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Physical Education and Health: Moving Forwards or 'Going Round in Circles'?

Introduction

There are clear and growing expectations on schools and the physical education profession to deliver public health outcomes. In England, this expectation has been highlighted in the media (Kirk, 2006; Rich, 2011), in various government policies, initiatives and documents (Department for Education and Schools & Department of Health (DoH), 1999; DoH & Department for Children, Schools & Families, 2008; DoH, 2010; 2011), as well as in the National Curriculum (Qualifications & Curriculum Authority, 2007). For example, health has featured as a statutory component of the National Curriculum for Physical Education since its introduction in 1992, with the health focus arguably being strengthened with each revision (Fox & Harris 2003; Cale & Harris, 2005).

Given the media and government attention and expectations, plus the statutory requirements, it might be assumed that the role and delivery of health within physical education was now well established, understood and effective. To the contrary though, long standing and on-going concerns have been expressed over the area (Harris, 1994; 2010; Almond & Harris, 1997; Alfrey, Cale, & Webb, 2012a). The main concerns identified with respect to health within physical education in the literature relate to the following:

- The status, organisation and expression of health
- Confusion and variations in practice
- The dominance of a 'sport', 'performance' and 'fitness' focus to the delivery of health (rather than a broader 'physical activity for health' focus which might be more appealing and accessible to more young people)
- Limited and narrow understandings of health
- Teachers' limited initial and continuing professional development in the area.

As a consequence, Alfrey, Cale and Webb (2012a) conducted research to explore and also try to explain physical education teachers' experiences, views and understandings of health

within physical education, inclusive of their professional development. Here we provide a summary of this study and draw on and report selected findings from this initial paper, as well as wider literature, to debate the role, contribution and effectiveness of physical education and physical education teachers in the delivery of health. A number of observations and issues are highlighted and these are used to address the question: is physical education making progress and moving forwards in this area?

Methodology

Alfrey, Cale and Webb's (2012a) research comprised two phases and adopted a mixed-method approach. Phase one involved a survey of physical education teachers from secondary schools, whilst phase two comprised semi-structured interviews with selected teachers from the original broader sample.

Acknowledging that teachers do not exist in a vacuum, the research utilised figurational (process) sociology (Elias, 1978). Characteristic of a figurational approach, the central concept of 'figuration' was used to illuminate the complex and dynamic network of interdependencies (figurations) and processes which influenced the teachers' engagement with health. Further details about figurational sociology and how it was used in this research are provided in Alfrey, Webb and Cale (2012b).

Phase One

The survey participants were 112 physical education teachers selected from a proportionate, stratified random sample of schools from Local Authorities across England. Questionnaires were sent to the Head of Department for physical education in the selected schools along with a request for a physical education teacher of a particular sex and experience (from 0-7; 8-15; or 16 plus years) to complete and return the form by a specified date. The survey questionnaire explored the physical education teachers' experiences,

views, understandings and philosophies with regards to health within physical education over time.

Phase Two

For phase two, a purposive sample of twelve teachers (six male and six female) was drawn from the survey sample. The sample comprised a mix of males and females of varying levels of experience and from different types of schools within different Local Authorities. The interviews were conducted in a quiet room, lasted 70 minutes on average and, with the permission of the interviewees, were recorded. Their purpose was to expand upon, clarify and add meaning to the questionnaire findings.

Data Analysis

Quantitative data from the completed survey questionnaires were entered into SPSS 16.0 (Statistical Package for the Social Sciences) for analysis and descriptive statistics were employed. Responses to qualitative questions were transcribed verbatim and coded using NVivo 8 software. Interview transcripts were also prepared and then coded using NVivo. This allowed for the generation and organisation of ideas, and the gathering of data by topic or 'node' (Silverman, 2006).

Findings and Discussion

Selected findings from the research are presented below and are discussed in relation to the wider literature and to the debate and question in focus.

