanding of the various approaches will only strengthen practice within schools as they enable teachers to identify the most appropriate

approach, subsequently influencing pedagogy within particular teaching and learning contexts.

When an approach dominates practice, then this “reflects perceptions, values and knowledge” (Ornstein & Hunkins, 2017, p. 2) within society. Furthermore, they reflect the teacher’s belief about how children learn, how children are supported by families, communities and educators, as well as what is important for children now and in the future (Arthur, Beecher, Death, Dockett, & Farmer, 2015). We are reminded that schools do tend to commit to one particular approach although many educators do not (Ornstein & Hunkins, 2017). This is why it is pertinent that all educators continue to develop their understanding about education approaches: behaviourism, constructivism and critical.

The modern approach towards public health and health education considers determinants of lifelong health and wellbeing—some factors being more in the individuals control than others (Corbin, Welk, Corbin, & Welk, 2011). Health approaches include: the biological approach (e.g. medical model); behavioural approach (e.g. transtheoretical model of behavioural change); and the social approach to health (e.g. social model to health and social-ecological model [SEM]/socio-cultural approach). The literature acknowledging the “big picture” of health and the determinants which may or may not be in an individual’s control sit within the World Health Organization’s (WHO) definition of health: “a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity” (WHO, 1948).

All educational and health approaches do have a place in schools and evidence-based research suggests that there should be balance and not a prevalence of certain approaches (and pedagogies embedded within). Rather, modern day PE teachers (whether specialist or classroom) need to be able to deliver quality PE lessons across strands of Physical activity, Health and Personal Development. This often involves choosing critical, socially just pedagogies (inclusive) rather than the traditional dominant science and performance-based pedagogies for HPE, which focus on technical outcomes in movement (Tinning, 1999).

Furthermore, educators need to also be aware of the influence of external or governing bodies and ulterior motives. In particular, the term “governmentality” has been coined, which is concerned with the art of

government (Chamberlain, 2014). Thorpe warns that governmentality illustrates a “declining faith in the institutions responsible for governing education” (2003, p. 147) and investigations highlight concern for the national curriculum for England where teachers and head teachers are encouraged by government policy to discipline misbehaviour with forced exercise—which is detrimental to lifelong health and wellbeing (Curran, 2014; Department for Education, 2014).

Global Trend

Traditionally, the behavioural approach has been most dominant within education systems around the world, including physical education. This approach is renowned for being teacher-controlled and involves little student choice or interaction (Westbrook et al., 2013). However, many nations today advocate a constructivist approach to education and PE. This book adopts “education through movement” as a lens to advocate a holistic approach towards child health and wellbeing; hence, the book’s premise sits within the constructivist approach. Furthermore, the constructivist approach is synonymous to QPE where: children are active learners; participate in integrated hands on experiences with open-ended materials; and they construct new meanings (Arthur et al., 2015). In a constructivist approach, learning experiences are meaningful and engaging, and the teacher is viewed as a co-learner and facilitator of the learning process (Ewing, 2010).

A shift towards a constructivist (and critical), socio-cultural approach in education has experienced a Health, Wellbeing and Physical Education (H, W & PE) revolution—described as a growing global curriculum reform, one that is in the best interest of the whole child. This is where PE is not seen as a single 45 minutes lesson that may occur once a week but rather where the physical education lesson is acknowledged as the platform to wellbeing, infused across all curricula and extra-curricular activities within school as well as the child’s greater community. This includes the complex layers of relationships between individuals and groups, involving personal, interpersonal and environmental factors. However, research evidences that in many nations the H, W & PE revolution often only exists as policy and

fails to reach children in schools, on sporting fields, classrooms or in gym halls.

A holistic HPE requires an inclusive, developmentally appropriate and progressive infrastructure beginning within early years of primary schools. Such an infrastructure will engage and challenge all children, subsequently enhancing individual and team success, provide diverse movement opportunities and ultimately optimise health and wellbeing. This concept was supported by the inaugural ICHPER-SD world congress 1958 theme, “Child Health and the School”. However, while this shift has been around for some time, it has been slow in its global traction.

Health within physical education (PE) has impacted many parts of the world as evidenced by curriculum policy. Hence, the Health, Wellbeing and Physical Education (H, W & PE) revolution has and continues to grow globally. Furthermore, the world-wide survey of school PE found that countries of “Best Practice” had a common theme relating to “promotion of health and healthy lifestyles” (UNESCO, 2014, p. 10). Hence, when considering QPE implementation in primary schools around the world, the promotion of health (holistic approach) is of major significance.

A growing number of nations have made the shift to a holistic HPE curriculum and these numbers are rising. Nations embracing H, W & PE include: Australia, USA, UK (Wales & Scotland), New Zealand, Singapore, Canada, China, Malaysia, Brunei Darussalam, Philippines, Japan, Nepal, Thailand, Cambodia, Indonesia, India, Sri Lanka, Finland, Ireland, Northern Ireland, Netherlands, Switzerland, Sweden, Cameroon, Nigeria, Uganda, Sudan, Malawi, Namibia, Tanzania, Afghanistan, United Arab Emirates, Cook Islands and Samoa.

