2015-08-11

Summary report of key findings for South Australian Catholic Education schools: Catholic Education Office of South Australia - How are primary education health and physical education (HPE) teachers best prepared?

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http://hdl.handle.net/10026.1/6407

10.13140/RG.2.1.2752.2649
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SUMMARY REPORT OF KEY FINDINGS

SA Catholic Education Primary Schools

How are Primary Education Health & Physical Education (HPE) teachers’ best prepared?

Dr. Timothy Lynch – Monash University, Faculty of Education.

The Context of the Research

This project investigated Primary School Principal perceptions of a University Pre-service Teacher Education course where the graduate teacher is qualified as a generalist primary classroom teacher and a Health and Physical Education specialist. Health and Physical Education (HPE) as an Australian curriculum learning area is associated with holistic lifelong health and wellbeing.

Research suggests that the optimum time for children to learn and refine their motor skills and to be introduced to positive HPE experiences is during preschool and early primary school years. This project investigates such research through the perceptions of principals within the context of Catholic Education Schools in South Australia.

The overarching research question is:

1. What are Primary School Principals’ perceptions of a Bachelor of Primary Education (Health and Physical Education) course and testamur? (A course where graduate teachers are generalist primary teachers and specialist Health and Physical Education teachers).

Supplementary research questions that generated data include:

1. Who teaches HPE in Primary schools?
2. If a HPE teacher is employed, do they have HPE specific qualifications?
3. Do Principals prefer to have a HPE specialist teacher to teach HPE?
4. Would a testamur/certificate that read “Bachelor of Primary Education (Health and Physical Education)” assist Principals with the employment of staff?
5. Do Principals find a course that qualifies teachers to be generalist classroom teachers and HPE specialists of value?
Significance of Research

The Victorian Department of Education and Early Childhood Development (DEECD) key responsibilities inform outcomes that the Department strives to achieve within its birth-to-adulthood learning and development agenda. The first listed outcome for Children 0 – 8 years is:

- Children have the best start to life to achieve optimal health, development and wellbeing
  (http://www.education.vic.gov.au/about/department/Pages/default.aspx)

The Western Australian Government Physical Activity Taskforce developed the Active Living for All: A Framework for Physical Activity in Western Australia 2012-2016. This Framework and strategies within were designed to increase physical activity amongst children. The Framework was prioritised after the ‘WA Child and Adolescent Physical Activity and Nutrition Survey’ indicated that less than half of all WA students achieved the National Australian Physical Activity Guidelines recommended levels of 60 minutes per day. Both the DEECD outcome and the WA Framework directly relate to the Health and Physical Education 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).

Health and Physical Education (HPE) as a learning area in Australia was embedded in phase three of the recent national curriculum reform. Within South Australia both Catholic Education and government schools use the Australian Curriculum ‘as the basis for their teaching and learning programs’. There is potential for the national framework ‘Australian Curriculum: Health and Physical Education’ (AC:HPE) to enable curriculum change and quality HPE for all children across Australia’s geographically large country. This research investigates principals’ perceptions of a university pre-service primary teacher course designed specifically for this purpose. Such a course would involve for the first time in Australia’s history, primary education pre-service teachers being given the opportunity within their university courses to specialise in developmentally appropriate ‘Health and Physical Education’.

Principals’ experiences and insights matter. “We know that school leadership must be at the centre of our reform effort. In our decentralised system where principals have a high degree of autonomy it is they who have the power to improve the quality of teaching.” (DEECD, 2012, p. 3). Furthermore, such a course would be timely as there has been growing concern for universities improved preparation of teachers for the school environment (DEECD, 2012). A survey conducted by McKenzie, Rowley, Weldon and Murphy (2011) found that less than 30 per cent of principals felt that
graduate teachers had acquired important skills for effective teaching and learning. It is pertinent that Principals are considered and opinions valued.

**Literature Review**

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 accentuated within this paper is one particular aspect of quality HPE; that it is ‘developmentally appropriate’. The priority for Health and Physical Education 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 (Tinning, Kirk, Evans and Glover, 1994; Dinan-Thompson, 2009). 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 quality HPE 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, Kirk, Evans, and Glover, 1994). Another major problem 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). Webster (2001, p. 1) 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”.

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 have recently completed teaching degrees without studying any units in Health and Physical Education and are then responsible for implementing this learning area in schools. Health and Physical Education 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”. Hence, the recommendations of a Senate Inquiry made 20 years ago appear to not have been achieved.

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 are not doing as well as they should. 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). Despite the rhetoric about children wellbeing and social justice, this report indicated that there has been no improvement in the majority of areas from the previous report in 2008. The report summary states:

if we want to change – to improve – we need to measure and report on the things we believe are most important for a successful Australian society. Few would disagree that one of the most important of these are the environments we can influence to help parents and others endure our children have the opportunity to be healthy and to develop well. (ARACY, 2013, p. 26).

