

# **Primary physical education specialists and their perceived role in the explicit/implicit delivery of health education**

Abstract: Children's health and wellbeing are crucial to a prosperous Australia and are at the centre of health-related policy-making. Schools are considered as ideal sites to promote health and wellbeing and thus some of the responsibility of children's health and wellbeing has been assumed by schools beyond the obligations of the health and physical education curriculum. Notwithstanding the importance attached to schooling as a key mechanism for enhancing and maintaining positive health and wellbeing, there is little research exploring the extent to which primary physical education (PE) specialists (such as in Queensland) currently undertake health work. This paper is to provide an insight into the health work currently undertaken by Queensland primary school PE specialists. Utilising a grounded theory approach, this study examines PE specialists' roles as health workers and their engagement in the explicit/implicit delivery of health education in primary schools. The study adds to the evidence of the public health role played by PE teachers beyond simple motor skill development and exercise. Four categories of health work were identified from the data, these are: curriculum work, curriculum related work, policy work, and health related caring teaching. This research was undertaken as part of a higher degree by research program.

**Keywords:** health and physical education; health education; grounded theory; primary physical education specialist

## **Introduction**

Within a world of global competitiveness, there is considerable pressure upon the preparation of all nations' future generations (Ball, Dworkin, & Vryonides, 2010; Hargreaves, 1994; Taylor, 1997). In Australia for example, children have been identified as the key to the country's future and hence, their health and wellbeing are prominently placed from the perspectives of politicians, public, public health sector and parents (Australian Institute of Health and Welfare [AIHW], 2009). For many of

these stakeholders, schools are perceived to be optimal sites for the development of the health of young people and in general, have been entrusted with responsibility for this as a consequence of their perceived scope of influence (Mohammadi, Rowling, & Nutbeam, 2010; Tinning, 1996). The subsequent ‘health work’ (see Rossi, Pavey, Macdonald, & McCuaig, 2016, for more on the use of this term) that schools undertake, typically encompasses the delivery of health related learning outcomes through the Health and Physical Education (HPE) curriculum, and the ongoing enactment of health-related policies (Kirk, Macdonald, & Tinning, 1997; Queensland Government Department of Education and Training [QGDET], 2004). These health-related policies include both the hierarchical policies that are handed down from the education ministry and the policies within schools.

In the midst of rising expectations regarding their contribution to the health and wellbeing of young Australians, schools have become challenged by increased expectations associated with health promotion and health policy work (Rossi et al., 2016), adding to their already considerable accountabilities for delivery of core curriculum content which includes HPE (QGDET, 2004). Across all Australian states, accountability for the delivery of health education (HE) content and skills within the HPE curriculum is considered a responsibility of primary classroom generalists (Commonwealth of Australia, 1992; Hickey, Kirk, Macdonald, & Penney, 2014; Tainton, Peckman, & Hacker, 1984). In Queensland, where this study was conducted, this situation is more complicated as it is only one of two states where specialists Physical Education (PE) teachers are mandated components of primary school staff (Commonwealth of Australia, 1992; Ministerial Review Committee for School Sport and Physical Activity [MRCSSPA], 2007) . Currently, PE specialists are required to conduct the PE domain of the curriculum with the classroom generalists responsible for the health domain (Hickey et al., 2014). Given the state of affairs in Queensland, the Australian HPE curriculum reform, which is the backdrop of this study once again generated interest in the HE role of primary PE specialists (Hickey et al., 2014; Lynch, 2015). Currently, teachers of PE are most commonly expected to conduct the physical domain of the curriculum with the classroom generalists responsible for the health domain (Hickey et al., 2014). Notwithstanding government and society’s attention on schooling as a primary strategy through which Australian youth can build positive health and wellbeing, there is little insight into the extent to which Primary

PE specialists *specifically* interact and negotiate with health-related policy and most importantly, HE work in schools. In short, this study sought to explore the extent to which we can consider primary PE specialists to be teachers of Health in addition to Physical Education and how this might manifest itself.

### **Schooling and health**

Across the globe, schools serve as the centralised hub for children to gather and receive a well-rounded education (Marks, 2009, 2010, 2011; Mohammadi et al., 2010; Tinning, 1996). For over a century, schools have acted as the primary institution through which health prevention services, such as immunisations and health screening, and intervention skills to influence health behaviours for future disease prevention have been delivered (Mohammadi et al., 2010). As schools have one of the largest scopes of influence on youth, with children's attendance rates ranging from 81% to 95% of Year 5 across Australia, they have been considered the ideal social site to address the physical, social and mental health of young people (AIHW, 2011; Marks, 2009, 2010, 2011; Mohammadi et al., 2010; QGDET, 2008; Tinning, 1996). As such, for government, public health organisations and the broader community, schools remain the preferred strategy for enhancing the health of children (Marks, 2009).

According to St Leger (2006), most school health programs are based on a belief that young people aged 5-14 years old can adopt appropriate health behaviours when they receive basic knowledge about health issues. There is some evidence suggesting that quality HE programs in schools can effect a change in young people's general health and wellbeing through the acquisition of positive health behaviours (Marks, 2010). Active participation in school HE programs can also assist young people in their development of knowledge, skills, support and motivation that will underpin future informed choices favouring good health behaviours over at-risk behaviours (Marks, 2009). In the following section, we explore the implementation of these approaches within the curriculum and policies of Queensland schooling.