Physical Education Teachers' Experiences

The survey findings revealed that only half of the physical education teachers had prior experience of health within physical education before delivering it. Furthermore, only a

minority had taken part in any related professional development in the previous 12 months (20%) or three years (30%). The teachers' lack of experiences were also reflected in the interviews, with many feeling that their initial training and/or subsequent professional development had not adequately prepared them to teach health. Comments included:

I've never been on a course... ...I guess that it's just never been made readily available. (male teacher, 4-7 years of experience)

I wouldn't say I've really learnt how to teach it. (female teacher, 8-15 years of experience)

These findings confirm the concerns highlighted in previous research (e.g. Armour & Yelling, 2004; Castelli & Williams, 2007; Trost, 2006; Kulinna et al., 2008; Harris, 2010) and noted earlier concerning teachers' lack of initial training and professional development in the area. Of further concern was that, for the minority of teachers who had experienced some relevant training, both the survey and interviews suggested that their experiences had often been rather narrow and limited to aspects such as fitness testing, circuit training or the use of fitness equipment. For example, during one interview a teacher explained "We recently just did fitness testing which was run by the Head of Department and the year coordinator" (male, 8-15 years of experience). While this and other such experiences reported by the teachers may have their place, it is argued that they fail to address the broad and multi-dimensional nature of health and are only likely to reinforce, rather than enhance or develop current practice (Alfrey, Cale & Webb, 2012a).

Physical Education Teachers' Sources of Knowledge

The physical education teachers' lack of experience and professional development in the area raise questions concerning just how and where they acquired their knowledge to teach

health in this context. It became evident from the interviews that some teachers relied on general 'life experiences' (O'Sullivan, 2005; Tsangaridou, 2006) as well as the media as sources of knowledge rather than formal sources. One teacher noted that her experience and interest stemmed from working in the gym at university where she delivered Fit ball and Boxercise sessions which she then replicated in school. She furthermore commented:

I also enjoy doing the Pump It Up DVDs 'n' stuff like that at home so I like challenging the kids with the routines I pick up. (female, 0-3 years of experience)

Similarly, another teacher explained how much of his knowledge came "... from personal interest - magazines, websites and DVDs" (male, 16-30 years of experience). The trend of relying on mass media as a source of health knowledge has been discussed in broader terms elsewhere (see Giroux, 2004; Rich 2011). However, in their initial paper, Alfrey, Cale and Webb (2012a) warn of the limitations of teachers relying on popular pedagogies as means of developing knowledge and understandings of health. They suggest that whilst these can be useful sources of information, they may not always be wholly accurate, reliable, up to date or comprehensive in scope, and therefore appropriate for an educational context. Meanwhile, Armour (2010, p.7) goes so far as to say on this issue how '...it is one thing for a teacher to be out-of-date in the teaching of a specific sports technique, but quite another to teach children discredited health knowledge.'

Possible explanations for the physical education teachers' reliance on such other sources may of course have been due to an absence of other resources or means of support. To the contrary though, Alfrey, Cale and Webb (2012a) note that resources and opportunities for health-related professional development do exist but that the teachers appeared generally unaware of them. One teacher remarked:

There hasn't been CPD to do with HRE. (male, 8-15 years of experience)

This lack of awareness would seem to be a further issue, precluding even those teachers who might want or recognise the need to access other sources of information, support and professional development, from doing so. This suggests there is a need for better promotion of such resources and opportunities to the profession.

Physical Education Teachers' Views, Understandings and Confidence

The delivery of health within physical education is also likely to be influenced by teachers' views and understandings of the area. On a positive note, the survey findings revealed most teachers (96%) to value the area, with these same views being reinforced during the interviews. One teacher commented:

If physical education was a wheel, HRE¹ would be the hub. Although it's the smallest bit, without that everything falls apart...Understanding as well, we really need to push that... (male, 30+ years of experience)

These findings support those of Cale (2000) which similarly revealed teachers to view the promotion of health and physical activity to be valuable and important. Although it was encouraging to discover this, Cale (2000) cautions that for teachers to be successful in promoting healthy, active lifestyles, their enthusiasm and belief in its value needs also to be underpinned by a clear understanding of the area. Yet, the findings suggested that this was not typically the case and that the teachers tended to hold rather narrow, inconsistent and at times confused or misinformed views with regards to health within physical education. For instance, when asked about the aims of the area, one teacher reported that it "is to improve fitness levels" (female, 4-7 years of experience), whilst another claimed it "... is a

massive way of keeping people within sport” (male, 4-7 years of experience). Other teachers also readily used the term ‘fitness’, to refer to health. These examples suggest not only a limited understanding, but a privileging of sport and fitness in this context, a point which is discussed later. Given that traditionally the terms ‘fitness’ and ‘health’ have been confounded (Waddington, Malcolm & Green, 1997) and concerns surrounding physical education teachers’ knowledge and understandings, including of the concepts of fitness and health, have been reported elsewhere (Brown, 2003; Castelli & Williams, 2007; Wrench & Garrett, 2008), it is perhaps not surprising that some teachers in this study were similarly confused.