It is axiomatic that primary schools’ play a key role in children’s health and wellbeing. 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). Hence, Health and Physical Education teachers (primary specialist or generalist classroom) need to be prepared to deliver quality Health and Physical Education lessons across all strands, which include Physical activity, Health and Personal/Social Development. This involves 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). This often involves choosing critical, socially just pedagogies rather than the traditional dominant science and performance-based pedagogies for HPE. Critical socially just pedagogies will necessitate teachers being trained and educated in this mode of teaching (Tinning, 2004).

Physical Education (PE) courses specifically tailoring to children in the 3-11 age range, where teachers are qualified generalist classroom teachers with a specialism in PE are offered in the United Kingdom. What is sometimes offered in Australia are quasi HPE courses where pre-service primary teachers may be able to choose electives in general sport often relating to industry or secondary physical education. While these offer opportunities for enthusiasts to study areas of interest, ideal candidates for primary HPE specialists, unfortunately they lack the ‘developmentally appropriate’ key aspect that the AC:HPE emphasises. Hence, specialist HPE teachers working within primary schools are often not qualified generalist classroom primary teachers (often secondary trained), and may not have had opportunities to develop pedagogy specifically for teaching children in the primary school sector, or they are generalist classroom teachers with no HPE specialisation.
Research suggests that the HPE key learning area is particularly significant within Catholic schools. It is argued that in the physical dimension students can be presented with many practical and social experiences that require living and reflecting upon Catholic religious traditions and gospel values (Lynch, 2004).

Research indicates there are strong connections made by teachers and students between HPE and the Religious Education curriculum (Lynch, 2013). Furthermore, literature evidences physicality having strong connections to spirituality, both throughout the history of Catholic education and in contemporary curriculum documents (Lynch, 2014). “Data gathered in a qualitative study supported the literature, evidencing that physical activities, and personal development strands in the HPE learning area are closely associated with children’s everyday school community and culture. Thus, offering potential, arguably more so than other learning areas, for the development of spirituality” (Lynch, 2014, p. 17).

Within Catholic schools principals play a major role in the success of the implementation of the HPE program as they are directly responsible for supporting the development, implementation and monitoring of the curriculum (Brisbane Catholic Education, 2006). Principals decide whether or not to employ a HPE specialist teacher, who that person will be, their required qualifications and experiences (Lynch, 2007).

Catholic Education South Australia advocate:

- Outstanding education in faith inspired schools with more than 6000 staff caring for over 48000 students in 103 Catholic schools.
- We are about community… our schools provide a safe, welcoming community for all families.
- We are about education… challenging our students to achieve their full potential.
- We are about values… translating our Catholic heritage and tradition into a modern-day context. (http://www.cesa.catholic.edu.au/).
Summary Report

This study indicates two key findings:

1. Principals in South Australian Catholic Education primary schools of various sizes and locations, desire to have specialist HPE teachers in their schools.

2. Principals in South Australian Catholic Education primary schools want HPE specialist teachers who are interested and passionate about working with primary aged children in, through and about HPE. Also, who are able to share the HPE learning area; with the classroom teachers taking ultimate responsibility for Health education.

Principals surveyed represented schools from three SA regions and schools of various enrolment sizes (Table 1).

Table 1: SA regions represented by Catholic Education school principals surveyed

<table>
<thead>
<tr>
<th>SA Region</th>
<th>Size of school enrolment</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Small schools (less 100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Adelaide</td>
<td>0</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

- 72.2% of principals surveyed (13 out of 18) preferred to have HPE specialist teachers in their school.

Principals who did not prefer to have a specialist HPE teacher were mainly from smaller sized schools. Comments suggested that quality was provided by HPE/PE specialist teachers through expertise, knowledge of the subject, priority of the learning area and passion, skill development and motivation. Principals believed these qualities enabled a developmentally appropriate and consistent program throughout the whole school. Also, it was mentioned that most classroom teachers are not specialists in this field and having a HPE/PE specialist is valued by school communities. Many HPE specialists are responsible for the physical education strand only with the class teacher being responsible for Health.
• 88.9% of principals, believed a course that qualifies teachers to be generalist classroom teachers and HPE specialists would be or would probably be valuable

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Maybe</td>
<td>2</td>
<td>11.1%</td>
</tr>
<tr>
<td>Probably</td>
<td>6</td>
<td>33.3%</td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>55.6%</td>
</tr>
</tbody>
</table>

• 61.1% 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?