## **School based strategies utilised in reinforcing children and young people's health**

In Queensland, HE emerged within the school curriculum in the early 1900s, beginning with health instruction, where students were taught; to be physically fit, avoid alcohol and possess morally pure thoughts (Ridge et al., 2002). Health instruction persisted until the mid-1950s when it was reconceptualised along the lines of what we now recognise as HE, with health knowledge formally introduced into the core primary school curriculum and emphasising classroom-based delivery (Ridge et al., 2002). From the early 1980s, HE was positioned in schools as the *modus operandi* of a broader health promotion approach, with an ever-expanding inclusion of school-based policies and community links (Ridge et al., 2002; Talbot & Verrinder, 2010). Notwithstanding the vast scope of influence schools have upon children, for some, the effectiveness of the delivery and positioning of schools as the ideal site for the teaching of HE and promotion of health remains questionable (Nutbeam, Smith, Moore, & Bauman, 1993; Schee, 2009a, 2009b). Nonetheless, school-based health promotion strategies continue to permeate schooling on the basis of their inherently positive rationale of addressing and enhancing children and young people's health.

St Leger (2006) and Ridge et al. (2002) assert the underpinnings of the introduction of health promoting schools (HPS) originated from a theme of 'preparation for life' and through the development of health projects via the integration of health objectives across the curriculum. Health Promotion (HP) secured a permanent position within the broader educative framework of schooling, manifesting as an essential accompanying component in the HPE framework - the collaboration and engagement of and with the community. At the same time school ethos and the enactment of mandated policies such as 'Sun safety', 'Smart choices', 'KidsMatter' and 'Anaphylaxis management' are also considered crucial. Additionally, the HPS orientation influences formal curriculum programs, such as the previous Queensland HPE program wherein one strand of the key learning areas emphasises 'promoting the health of individuals and communities' (Queensland School Curriculum Council [QSCC], 1999). With schools identified as a prime hub for the implementation and achievement of governmental health as well as education policies, teachers are expected to be cognisant of these policies, comprehend and implement them. This adds a level of complexity if not ambiguity to what actually

constitutes HPE in primary schools (Petrie & Lisahunter, 2011). The long-term objective of educating healthy, physically active and informed citizens is therefore dependant not only upon teachers' capabilities but also on their perceptions of their professional duties and a sophisticated understanding of the curriculum. Apart from Leow's (2011) doctoral study, 'there is little insight into how teachers engage with this raft of health related expectations' (Chong, 2015, p. 26).

### **Teachers' Work & HPE**

The complexity of teaching is challenging. It involves teachers in leadership roles, provision of guidance according to their areas of expertise, with parents, community members and colleagues (Acker, 1999). Teachers engage in delivering curriculum, enacting policies and assist in providing solutions to children's social and educational and at times, welfare problems, some of which may be well outside of teachers' control and often by their own admission, their capabilities (Acker, 1999; Rossi et al., 2016; Smyth, Dow, Hattam, Reid, & Shacklock, 2000). Additionally, the health and wellbeing of children have been recognised to be of vital importance to the future of a nation, hence policy-making has centred around the area of education (AIHW, 2009). This has given rise to mandated policies such as 'Smart Choices' (QGDET, 2011), 'Anaphylaxis Management' (QGDET, 2012) and 'KidsMatter' (Commonwealth of Australia, 2008). Chong (2015) suggests that, with the exception of the work of Rossi et al. (2016) and McCuaig, Enright, and Macdonald (2017), there is little evidence as to the extent of the health work teachers undertake or indeed how it might be categorised and less still to indicate its effectiveness.

As the agenda of public health slips increasingly into the work of schools, it forms a new type of work known as 'health work' (Rossi et al., 2016). Health work in primary schools 'includes everything from regular head lice checks, choosing appropriate foods for school excursions and camps, through to whole-school mental health strategies' (Rossi et al., 2016, p. 260). Tinning and Glasby (2002) contend that HPE teachers are positioned as agents for the delivery of health curriculum and are more likely to incline students' perception of health towards the science of health due to their competency within that aspect compared to the subjective nature of health.

Larson (2003) added that 80% of physical educators comprehended the importance of HE, but many expressed a lack of preparation in their degree programs.

Primary PE specialists have been a feature of Queensland primary schools education since the 1950s and are a unique feature within Queensland primary education (even though this is now under review) (MRCSSPA, 2007). Today, the role of primary PE specialists have evolved from that of advisory to the delivery of PE lessons and PE programs, and coordinating the school wide sporting events such as swimming carnivals and sports day in primary schools (QGDET, 2016).

A study conducted by Lynch (2007) sought to understand the responsibility for HE in three Brisbane catholic primary schools. The varying responses from the generalists and PE specialists in all three schools demonstrated the lack of understanding in the responsibility for HE. In one of the schools, there was a complete misunderstanding as to the demarcation of health education roles and as a consequence HE was not taught at all. Another school had an agreement between the PE specialist and generalist that it would be undertaken by the generalist. The third school did not have a PE specialist and hence the generalist took the responsibility for HE *and* PE. Nonetheless, according to QGDET (2014), the physical domain within the HPE curriculum remains with the PE specialists whilst the generalists are tasked with the health component. The question remains: how much health work are PE specialists undertaking both as part of the curriculum and as part of health-related policy work that exists in the day-to-day work of teachers. The specific concerns of the paper were related to the specific nature of teachers' work. Whilst policy documents often identify whole school approaches to health and health education, the specific focus of this was how teachers perceive their work in the context of health. This paper seeks to address this gap in the literature and the study was guided by the following research questions:

- 1) What is categorised as health work in school settings?
- 2) What health work do PE specialists perform in their work?
- 3) How much of this health work can be identified as HE?

