

EDF5035: Health and Physical Education in the Primary Years

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AT1: HPE Briefing Paper

Contemporary importance of HPE Learning Area including the historical context

Health is inherently a relatable experience; thus, it has the potential to be an engaging and meaningful learning area for learners (Leahy, Burrows, McCuaig, Wright & Penney, 2016). Health and Physical Education (HPE) lends itself to investigative and integrated learning, that fosters deep knowledge base and development of crucial skills (Leahy et al., 2016). Accordingly, five key propositions proposed for Australian HPE curriculum are anticipated to meet the current and future environmental, economic and social conditions (Macdonald, 2013). Along with the contemporary times, it is imperative to understand the influence of the historical context that led to the creation of these propositions. The five propositions will be critically analysed within their contemporary and historical contexts throughout this essay.

It is interesting to note that the concept or idea of PE from the time of the ancient Greeks is still dominantly prevalent across the last two centuries (Laker, 2000). Varying purposes include survival, social control, military fitness, health, discipline, courage, holistic development and nationalism (Tinning, MacDonald, Wright, Hickey, 2001). Journey to find the purpose of health education has added layers of complexity because of its various predicaments over time and associations “with health promotion, public health, curriculum and schooling” (Leahy et al., 2016, p. 10). These perceptions stem from historical events, wherein, physical strength and power were given primary significance during World War I

and II (Tinning et al., 2001). Hence, the importance on building strength was prevalent. However, this does not necessarily apply in contemporary times.

Value learning in, about and through movement

The new HPE curriculum considers movement valuable for learning as it's heavily applicable in current everyday life (Brown, 2013). It is not merely a sports-based approach; rather, it values diversity and problem-solving in and through movement (Wright, 2014-a). Thus, alongside engaging in simple to complex movements, learners examine various environmental factors that inhibit or support movement. Accordingly, learners are empowered to consider “scientific, social, cultural and historical” aspects of movement knowledge and their connection to personal and community health (Victorian Curriculum and Assessment Authority [VCAA], n.d.). In the contemporary climate where experiences and social relationships are prioritized higher than physical possessions (Hajkowicz, Cook, & Littleboy, 2012), a study of movement might enhance learners' personal and social skills. Hence, the new HPE curriculum is exceptionally relevant to the 21st century.

The perception towards HPE is also closely related to the way it is named over the years. As school health education is differently named and positioned across countries and also within countries, the purpose has been shifting from promotion to awareness to compulsion (Leahy et al., 2016). Naming HPE, ‘sports’ or ‘physical training’ takes away the importance from health; while the term ‘HPE’ itself transfers the importance to the body and physical health and inadvertently moves away from movement and mental health. Hence, teachers need to ensure HPE is inclusive of all the necessary ideas that constitute a sound understanding of the HPE learning area. This leads to developing a sound health literacy in young people.

Develop health literacy

VCAA (n.d.) recognizes functional, interactive and critical dimension of health literacy that calls for research, analysis and application regarding health and mental well-being in various contexts. Kickbusch, Wait, and Maag (2005) emphasized health literacy as empowerment to take responsible decisions regarding personal and community health, which is fuelled by awareness of the subject matter.

Teachers can imbed literacy and numeracy in health literacy (Wright, 2014-a) to encourage meaningful and informed participation in health promotion (Nutbeam, 2008). In the future economic environment, a sound health literacy might prepare young people to adjust with limited world resources and rising costs of healthcare services (Hajkowicz, Cook, & Littleboy, 2012). Consequently, this proposition is closely related to focus on educative outcomes proposition.

Focus on educational outcomes

Wright (2014-a) contends that the learning outcomes of HPE are multidisciplinary and skills-oriented in nature, instead of being merely solution-focused regarding health problems. HPE can be integrated across curriculum with “politics, sociology, psychology, religious studies, history, bio-medical science, cultural studies, geography, architecture, art” etc. (Leahy et al., 2016, p.). This rich knowledge base can be applicable to a range of contemporary contexts and situations (Macdonald, 2013). Henceforth, it makes sense to position HPE as an inter-contextual area of study and not restrict it to creating a stereotypical athletic citizen. Thompson (2013) seconds that pursuing educative purpose in HPE brings together planning, teaching and assessment of meaningful learning applicable to the real world (Thompson, 2013).

An implication can be drawn from England's health education, which considers HPE part of Personal, Social, Health and Economic education (Leahy et al., 2016). This curriculum structure reflects the integrated nature of HPE. However, it should be taken into consideration that the four subject areas must be given equal importance, without having one subject taking priority over the other.

Include a critical inquiry approach

The 1970s and 1980s era can be identified as the period of increased health consciousness for Australia. It provided the strongest contextual influence on HPE's contribution to the development of a healthy citizen (Tinning et al., 2001, p.162). Lifestyle became a key concept in the discourses of HPE promoting the idea of healthism. However, it was assumed that individuals are responsible for their own health. This presented a macro issue, as researchers suggest that philosophies related to individual ability make citizens blame themselves as a result of poor lifestyle choices (Tinning & McCuaig, 2006).