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
<td>11.1%</td>
</tr>
<tr>
<td>Maybe</td>
<td>5</td>
<td>27.8%</td>
</tr>
<tr>
<td>Probably</td>
<td>5</td>
<td>27.8%</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>33.3%</td>
</tr>
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</table>

• There were 17 schools (94.4%) where a HPE specialist teacher (or teacher in the role) was responsible for part or all of the implementation of the learning area

This included:

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist HPE/PE &amp; classroom teachers</td>
<td>14</td>
<td>77.8%</td>
</tr>
<tr>
<td>Specialist HPE/PE</td>
<td>2</td>
<td>11.0%</td>
</tr>
<tr>
<td>Specialist HPE/PE &amp; Specialist HPE Coordinator</td>
<td>1</td>
<td>5.6%</td>
</tr>
<tr>
<td>Classroom teacher</td>
<td>1</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

• 13 principals (72.2%) stated that their HPE/PE specialist teacher was a qualified specialist, 4 principals (22.2%) stated that their HPE/PE specialist did not have specific qualifications and 1 did not answer the question.

• When employing staff, 12 principals (66.7%) indicated that they look at the university degree certificate/ testamur of potential staff.

• When employing staff, 13 principals (72.2%) said they do not peruse university transcripts.

This could be problematic for these particular schools when transcripts are needed to evidence Health and Physical Education units successfully completed.
• Principals’ commented on key attributes of a good HPE teacher. The top responses were:

1. HPE curriculum knowledge & dev appropriate pedagogy 15 (mentions)
2. Passion/ interest/ enthusiasm (children) 10
3. Planning/ assessment and flexibility (organised) 8
4. Cater for all learning needs (empathy & support) 7
5. Quality relationships 7
6. Role model for healthy living 6
7. Athletic/ fitness/ stamina/ active/ skill level 6
8. Is always positive 6
9. Engaging & fun for students 4
10. Rapport /communication and management skills 4
11. Liaises well with other staff, schools & parents (network) 3
12. Innovative (resourceful and creative) 3
13. Introduce/knowledge a variety of physical activities/skills 3

• All 18 schools gave no details of HPE being outsourced (100.0%)

• Principals’ thoughts on quality HPE for children in schools

Catholic Education principals in medium sized schools (100-300 children) shared the importance of healthy, active lifestyles and fundamental movement skills. They voiced that all teachers should have an understanding and the partnership between a specialist responsible for the PE and the classroom teacher who is responsible for the Health.

Catholic Education principals in large sized schools (300-600 children) shared the importance of HPE being safe, comprehensive and progressive. Also, that there could be more systematic support for this key learning area. Within very large schools (600 children and more) remarked that schools could only do so much and that parents are significant. Furthermore, too many classroom teachers lack confidence and drive to deliver a really good PE program.
Recommendations

It is recommended that pre-service Catholic Education primary teachers have the opportunity to specialise in HPE, specifically developmentally appropriate for the primary school. Having opportunities for pre-service teachers to become generalist classroom teachers and specialise in HPE is supported by a majority of principals surveyed. Such a course enables primary teachers passionate in health and wellbeing, to develop an appropriate pedagogy and a holistic understanding of health. Thus, pre-service teachers are fully prepared for teaching HPE in Catholic Education schools throughout the state of South Australia. This would be a directional step towards the DEECD outcome ‘children having the best start to life to achieve optimal health, development and wellbeing’, and towards the goals of South Australia Catholic Education, ‘challenging students to achieve their full potential’ and ‘translating Catholic heritage and tradition into a modern-day context’. Furthermore, it assists teachers to optimise children’s practical and social experiences that require living and reflecting upon Catholic religious traditions and gospel values (Lynch, 2004).

Fifteen of the eighteen returned surveys were from the Adelaide region even though many principals were invited from the North and South regions. A high percentage of schools did have HPE specialists who were responsible for the PE strand and the classroom teachers were responsible for the Health strand. This does raise questions over Catholic Education schools in rural, regional and remote SA and whether they have a HPE specialist teacher? This subsequently raises the question of whether regional and rural primary schools have the same opportunities as the Adelaide metropolitan schools. This directly relates to the Melbourne Declaration on Educational Goals for Young Australians (MCEETYA, 2008) and the recommendations of the Gonski Report (ABC, 2012).

The second recommendation is for a Bachelor of Primary Education (Health and Physical Education) course and testamur to be developed within teacher education. This would assist in improving the situation for schools where employing a HPE specialist is not an option. A high percentage of principals (88.9%) believed a course that qualifies teachers to be generalist classroom teachers and HPE specialists would be or would probably be valuable. More so, as one principal stated “too many classroom teachers lack confidence and drive to deliver a really good PE program”.

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Reference List


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