## Method

In order to understand the reality within schools, an ethnographic approach was taken. Angrosino (2007, p. 14) defines ethnography as “the art and science of describing a human group – its institutions, interpersonal behaviors, material productions and beliefs”. Ethnography permits the understanding of the actions and thoughts of people and communities in their natural environment, where they feel comfortable and exhibit their normal behaviours (Angrosino, 2007; Reeves, Kuper, & Hodges, 2008; Wolcott, 2008).

Upon obtaining ethical approval from Education Queensland and (X university – removed for review), three primary PE specialists from four schools with varying socioeconomic status (SES), according to the ‘Index of Community Socio-Educational Advantage’ (ICSEA) were recruited for the study. The schools recruited were from high (ranked within the top 100), middle (ranked between 600 and 850) and low SES (ranked between 1000 and 1300). Two of the PE specialists who have a working relationship with the university with one being a recent graduate in a low SES school, one from a high SES school, were contacted directly via email, seeking their interest to participate in the study. The last participant was recruited through the coordinator of a group of PE specialists in a certain district, who also had a working relationship with the university and had agreed to assist in advertising the study to a group of PE specialists during their district meeting. The third PE specialist, who straddles two middle SES schools, spending two days in each school, responded to the advertisement and initial contact was similarly done via email. Upon obtaining approval from the PE specialists on their willingness to participate in the study, their school principals were contacted via email for their approval for the conduct of the study. An initial meeting was arranged with each principal and PE specialist prior to the conduct of the study in each school. The data were collected over two separate school terms.

The lead researcher spent an intensive period of three weeks with each PE specialist in their schools and electronically recorded all observations of the teachers using an iPad mini. The iPad mini was chosen for its ease of use and portability to be utilised at various locations, such as the oval, sports hall and swimming pool where

PE lessons might be conducted. An app, 'Quickoffice Pro', which has since been discontinued, was downloaded from the App store into the iPad mini and utilised for recording data in the forms of systematic observations and field notes in the electronic observation schedule. The app permitted the transferring and editing of the observation sheet that was developed using Microsoft Excel and an example is shown in Figure 1 below. Additionally, the ease of transferability of the data from the app into the computer using iTunes and its compatibility with Microsoft Office were the main reasons for the choice of app. No video data were gathered during the course of the observations.

[insert Figure 1 here]

At the end of the first week of observations, a semi-structured interview was conducted in an empty room during the non-contact time of the participants and recorded using the iPad mini via a 'Recorder' app. Each interview lasted approximately 45 minutes and was transcribed by the lead researcher. All participants were provided with a copy for their verification, adjustment and finally mutual agreement.

## **Data Analysis**

Upon completion of the field work a total of 264 pages of observation sheets and three semi-structured interview transcriptions had been generated. Charmaz's (2000, 2005) variant of a constructivist grounded theory was employed in the data analysis, which emphasises the studied phenomenon and maintains the study of people in their natural settings. Additionally, the subjectivity of the researchers is acknowledged, in recognition of their prior experiences, interests and interactions with the participants in data collection and analysis (Charmaz, 2000, 2005).

Using the grounded theory approach, the first author lead the data analysis using an iterative process, identifying themes related to health in the data (Charmaz, 2011; Gery & Bernard, 2000). Two stages of coding, open and axial coding were applied (Corbin & Strauss, 2008; Neuman, 2011). Open coding is known as "the first



coding of qualitative data that examines the data to condense them into preliminary analytic categories or codes” and axial coding is defined as ‘a second stage of coding of qualitative data during which the researcher organises the codes, links them and discovers key analytic categories’ (Neuman, 2011, pp. 511-512). The coding was further developed using Microsoft Excel and Mindnote Lite, an app for creating mindmaps that was downloaded from the App store. This assisted with the identification of themes through the data (see Figure 2 below).

[insert Figure 2 here]

The essential approach to data collection in an ethnographic study is the triangulation of qualitative data sources (Patton, 1999; Reeves et al., 2008). Hence with this study, the triangulation of data sources was utilised where the consistency of data collected over different periods (two terms as indicated above) were compared against one another, the observation data in the form of field notes and categorisations, contrasted with the interview data and the data from all three participants (Patton, 1999).

Four categories were identified through the iterative process from the data; 1) curriculum work, 2) curriculum related work, 3) policy work, and 4) health related caring teaching. Curriculum work consists of work within the curriculum document executed by the PE specialists. Curriculum related work is work that is indirectly related to the curriculum but aids in the delivery of the curriculum and not listed as the responsibilities of the PE specialists. Policy work is an indicator given to work mandated by policy documents and health related caring teaching refers to actions that contribute to health that are not required by the PE specialists to perform but have been exhibited out of their care for their students. Of these four, for the purposes of this paper, only the first three categories will be expounded upon. This is because of the focus of this paper is on curriculum delivery rather than the work that is situated external to curriculum. The last category of health-related caring teaching will be addressed in a forthcoming paper.