Findings and Recommendations

A constructivist (and critical), socio-cultural approach shift must continue across all nations for children to experience optimal wellbeing. For this to occur, it is essential that holistic HPE policy becomes deeply rooted curriculum reform in every school. The book’s qualitative research findings suggest that for children’s wellbeing to be optimised the following recommendations need to be enacted:

1. PE is prioritised—acknowledged as one of, if not the most important curriculum area in schools

A quality PE school programme rather than being neglected or relegated a minor place in the school curriculum, must play a dominant role in the development of the child from the early years of primary school.

2. PE must be Quality PE (QPE)

As recommended by global policy, QPE is the ideal pedagogical way to implement PE for enhancing all dimensions of health. Thinking through the mind's eye of a child, it is intrinsically natural for all children to enjoy movement engagement for the purpose of play, games, exploring, learning, developing fundamental movement skills (FMS) and dominant movement patterns (DMP). Children want to be included; to truly belong; to be acknowledged; and to discover exciting ways to feel good about themselves and their movement. Inclusive education requires access to QPE, to equipment/facilities and to opportunities to develop skills correctly with optimal participation. It involves developmentally appropriate content and experiences, a knowledgeable teacher who cares about each child's progress, who is interested in each child's movement and enjoys working with children generally.

3. The key wellbeing development responsibility of holistic H/PE is associated with being “physically educated”

Within the dimensions of health (physical, social and emotional, cognitive and spiritual) while it is acknowledged that all are significant, it is the “physical” explicitly named in the nomenclature, and the value of movement that forms the foundation of the Health and “Physical” Education learning area.

This is best captured in the Australian curriculum:

The knowledge, understanding, skills and dispositions students develop through movement in Health and Physical Education encourage ongoing participation across their lifespan and in turn lead to positive health outcomes. Movement competence and confidence is seen as an important personal and community asset to be developed, refined and valued. The study of movement also provides challenges and opportunities for students to enhance a range of personal and social skills and behaviours that contribute to health and wellbeing. (Australian Curriculum, 2019)

4. QPE is the only label advocated

There has been global confusion among practitioners responsible for physical education implementation, caused by the labels and branding within PE: “Physical education”, “health and physical education”, “physical literacy” and “health literacy”. As published by Lynch and Soukup (2016), the ambiguous grey area surrounding the terms PE and HPE have seen the rise and traction of new terms to represent and replace the original meaning of physical education, such as “Physical Literacy”. This theory is supported by Jurbala (2015) who shares that physical literacy has become a replacement term for holistic development. Therefore, many of physical literacy characteristics are not new and have been borrowed from PE, specifically literature relating to “QPE” and “lifelong physical education”. It is recommended that QPE be the only label used within PE, enabling much needed global clarity among educators.

5. Community partnerships are essential now and in the future

Leading “curriculum reform” countries such as Australia and Finland, explicitly advocate partnerships to help enact their holistic H, W & PE curriculum. According to the United Nations, “partnerships” are essential for optimising children’s QPE experiences and continued efforts towards equality in health and wellbeing (Lynch, 2016). Data gathered suggest that community partnerships enhance children’s physical education experiences and ultimately their wellbeing, across all research projects. The most significant finding was that partnerships (priority 4 in the UNESCO national strategy) enabled more facilities, equipment and resources (priority 2 in the UNESCO national strategy) (2015, p. 23).

6. A predominant behavioural approach to PE should be avoided as it does not acknowledge the whole child and can be harmful to children’s wellbeing

A behavioural approach to PE advocates a focus on the body as an object rather than the “whole” child, which throughout history has been underpinned by ideologies including sexism, elitism, healthism, individualism and mesomorphism. Literature and research suggest that the national curriculum for England in PE is heavily influenced by the behavioural, top-down governmental approach in education, being described as deliberate, systematic, planned attempts to change behaviour. Hence, such ideologies

are present in education systems, having short- and long-term detrimental effects on many children's wellbeing (Curran, 2014).

7. PE curriculum must be developed, implemented and evaluated-based on evidence-based research

Curriculum statements about sport and PE such as the ones located in the English national curriculum "purpose of study" for PE are assumptions. While they may be outcomes experienced at times by some children through sport, for many children, they contradict experiences. As supported by Ofsted, curriculum expectations and reform must follow evidence-based research regarding quality practice.

8. "Teacher education, supply and development" is the key to enhancing children's wellbeing

'Teacher education, supply and development' are the first listed priority in the UNESCO national strategy for QPE. Critical socially just pedagogies necessitates teachers being trained and educated in this mode of teaching (Tinning, 2004). This requires educator knowledge and ideally expertise, in the bio-physical foundations of human movement and the inclusive socio-cultural approach to implementing. Hence, teachers of today require an understanding of how to provide inclusive practice in H, W & PE, knowledge of correct movements (i.e. human movement) and knowledge of how correct movements can be mastered by children of varying physical activity experiences and ability.