A further finding and one that was also reported in the study by Castelli and Williams (2007) was that, despite limitations in their knowledge, most of the physical education teachers (86%) reported to be confident in their ability to teach health. When questioned about this, one teacher reported:

“Yeah I’m quite a confident teacher, through my own sport. When I was playing sport as a participant, a lot of the things we did were related...fitness testing ‘n’ stuff, so I’ve had experience of doing it myself”. (male teacher, 0-3 years of experience)

Such confidence is somewhat surprising considering so many teachers’ limited or no prior ‘formal’ experiences of health, but their reliance instead on general ‘life experiences’, as alluded to by this teacher. However, Alfrey, Cale and Webb (2012a) referred to this as misguided confidence rooted, at least in part, in the teachers’ narrow understandings and philosophies. In reality, they proposed that the teachers felt confident in their ability to deliver health through only a restricted range of activities, an issue which is explored next.

Physical Education Teachers' Philosophies

As already evidenced, there was a tendency for the physical education teachers in this research to focus upon sport and fitness both when discussing and delivering health. Alfrey, Cale and Webb (2012a) attributed this to the manifestation of their deeply-rooted and often persistent 'philosophies' which were strongly attached to sport and fitness ideologies. These findings support the observations and claims which have been made by others (Green & Thurston, 2002; Leggett, 2008; Green, 2009; Kirk, 2010) that competitive sport, sport techniques, and particularly team games which focus on performance and fitness continue to dominate our subject and physical education teachers' philosophies and practices. Specifically, Green (2009) and Kirk (2010) note how, despite the intention being for health to broaden the curriculum, its development has and still appears to be over shadowed by these powerful influences. This has furthermore been illustrated in a study of health-related policy and practice in secondary schools in England and Wales by Leggett (2008) who found that, whilst many physical education teachers articulated a 'fitness for life' philosophy with respect to health, their delivery was usually expressed in terms of a 'fitness for performance' discourse, dominated by testing and training. In addition, the fact that many of the teachers in this study had not recently professionally or critically engaged with health, suggests limited opportunities for their philosophies to have been challenged or influenced in any way. Just how such philosophies were seemingly applied to and influenced the teachers' delivery and practices of health, and the associated concerns, are considered in the next section.

Physical Education Teachers' Planning and Delivery of Health

Effective planning is at the heart of effective teaching and learning (Gower, 2005). Yet, this study revealed a general lack of planning in the area of health with a number of the teachers reporting to have no access to unit or lesson plans and/or to have a largely

unplanned and ad hoc approach. One female teacher referred to her delivery of health as 'ad hoc' whilst another admitted to "winging it or going on what I've learnt... by chance".

Another teacher remarked:

...A health-related strand runs through all units...but the topic is not set in stone. We don't have a scheme of work. (female teacher, 4-7 years of experience)

Similar findings were reported some time ago by Harris (1997), which led her to raise questions about the structure, progression and coherence of health within the physical education curriculum. Fifteen years on, it is a concern that little seems to have changed.

Of course, whilst planning might maximise the possibility of effective teaching, it does not necessarily equate with quality or even appropriate practice and delivery. Indeed, the findings confirmed this, with some limitations revealed in this respect also. For example, the majority of the teachers seemed to deliver health predominantly through sport and fitness related activities (usually fitness testing and circuit training), with links often being made to sports performance, thereby again demonstrating their persistent sporting and fitness philosophies. To illustrate, the following responses were typical from teachers when questioned about their delivery of health:

Implicit in all lessons, all physical education lessons is the fitness element... (male, 30+ years of experience)

For rugby and football we try and do a number of fun tests with the kids based around the bleep test and we incorporate tackle bags, kicking skills and things like that so we try and make it a bit more specific to sport ... so they are learning skills and doing repetitions of skill... (male, 4-7 years of experience)

As noted earlier, the dominance of sport, performance and fitness in the delivery of health has been recognised by others and the findings and quotations here suggest that, as acknowledged elsewhere (e.g. Green, 2003; Capel, 2007), this focus still very much persists. Cale and Harris (2013) identify a few reasons as to why this is of concern. Firstly, they suggest it results in a rather narrow curriculum with limited provision of a range of more recreational and individual lifetime activities, which in turn may limit learning and have limited appeal for many young people (Green, 2002; Fox & Harris, 2003; Alfrey, Cale & Webb, 2012a). Secondly, the narrow focus can result in the delivery of some undesirable or questionable practices which may also be counterproductive in efforts to promote health and physical activity in young people. For instance, examples have been highlighted of the area being narrowly equated with or dominated by vigorous activity, fitness testing, warming up and cooling down, or physiological issues (Harris, 1995; 2000; Alfrey, Cale & Webb 2012a), which could lead to practices such as forced fitness regimes or dull, uninspiring drills (Harris, 2000).