## **Findings and Discussion**

Three participants, Eve, Chris and Maria (all pseudonyms), each from varying SES schools were recruited for the study. All three schools are located in metropolitan Queensland. One of the participants, Chris works across two middle SES schools, spending two days a week in each school. Eve is a 54-year-old Australian female who wanted to be a PE specialist since she was 12 years of age. She has been teaching for 22 years with 12 years in her current high SES school. Chris is a 42-year-old female from Europe who has been in Australia for over 10 years and has been doing contract and supply teaching. She has been teaching in her current two schools for a year. Maria, a 24-year-old Australian female has been teaching in her current school for a year after graduating from university. She had previously been a swimming instructor for 10 years before entering university for her teacher training and entering the teaching profession.

[insert table 1 here]

Eve teaches in a high SES school, situated within a unique multicultural community. She has been the only PE specialist in her 12 years in the school. Students who are in Year 7 would have been taught by Eve since they were in preparatory year and this has enabled Eve to develop a strong partnership with the students and their parents. She positions herself as a role model and has articulated that,

*“I can give them the, the feeling about themselves that it’s ok to have a go and it’s ok to not be able to do it but as long as you keep trying, and you don’t give up, that’s the important thing. So yeah, so that’s really important to me that my attitude um of having fun with physical activity and fit and healthy rubs off on them, which is then part of the lifelong learning stuff that that I wanna try and impart on them.”*

Chris went to university in Europe majoring in both PE and tourism. She taught in Europe and elsewhere for three years before settling down in Australia. She began teaching in the Australian outback for three years before moving to the major city where the research took place. Throughout this period, she did fixed-term contracts in schools and supply teaching before obtaining full-time permanent work as a PE specialist in the two schools at which she is currently employed. In one of the

schools, she caters for students with special needs and hence it is not uncommon for Chris to have at least three to four students who require walking aids or wheelchairs. Chris hopes to widen her students' scope in sports and physical activity. She expressed this notion,

*“... I think that um passing information, passing the ways, it's actually passing, trying to teach them different way of lifestyle and seeing that they're really getting into it and enjoying it, like you know, teach them basketball and they all playing basketball now. Nobody used to play basketball in this school before. Now everybody is doing it. And this is just, makes you feel so good, it's so rewarding, it's just fantastic.”*

Maria is a 24-year-old Australian female who teaches Science and PE in a low SES metropolitan Queensland school, which functions as an English language preparation centre. Due to the English language emphasis, the HPE curriculum is not a priority and is complemented with a more prominent emphasis on the introduction of physical activity and sports to the students. Students in the school are predominantly from a refugee background and are in the school for a maximum of one and a half years before they move on to a mainstream state school. As most of them are from varying backgrounds with various life experiences, she hopes that she is able to,

*“... come across as like fun and somebody they can relate to and I think being in the field of HPE, I think you can really develop a good rapport with students where they really trust you and can talk to you about anything. And I guess that's what I hope to do and to influence in that way and that, not that I'm going to be their friend but in a way that they can trust me and talk to me about anything.”*

Interestingly, all three PE specialists have envisioned themselves as role models of healthy living for their students and have embraced this self-appointed role. Their motivations in wanting to be PE specialist were grounded in their positive sporting experiences and desire in wanting to impart physical activity knowledge and values to the younger generation. In order to effectively influence their passion for physical activity and sport to their students, they have demonstrated the importance of

rapport building, similar to what Green (2000b) has found that the relationships between PE teachers and their students and parents can effect both positively and negatively on the conduct of practices and views.

### **Three key themes**

#### **Curriculum work**

The curriculum work executed by the three PE specialists varies according to the abilities of their students. Since Eve has taught in the school for 12 years, students in Year 7 would have been taught by her since they were in preparatory year and hence, fundamental movements and manipulative skills are taught to the younger students whilst the older students are taught various sports with modified rules utilising the skills learnt when they were younger. Eve has 45 minutes per lesson with each class from prep to Year 5 weekly. Years 6 and 7 classes have 30 minutes lessons weekly.

Conversely, as Chris had only started teaching the students at the start of the year, their fundamental movements and manipulative skills were not performed at a satisfactory level according to Chris' standards. Therefore, she has spent a substantial amount of time on the fundamentals for the younger students, whilst the senior school students were introduced to various sports. Chris has 30 minutes with each class weekly.

The school Maria is in prioritises the acquisition of English language, including the terminology utilised in the various subject areas. Hence, within the HPE department, the two members, Maria and another colleague's objectives are to engage the students in physical activity. In the first 45 minutes of the lesson, the students engage in class physical activities where Maria will introduce new games to the students, such as 'chuck the chook', 'skipping', 'sack race' and 'Aida', an aboriginal tag game etc. Thereafter, in the next 45 minutes, the students will be permitted to participate in any physical activity they wish, with about five groups of activities happening concurrently. Maria has two 45 minutes lessons with each class weekly.

The three PE specialists have utilised sport and skills acquisition in their delivery of PE lessons, which according to Green (2000a), that both terms ‘physical activity’ and ‘sport’ are commonly articulated and used interchangeably within PE lessons. The curriculum work undertaken by all three teachers are distinct based on the duration they have been in the school and needs of their students. Eve has demonstrated teaching a progressive curriculum through the various year levels whilst Chris has focused upon the teaching of fundamental movement and manipulative skills, progressing to some sports for the upper year levels. Maria supports her school’s HPE department’s objectives through providing opportunities for physical activity to her students. They have undertaken a customisation of the curriculum for their students and utilised their expertise to cater the curriculum to the needs of their students (Tainton et al., 1984).