9. A whole-school approach needs to be adopted for HPE implementation

The data generated suggest that a whole school curriculum programme (WSCP) for HPE increases the likelihood of quality experiences for children in schools, as it increases the rate of developmentally appropriate activities. This results in enhanced student interest; a positive effect on students' attitudes towards physical activities and holistic dimension connections. "Healthy schools" or "health-promoting schools" approaches are used by some schools to help translate the whole-school approach into practice and to enhance health and educational outcomes of their pupils. (Lynch, 2017; Public Health England, 2014).

10. Specialist teachers are associated with quality delivery of all dimensions of HPE

When principals were commenting on key attributes of a good HPE teacher—the top five responses were: HPE curriculum knowledge and developmentally appropriate pedagogy; planning/assessment and flexibility; rapport/communication and management skills; passion/interest/enthusiasm in HPE and children and that they are a good classroom teacher also. Principals believed a course that qualifies teachers to be generalist classroom teachers and HPE specialists would be or would probably be valuable (83.2%). Only 2.4% of principals indicated that it would not be valuable. Principals very much valued PE teacher's expertise and there is a direct connection between limited HPE specialist teachers in rural and remote schools of Australia and these areas having a low sense of student belonging, relating directly to wellbeing (ACER, 2018, p. iii).

11. QPE enhances all children's development and learning.

The connection between the cognitive dimension (including metacognition) and the physical dimension has been clearly identified historically by the constructivist approach in education. "Metacognition refers to higher order thinking which involves active control over the cognitive processes engaged in learning" (Livingston, 2003, p. 3). This is supported by the latest findings in neuroscience where our brain connections, known as plasticity, actually get better with age (cf. p. 5), enabling increased cognition (thinking) capacity (Greenfield, 2012).

This book's research found that children believe that physical activities enhance their enjoyment of learning within the classroom in other key learning areas through relieving stress, enhancing motivation, self-esteem and increasing concentration. It was affirmed by some school principals' that PE led to improved academic performance and many children believed PE enables them to perform better in class.

12. Every primary school requires a tertiary qualified health and physical education teacher

Over the last 30 years (Cale & Harris, 2019; Commonwealth of Australia, 1992; Lynch, 2005) and recently in the Active Healthy Kids Australia (AHKA) report (2018), it is recommended "every primary school have a tertiary qualified health and physical education teacher who delivers

physical education classes to all students and supports classroom teachers to engage students in physical activity throughout the school day”. Courses that qualify teachers to specialise in Health and Physical Education and become a classroom teacher specifically for primary education are rare globally but must be prioritised.

It is recommended that pre-service primary teachers have the opportunity to specialise in HPE, specifically developmentally appropriate for the primary school. Such a course enables teachers passionate in health and wellbeing, and who want to specifically teach primary aged children, to develop appropriate pedagogy and a holistic health understanding across all strands. It is also recommended that a Bachelor of Education (Health and Physical Education) testamur and course be offered within universities/initial teacher education courses. This requires funding for H/PE specifically in higher education/teacher preparation and continued professional development for teachers.

Over the years, large sums of funding have instead been invested into short-term school-based physical activity programmes, after school sports or physical activity alternatives which have been ineffective in improving children’s activity levels (BBC, 2017; Department for Culture Media & Sport, 2016; James & Brophy, 2019; Lynch & Soukup, 2017). It is time to invest for long-term health and wellbeing benefits for all children. Offering qualifications which enable primary classroom teachers to specialise in H, W & PE (holistic HPE) and be recognised for this is a present and future need.

13. School Leadership plays a vital role in optimising children’s wellbeing
Implementation of H/PE is enhanced by HPE leadership, underpinned by clear communication (Lynch, 2017). The findings of this research book support Macdonald who argues that HPE is best led by the HPE specialist (Hickey, Kirk, Macdonald, & Penney, 2014, pp. 190–191). Principals [head teachers] need to facilitate the curriculum change socially complex process (Fullan, 2001; Sparkes, 1991). This can be achieved by providing learning experiences where teachers can exchange ideas, support one another, and share positive feelings about their work (Fullan, 2001). It is through questioning interests and ideologies impacting on curriculum documents which enable opportunities for teachers to consider the micropolitics of curriculum change (Glover, 2001). Furthermore, it is

inability to do this which often causes change to fail (Datnow, 1998; Dinan-Thompson, 2002; Sparkes, 1990).

This book sits within what Greenfield refers to as “deep thinking”, “content” or “meaning” (2012), also referred to as “ideas, thinking, and constructing” (Hattie, 2009, p. 26). That is, the book is a culmination of years of evidence-based qualitative research, practical experience and internal insight, carefully crafted to make meaning. Thus, the findings build upon the abundance of quantitative research supporting children’s wellbeing enhancement through holistic physical education. The physical dimension is a powerful pathway for children’s learning and holistic development. It cannot be stressed enough that learning through movement involves children from the very beginning of primary/elementary school truly belonging, being and becoming physically educated. Hence, PE is every teacher’s friend in enhancing children’s wellbeing now and in the future.

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