Leahy et al. (2016) also express concern that government's efforts to educate, until now, do not account for critical analysis of the vast amount of information available to everyone. In the digital age, external influences on health are not out of control for children. Unfortunately, the harmful nature of a formula for a perfect body is realised only after the risk was realised by masses. Thus, the critiques of the 'truths' of health education are important, especially in domains where social and cultural arguments have less purchase (Leahy et al., 2016). In the words of Friel (2016):

"Who you are and where you come from has a remarkable impact on your health."

Researching about external factors like socioeconomic status, access to healthcare opportunities and affordability would provide an in-depth context to influences on people's

health. Thus, the critical inquiry approach is introduced in contemporary times to ensure children make informed and responsible choices related to their health. A critical inquiry approach towards HPE learning area brings all the HPE's positions together (Wright, 2014-a). As opposed to facts-orientated traditional learning, HPE is research-based learning. HPE's curriculum can be used as a vehicle for social change, by giving students the opportunities to investigate "inclusiveness, power, inequalities, taken-for granted assumptions, diversity and social justice (VCAA, n.d.)." Furthermore, the digital age requires young people to be critical and question information regarding personal and community health (White & Wyn, 2008). Through strong critical skills, students are expected to broaden their horizon by considering local, regional and global perspectives in health and wellbeing (Leahy et al., 2016).

Take a strengths-based approach

Fear and guilt are ineffective to motivate young people to make appropriate decisions about health and wellness (Wright, 2014-a). Directing students towards what not to do, only creates a vacuum as to what they ought to do instead. Contrastingly, strengths-based teaching invites learners to discover assets and resources within themselves and their community for health and wellbeing (Wright, 2014-a). Furthermore, Macdonald (2013) discusses lack of understanding of macro contextual factors marginalizes and excludes people for 'unhealthy' behaviour or conditions. However, a strength-based approach considers the influence of ecological factors on accessing health-promoting resources (VCAA, n.d.). This highly contextualized way of learning reveals the complexity of life choices. Hence, it promotes acceptance of diverse ways of being healthy (Scerra, 2012).

Possibilities for implementation and challenges of the learning area

The Australian and Victorian HPE curriculum intends to create a healthy school environment that ensures positive changes are sustained (Royal Automobile Club of Victoria, 2006). The aforementioned discussion of the five propositions gives teachers an opportunity to develop far more creative and relevant inquiry-based programs for students (Tinning et al., 2001). As students learn to navigate a range of health-related sources, they learn crucial skills such as critical evaluation, analysis and reflection. Moreover, young people learn to confidently, competently and creatively apply movement skills and concepts to in various health related contexts and settings (Australian Curriculum Assessment and Reporting Authority, n.d.). Nevertheless, the quality of planning, teaching, assessment and reporting that translates the curriculum intentions clearly depends on the in-service and preservice teacher support available to facilitate this shift (Tinning et al., 2001).

The key challenges that hinder effective implementation of the curriculum are lack of resource allocation (physical and personnel) and increasingly crowded curriculum. Teachers work at the intersections of quality education and public health agendas (Gard & Pluim, 2014; McCuaig & Hay, 2014; Wright, 2014, cited in Leahy et al., 2016). Henceforth, performance-based teaching and assessment are conducted to confirm the status of HPE as a ‘real’ subject (Wright, 2014-b). However, assessment practices that foster competition and irrelevant content that does not match students’ interests or socio-economic backgrounds do not address curriculum goals and intentions.

Furthermore, even if teachers are commitment to the value-based purpose and outcomes of the new HPE subject area, they are constricted by the government’s agenda to employ performance-based pedagogy. “Complementing this effect is the finding that certain student-directed learning strategies are excluded from the lessons, or at least recommended against,

because they are too time consuming and produce unpredictable outcomes” (Cliff, 2007, p. 128). The curriculum content descriptors are not shallow and include comprehension of layers of knowledge, hence, more time is required to ensure deeper learning (Leahy and McCuaig, 2014). They are also linked to students’ personal attitudes, which will ultimately affect the outcomes. In relation, educators find it difficult to resolve realistic challenges and implications related to curriculum form and practice (Tinning et al., 2001). Therefore, teachers continue to follow a narrow approach prevalent since historical times.

Research suggests personal experiences related to HPE are more influential than teacher preparation in the practice of HPE, which is reflective of the idea that teachers’ values play a major role in planning effective lesson sequences (Brennan, 2006; Hopper 1999; Jenkins, 2005; McCormack, 1997; Oslin, Collier & Mitchell, 2001, cited in Pill, Penney & Swabey, 2012). If he/she understands ‘health literacy’ as mere knowledge and development of technical skills, then holistic development of health and well-being is neglected. Consequently, this oversimplifies HPE as a narrow subject area. It also results in an uncritical acceptance of health-related definitions and philosophies, which are detrimental to certain children’s physical and emotional well-being (Gard & Wright, 2001). The problem arises from the very beginning as teachers’ pedagogical practices stem from an ideology inspired from their childhood experiences.

In conclusion, HPE does not exist in isolation; rather, effective HPE learning depend on the strong relationship between policy, curriculum, and classroom teaching. Inquiry-based construction of meaningful knowledge and creation of an informed identity of learners is at the core of HPE curriculum (Wright, 2014-b).

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