In Queensland, primary PE specialists generally do not teach the health education component. I acknowledge that in some cases, they do. However, as previously stated, the expectation of primary PE specialists is the focus on the PE component. It is not uncommon for PE specialists to be servicing more than one school, as evidenced by one of our participants, Chris. At first glance, it appears that the primary PE specialists are doing very little of the ‘H’ of the AC: HPE, which is what they are not responsible for and not supposed to do. The next section explores the curriculum related work PE specialists undertake to ensure the smooth execution of curriculum work. Curriculum related work consists of any actions that contribute to the delivery of the curriculum and health work executed by the PE specialists in schools.

### **Curriculum related work**

This category consists mainly of additional work undertaken by the PE specialists, relating to safety, classroom management and teaching of values. This resembles QGDET’s (2015c) supporting student health and wellbeing policy statement, whereby schools have to provide learning environments that are “open, respectful, caring and safe”. However, because of its relatively recent implementation (at the time of the field work) and the targeted group of teachers, the classroom generalists, these

participants did not have the access to the policy and none of them mentioned about this policy during the interviews.

Both Chris and Eve had adopted similar class rules of “fair, fun and safe” in their lessons and constantly remind students about the rules for an enjoyable experience. Interestingly, the three words they have adopted are iterations of the current wellbeing policy guidelines for generalists in the conduct of physical activities in school (QGDET, 2015a). The use of fun is congruent with Green’s (2000a) findings that PE teachers utilise “fun” to enhance learning and promote enjoyment in PE. On the other hand, the use of “fair” denotes the value of fair play and equal opportunities, which in turn reduces conflicts within the class. Lastly, “safe” could be considered a protective measure in the risk assessment management system and to curtail the possibility of litigations from parents and carers (McCormack, 1997).

All the participants value safety as a fundamental of their lessons that needs to be adhered to and violations will result in an immediate time out. Eve stipulates the direction of play and zones students utilise to get back to their starting point, such as students being explicitly told about running to the end of the sports hall within the basketball court area and returning via the flanks of the sports hall. Analogous to Eve in valuing safety, Chris ensures that she leads her students down to the oval as there is a slope leading to the entrance of the oval and students may tumble over. Additionally, they are constantly reminded to walk down the slope instead of running. However, Maria demonstrated safety in a diverse manner. Due to the low SES school she is in, when she first joined the school, she was encouraged to obtain a bus licence so that she would be able to drive the school owned buses to drive students for competitions. The PE department was predominantly organising such competitions and hence the PE teachers were deemed as the most appropriate to undertake this training. During the observation period, Maria had to drive the school bus over the weekend to take the students to a competition and since she had not been driving it for a while, she took the initiative to approach the school’s designated bus driver who is also the school’s groundsman for a training session. This meant Maria would be the designated bus driver the following morning, picking students up for school under the guidance of the usual bus driver in the bus.

One of the key components of curriculum related work is classroom management. Eve was observed to spend less time on classroom management in comparison to both Chris and Maria, who seemingly spend equal amounts of time on classroom management. Adams, Hillman, and Gaydos (1994) and Boroughs, Massey, and Armstrong (2006) have shown that children from lower SES backgrounds generally display greater behavioural problems in comparison to those from higher SES backgrounds. Notwithstanding this, McLoyd (1998) argued that teachers gravitate toward the lesser self-regulatory skills in children from lower SES backgrounds. These trends appear to be congruent with the three participants in the varying SES schools with Eve spending the least amount of time and Chris and Maria spending more time in managing behaviours in their classes. Nonetheless, this could be attributed to the stronger rapport Eve has built with her students over the extended period she has been in the school in comparison to the short duration both Chris and Maria have spent in their schools with their students.

Within curriculum related work, the teaching of values and sport ethics has been woven through the lessons. Green (2000a) found that PE teachers' teaching usually included 'philosophies' such as developing positive habits, teamwork and cooperation. This was evident in Eve's teaching where she focussed upon the values of 'honesty' and 'taking responsibility'. When students' behaviour was inappropriate she would reiterate both values and urge them to take responsibility for their actions. Students who exhibit inappropriate behaviour are usually given a warning to serve as a reminder for them not to repeat. There was an occurrence of a student who sought permission to go to the washroom but returned shortly after. The distance of the sports hall to the washroom block would have taken the student at least a few minutes to walk to but based on the short period of time he was gone, the student clearly did something other than that for which he asked permission. Eve questioned the student, reminding him to be honest and the student admitted that he went to the drinking fountain instead of the washroom. Then, Eve took the opportunity as a teachable moment to emphasise the virtue of honesty and advised the student to seek permission for the actual need he required. Furthermore, during the observation period, Eve introduced a Paralympic sport to her students in Year 7. This unit ensued from having a few visually impaired students in the school and Eve wanted to develop empathy within the students. Alternatively, with the younger students, Eve introduced a game

of ‘flush the toilet’ to the students, emphasising on health promoting behaviours such as flushing the toilet and basic hygiene.

Chris simulates professional sport ethics in her lessons. Chris supports students who are appointed as referees in the decisions they make during the games held in lessons. An example was a student with physical disability who was assigned the role of referee in the basketball game and the students were dissatisfied with his call. They complained to Chris about the call made and requested for Chris to refute the offence. Chris upheld the referee’s call and explained to the students that in an actual game, the referee’s decision will be final, and therefore this decision should be accepted as ‘final’.