The above was reflected in both the survey and the interview data which revealed fitness testing and circuit training to be the most popular vehicles through which to teach health. Despite the prevalence of fitness testing in particular within physical education, a number of concerns have been highlighted over its implementation. The main issues relate to the narrow scope and amount of time spent on testing, as well as its negative impact on many young people (see more recently for e.g. Naughton, Carlson & Greene, 2006; Wrench & Garrett, 2008; Cale & Harris, 2009; Lloyd, Colley & Tremblay 2010). Nonetheless, it is maintained that, if appropriately employed, fitness testing could usefully support the promotion of physical activity, but that physical education teachers need guidance, support and training in its implementation (Cale & Harris 2009; Cale, Harris & Chen, 2007; 2013).

The earlier findings highlighting the teachers' lack of related professional development suggest, however, that they had not received this.

The Status Afforded to Health within Physical Education

Finally, in spite of the physical education teachers in this study reporting the promotion of health and physical activity to be valuable and their clear efforts to deliver it, they still perceived it to have marginal status and appeared to afford it less attention than other areas of physical education, namely sport and competitive team games. Indeed, the relative marginal status of health and physical activity within schools and the curriculum has been identified by various researchers (e.g. Cale, 2000; Harris, 2010; Alfrey, Webb & Cale, 2012b; Cale & Harris, 2013) as well as by Ofsted (2004; 2009), with this generally been attributed to increased school accountability in other aspects of learning such as reading, writing and mathematics (Marks, 2008). Further indications of its relatively lower status could be gleaned from the teachers' relative lack of planning and engagement in professional development in the area of health.

Summary and Conclusions

Based on the selected findings from Alfrey, Cale and Webb's (2012a) study, as well as previous literature, we have highlighted here a number of observations and issues relating to health within physical education. Concerns have again been confirmed regarding physical education teachers' experiences of health, sources of knowledge and understandings of health, traditional 'sporting' philosophies, as well as over their planning and delivery of health and the status afforded to the area. This consistent picture of long standing and on-going concerns is rather worrying.

Perhaps more worrying still though, is that without concerted effort and action, these issues seem only set to continue. In the initial paper and in an attempt to explain and better understand the issues raised by these findings and previous research, Alfrey, Cale and Webb (2012a) presented a model referred to as 'The Conundrum'. Briefly, the model describes a persisting cycle as follows:

- 1) On entering teacher training and the profession, physical education teachers' philosophies are heavily dominated by sport and fitness ideologies (based on their own past experiences);
- 2) This leads to narrow understandings and to a reliance on delivering health through sport and fitness-related activities (which is what they know);
- 3) Teachers feel confident and comfortable with the above and do not therefore perceive the need to undertake related professional development in the area (and so most choose not to);
- 4) This means the teachers' philosophies and practices are not challenged, by professional development or any other means, and the status quo therefore prevails (and the cycle continues).

Alfrey, Cale and Webb (2012a) claim that the outcome of the above is that health in physical education continues to be characterised by incoherence, misunderstanding and a focus on sport- and fitness-related knowledge and practice, which raises questions over the role, contribution and effectiveness of physical education and physical education teachers in the delivery of health. Based on the evidence and the preceding discussion, it thus seems that physical education is failing to make any real progress and move forwards in this area, but rather is literally, 'going round in circles.' For health within physical education to be truly enhanced, this cycle needs to be broken. To begin to achieve this, it is recommended that:

- physical education teachers make, and equally be given, time (e.g. as part of school/departmental CPD or review/development meetings) to reflect on the cycle;
- in so doing, physical education teachers critically analyse the extent to which the cycle is reflective of their philosophies, feelings, practices and knowledge;
- as applicable and appropriate, physical education teachers explore and identify specific strategies and actions for addressing their philosophies, feelings, practices and knowledge (e.g. research and engage in relevant professional development opportunities; research and access appropriate sources of knowledge such as practical resources and texts; read further relevant literature and research).

Given the many other pressures and demands in education these days, it is recognised that breaking the cycle will be a challenge and will likely mean prioritising health over other agendas. However, isn't it time, as a profession, we did?

Footnotes

1. The original study (Alfrey, Cale & Webb, 2012a) focused on 'Health-Related Exercise' and used this term to refer to the area of health within the physical education curriculum which was a popular name for this area at the time.

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