Maria is similar to Chris in maintaining that the decision of the referee is final when her students complained to her about a referee’s decision in a rugby match. Incensed at the outcome, the students requested a rematch on the grounds of a poor referee’s decision and therefore approached Maria. However, instead of supporting their request, Maria took the opportunity to draw the parallel to the realities in professional sport whereby they will learn to respect the referee’s decision, indicating this experience as one that was ideal for them to learn from. Additionally, Maria displayed other ways of associating her students with sport ethics such as teamwork, encouraging her students during interclass games to cheer on their teammates when they were not playing and eventually shaking their opponents’ hands when the matches ended. During one of the interschool matches that Maria supervised some of the students started blaming their teammates when the opponents scored goals and Maria had to remind her students to motivate and support their teammate instead of what they were currently doing.

These glimpses of the three participants demonstrate the PE specialists’ strong commitment to develop young people, especially in the area of health to build healthy citizens with a strong moral code. Furthermore, the commitment contributes to how PE teachers view health as a hidden and overt function of PE, utilising PE as an advocate for health promotion through the engagement in lifelong physical activity and sport (Green, 2000a). They were doing elements of safety, mental health and



wellbeing, and relationships within the health curriculum. Hence, to what extent can we consider primary PE specialists to be teachers of Health *and* Physical Education?

### **Policy work**

The prominent policy work that all the PE specialists in Queensland have undertaken was overwhelmingly directed to ‘Sun Safety’, with some demonstrations of ‘Smart Choices’, and ‘Stephanie Alexander Kitchen Garden Foundation’ (QGDET, 2015c). This is perhaps not surprising given the skin cancer risk evident in this part of Australia. In Eve’s school, the students are tasked with the responsibility to bring their hats or check the ‘lost and found’ counter in the morning to look for available hats they can loan for outdoor lessons. If they do not have hats are not be permitted to participate in the PE lessons for the day if they are outdoors.

In the two schools where Chris teaches, there are varying practices to achieve the same results. In her first school, students with no hats are provided with sunscreen to apply before participating in the PE lesson. However, in her second school, students with no hats are loaned the school hats, of which Chris has a few available. This assists in ensuring that no child is excluded from the lesson due to the ‘Sun Safety’ policy.

Conversely, in Maria’s school, there is no stipulated school uniform for the students and hence the lack of hats will not exclude a student from outdoor lessons. However Maria strongly encourages the students to bring a hat and acts as a role model by putting on a hat every lesson. However, when the students do not remember to bring a hat, she does not exclude them and provides a reminder for them to bring one for future lessons.

These varying practices within the schools appears to suggest that greater independence is offered to students in the higher SES schools as compared to the greater support provided for the students in the lower SES schools.

## **Conclusion**

As discussed previously, this study sought to understand the health work undertaken by PE specialists in schools and the extent to which PE specialists were engaging in this health work. Through an ethnographic study approach, the observations documented the various health work PE specialists execute in schools, predominantly implicitly and work they view as routine practice.

The discussion revealed that whilst the specialists were undertaking health work, there were visible elements of HE work happening, hidden and overt in the areas of mental and social wellbeing, health promoting behaviours and safety. Can the hidden and overt become explicit and overt? There appears to be an enormous potential to recognise the health work that teachers are doing to be elevated from the hidden curriculum. The PE specialists were engaged in their students' social, mental and emotional wellbeing through role modelling and their articulation of availability and access to their students. Health promoting behaviours were emphasised through various approaches such as rules, games and students' behaviours. Students were taught values and sport related ethics and even positive health behaviours incorporated into games, when students played 'flush the toilet' in Eve's lesson to remind them to flush the toilet and wash their hands. These demonstrated the health imperatives PE specialists utilised.

The current barriers are that the PE specialists tend not to recognise the elements of health work they are doing as part of the health curriculum. They perceive them as part of pastoral care, which is considered to be in the fourth category and this sits outside of the focus of this paper. Secondly, they do not associate health work as their work as it is not considered part of their responsibilities (QGDET, 2014; Tainton et al., 1984). Thirdly, most of them lack sufficient training in health education within their initial teacher training to enable them to be able to undertake health education confidently (Larson, 2003). Lastly, due to the overcrowded AC:HPE curriculum, the PE specialist are struggling to cope with the demands of the current curriculum to contend with additional health education aspects (QGDET, 2015b; Tinning, 2000).

This study demonstrates that PE specialists within this study contribute to their students' broader holistic wellbeing rather than only their physical health, which is ordinarily considered to be their responsibility. The study documents the work, including health work and HE work the specialists undertake on a daily basis. If the PE specialists recognise the HE work they currently do, and report on this work explicitly within their school, they would be able to identify the learning outcomes of health in HPE within their work more easily. The ability to more accurately account for this work undertaken by PE specialists will enable schools to demonstrate the breadth and depth of the health work they currently undertake and show how they respond to the needs of children and meet the expectations of various health promoting agencies. This sets up a gap for professional development that teachers can undertake to help them. Ascertaining this health work the PE specialists undertake will relieve schools of aspects of the burden of health work they are facing and enable the remaining health work to be distributed to the generalists. This study shows that this can be done within what teachers generally consider to be their normal work.

## References:

- Acker, S. (1999). *The realities of teachers' work: never a dull moment*. London: Cassell.
- Adams, C. D., Hillman, N., & Gaydos, G. R. (1994). Behavioral difficulties in toddlers: Impact of socio-cultural and biological risk factors. *Journal of Clinical Child Psychology*, 23(4), 373-381. doi:10.1207/s15374424jccp2304\_3
- Angrosino, M. V. (2007). *Doing ethnographic and observational research*. Thousand Oaks, California: SAGE.
- Australian Institute of Health and Welfare. (2009). *A picture of Australia's children 2009. Cat. no. PHE 112*. Canberra: AIHW.
- Australian Institute of Health and Welfare. (2011). *Headline indicators for children's health, development and wellbeing 2011*. Canberra: AIHW.
- Ball, S. J., Dworkin, A. G., & Vryonides, M. (2010). Globalization and education: Introduction. *Current Sociology*, 58(4), 523-529. doi:10.1177/0011392110367987
- Boroughs, M., Massey, O. T., & Armstrong, K. H. (2006). Socioeconomic status and behavior problems: Addressing the context for school safety. *Journal of School Violence*, 4(4), 31-46. doi:10.1300/J202v04n04\_03
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In Y. S. Lincoln & N. K. Denzin (Eds.), *Handbook of qualitative research*. (pp. 509-535). Thousand Oaks, California: SAGE.
- Charmaz, K. (2005). Grounded theory in the 21st Century: applications for advancing social justice studies. In Y. S. Lincoln & N. K. Denzin (Eds.), *Handbook of qualitative research* (pp. 507-536). Thousand Oaks, California: SAGE.
- Charmaz, K. (2011). Grounded theory methods in social justice research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (pp. 359-380). Thousand Oaks, California: SAGE.
- Chong, M. (2015). *Getting in the health role of Queensland primary PE specialists*. (Unpublished master's thesis), The University of Queensland.
- Commonwealth of Australia. (1992). *Physical and sport education: A report by the senate standing committee on environment, recreation and the arts*. Canberra: Senate Printing Unit.
- Commonwealth of Australia. (2008). KidsMatter. Retrieved from <http://www.kidsmatter.edu.au/>
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, California: SAGE.
- Gery, W. R., & Bernard, H. R. (2000). Data management and analysis methods. In Y. S. Lincoln & N. K. Denzin (Eds.), *Handbook of qualitative research* (pp. 769-802). Thousand Oaks, California: SAGE.
- Green, K. (2000a). Exploring the everyday 'philosophies' of physical education teachers from a sociological perspective. *Sport, Education and Society*, 5(2), 109-129. doi:10.1080/713696029
- Green, K. (2000b). Extra-curricular physical education in England and Wales: A sociological perspective on a sporting bias. *European Journal of Physical Education*, 5(2), 179-207. doi:10.1080/1740898000050206
- Hargreaves, A. (1994). *Changing teachers, changing times: teachers' work and culture in the postmodern age*. London: Continuum.

- Hickey, C., Kirk, D., Macdonald, D., & Penney, D. (2014). Curriculum reform in 3D: A panel of experts discuss the new HPE curriculum in Australia. *Asia-Pacific Journal of Health, Sport and Physical Education*, 5(2), 181-192. doi:10.1080/18377122.2014.911057
- Kirk, D., Macdonald, D., & Tinning, R. (1997). The social construction of pedagogic discourse in physical education teacher education in Australia. *The Curriculum Journal*, 8(2), 271-298.
- Larson, K. L. (2003). Physical educators teaching health. *Journal of School Health*, 73(8), 291-292.
- Leow, A. C. S. (2011). *The uptake of public health policies: The case of Eat Well Be Active*. (Dissertation/Thesis).
- Lynch, T. (2007). What has changed since the 1992 senate inquiry into physical and sport education? An evaluation of school responses within three Brisbane Catholic Education (BCE) primary schools. *ACHPER Healthy Lifestyles Journal*, 54(1), 16-23.
- Lynch, T. (2015). How does a physical education teacher become a health and physical education teacher? *Sport, Education and Society*, 1-22. doi:10.1080/13573322.2015.1030383
- Marks, R. (2009). Schools and health education: what works, what is needed, and why? *Health Education*, 109(1), 4-8. doi:10.1108/09654280910923345
- Marks, R. (2010). Healthy schools and colleges: what works, what is needed, and why? Part II. *Health Education*, 110(6), 421-426.
- Marks, R. (2011). Healthy schools and colleges: what works, what is needed, and why? Part III. *Health Education*, 111(5), 340-346.
- McCormack, A. (1997). Classroom management problems, strategies and influences in physical education. *European Physical Education Review*, 3(2), 102-115. doi:10.1177/1356336X9700300202
- McCuaig, L., Enright, E., & Macdonald, D. (2017). Young bodies: "Wear your uniform well". In M. Silk, D. Andrews, & H. Thorpe (Eds.), *The Routledge handbook of physical cultural studies* (pp. 168-179). London: Routledge.
- McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist*, 53(2), 185-204. doi:10.1037/0003-066X.53.2.185
- Ministerial Review Committee for School Sport and Physical Activity. (2007). *Review report: Future development of school sport and physical activity*. Brisbane: Department of Education, training and the Arts.
- Mohammadi, N. K., Rowling, L., & Nutbeam, D. (2010). Acknowledging educational perspectives on health promoting schools. *Health Education*, 110(4), 240-251. doi:10.1108/09654281011052619
- Neuman, W. L. (2011). *Social research methods: qualitative and quantitative approaches*. Boston: Pearson.
- Nutbeam, D., Smith, C., Moore, L., & Bauman, A. (1993). Warning - schools can damage your health - alienation from school and its impact on health behavior. *Journal of Paediatrics and Child Health*, 29(1), S25-S30.
- Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, 34(5 Pt 2), 1189-1208.
- Petrie, K., & Lisahunter. (2011). Primary teachers, policy, and physical education. *European Physical Education Review*, 17(3), 325-329.
- Queensland Government Department of Education and Training. (2004). School health and wellbeing initiatives. Retrieved from <http://education.qld.gov.au/schools/healthy/index.html>

- Queensland Government Department of Education and Training. (2008). Guide to social and emotional learning in Queensland state schools. Retrieved from [http://education.qld.gov.au/studentservices/protection/sel/pdfs/sel\\_booklet.pdf](http://education.qld.gov.au/studentservices/protection/sel/pdfs/sel_booklet.pdf)
- Queensland Government Department of Education and Training. (2011). Smart choices - healthy food and drink supply strategy for Queensland schools. Retrieved from <http://education.qld.gov.au/schools/healthy/food-drink-strategy.html>
- Queensland Government Department of Education and Training. (2012). Anaphylaxis management. Retrieved from <http://education.qld.gov.au/schools/healthy/anaphylaxis.html>
- Queensland Government Department of Education and Training. (2014). Role descriptions. Retrieved from <http://deta.qld.gov.au/about/induction/eq/state-schools/role-descriptions.html>
- Queensland Government Department of Education and Training. (2015a). Physical activity in state schools. Retrieved from <http://education.qld.gov.au/schools/healthy/wellbeing-guidelines/physical-activity.html>
- Queensland Government Department of Education and Training. (2015b). Review of the Australian Curriculum: Final report. Retrieved from [https://docs.education.gov.au/system/files/doc/other/review\\_of\\_the\\_national\\_curriculum\\_final\\_report.pdf](https://docs.education.gov.au/system/files/doc/other/review_of_the_national_curriculum_final_report.pdf)
- Queensland Government Department of Education and Training. (2015c). Supporting student health and wellbeing policy statement. Retrieved from <http://education.qld.gov.au/schools/healthy/student-health-wellbeing-policy-statement.html>
- Queensland Government Department of Education and Training. (2016). Role descriptions. Retrieved from <https://det.qld.gov.au/working-with-us/det-induction/queensland-state-schools/working-in-state-schools/role-descriptions>
- Queensland School Curriculum Council. (1999). Health and physical education Years 1 to 10 syllabus. Retrieved from [http://www.qsa.qld.edu.au/downloads/early\\_middle/kla\\_hpe\\_syll.pdf](http://www.qsa.qld.edu.au/downloads/early_middle/kla_hpe_syll.pdf)
- Reeves, S., Kuper, A., & Hodges, B. D. (2008). Qualitative research - qualitative research methodologies: ethnography. *British Medical Journal*, 337(7668), 512-514.
- Ridge, D., Northfield, J., St. Leger, L., Marshall, B., Sheehan, M., & Maher, S. (2002). Finding a place for health in the schooling process: a challenge for education. *Australian Journal of Education*, 46(1), 19-33.
- Rossi, T., Pavey, A., Macdonald, D., & McCuaig, L. (2016). Teachers as health workers: Patterns and imperatives of Australian teachers' work. *British Educational Research Journal*, 42(2), 258-276. doi:10.1002/berj.3197
- Schee, C. V. (2009a). Confessions of the 'unhealthy' - eating chocolate in the halls and smoking behind the bus garage: teachers as health missionaries. *British Journal of Sociology of Education*, 30(4), 407-419.
- Schee, C. V. (2009b). Fruit, vegetables, fatness, and Foucault: governing students and their families through school health policy. *Journal of Education Policy*, 24(5), 557-574.

- Smyth, W. J., Dow, A., Hattam, R., Reid, A., & Shacklock, G. (2000). *Teacher's work in a globalizing economy*. New York: Falmer Press.
- St Leger, L. (2006). Health promotion and health education in schools - trends, effectiveness and possibilities. Research report 06/02. Retrieved from <http://www.racv.com.au/>
- Tainton, B. E., Peckman, G., & Hacker, W. (1984). *Evaluation of physical education programs in Queensland state primary schools*: Research Services Branch, Department of Education, Queensland.
- Talbot, L., & Verrinder, G. (2010). *Promoting health: the primary health care approach*. Chatswood, N.S.W: Elsevier.
- Taylor, S. (1997). *Educational policy and the politics of change*. New York & London: Routledge.
- Tinning, R. (1996). Physical education and the health promoting school: opportunities, issues and challenges. *The ACHPER Healthy Lifestyles Journal*, 43(2), 8-11.
- Tinning, R. (2000). Seeking a realistic contribution: considering physical education within HPE in New Zealand and Australia. *Journal of Physical Education New Zealand*, 33(3), 8.
- Tinning, R., & Glasby, T. (2002). Pedagogical work and the 'cult of the body': Considering the role of HPE in the context of the 'new public health'. *Sport Education and Society*, 7(2), 109-119.
- Wolcott, H. F. (2008). *Ethnography: a way of seeing*. Lanham, MD; Plymouth, Uk: Altamira Press.