



'It's not a priority': Australian generalist classroom teacher experiences of teaching the Health Education component of Health and Physical Education

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Abstract

The study purpose was to address a gap in the literature and gain a better understanding of Australian, specifically Tasmanian, primary school classroom teachers' experiences of teaching health education (HE). By classroom teachers we mean generalist primary teachers, who in Australia typically teach all eight key learning areas (KLAs). In most Australian states and territories, HE exists within the health and physical education (HPE) mandated KLA, but often the delivery of HE is a responsibility assumed by classroom teachers as opposed to HPE specialists. Our study involved 53 primary classroom teacher participants in Tasmania and examined the state of play of HE. We used a mixed methods research design that included an online survey through which participants were subsequently invited to take part in semi-structured interviews. While participants tended to value HPE, we found HE was even more disenfranchised than physical education, within HPE as an already marginalised area, compared to "more academic" KLAs. This "double marginalisation" contributed to reports of inconsistent delivery of HE. Consistent with the health promoting schools agenda, we suggest a whole of school approach in addition to increased collaboration between teachers and increased HE professional learning opportunities for classroom teachers is required to facilitate change and increased prioritisation of HE in schools.

Keywords Health education · Health and physical education · Primary schools · Marginalisation

Introduction

The marginalisation of HPE, and particularly HE as the focus of this study, continues to occur despite society being confronted with multiple health issues. Goldfield et al. (2022) identified potential and indirect effects of COVID-19 on Australian children, highlighting poor mental health,

poor child health development, and lower levels of academic achievement. It is possible then, the need for HE to be taught has never been greater or more important. According to Lowry et al. (2022) internationally health education continues to be the poor relation of the curriculum, with low priority given to the role of schools in health promotion, little evidence-based practice exhibited, and few teachers receiving training for it. Furthermore, school-age children experience health issues such as stress, hunger and malnutrition, safety concerns, and chronic illness, which can often impede school success, yet the bridge between health and education remains disconnected (Birch & Auld, 2020). A meaningful focus on health in schools can be one of the most cost-effective investments a country can make to improve the education, health, and productivity of their population (World Health Organization (WHO) 2023). A health-promoting school (HPS) approach was introduced over 25 years ago by the WHO and has been promoted globally since; however, the aspiration of a fully embedded, sustainable HPS system has not yet been achieved. Although definitions vary, depending on context, a HPS can be characterised as

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a school constantly strengthening its capacity as a healthy setting for living, learning, and working (WHO 2023).

The purpose of this paper was to gain better understanding of primary school classroom teachers' experiences of teaching health education (HE) as it exists in health and physical education (HPE) as a mandatory key learning area (KLA) within Australian primary schools (Australian Curriculum, Assessment, and Reporting Authority (ACARA) 2022). HE is any combination of learning experiences designed to help individuals and communities improve their health, by increasing knowledge or influencing their attitudes (Nutbeam & Muscat, 2021). The Australian Curriculum: Health and Physical Education (AC:HPE) (ACARA 2022) comprises two strands of learning: personal, social and community health, and movement and physical activity. These strands serve to frame HE and physical education (PE) contents, respectively. Responsibility for teaching HPE, called personal development, health and physical education in New South Wales, varies across and within different jurisdictions. In Tasmania, where this study occurred, many primary schools employ a specialist PE teacher. Even when a PE specialist is employed, they report that the HE components of HPE usually remain the responsibility of the classroom teacher (Nash et al., 2021). Research (e.g. Alfrey & Welch 2022; Chong et al., 2018; Hickey et al., 2014) has indicated this is also the case in other states of Australia.

HPE, PE, and HE in Australian primary schools

The AC:HPE contains twelve content focus areas and is “grounded” in five key ideas intended to direct teacher practice. These twelve content focus areas are composed of six that emphasise the “physical” component of the curriculum (e.g. fundamental motor skills, games, and sports), and six that emphasise the “health” component of the curriculum (e.g. health benefits of physical activity, alcohol, and other drugs). Teachers plan and implement student learning experiences and assessment guided by student Achievement Standards spanning Foundation to Year 10 (students aged five to 16 years). For example, an Achievement Standard articulated in the HPE curriculum at the year three and four level is “accessing different sources of health information and examining the accuracy of these sources” (ACARA 2022). The HPE curriculum writers were initially directed to write for a nominal 80 h a year of HPE curriculum time with the opportunity to participate in physical activity weekly as a minimum (ACARA 2012). As an indication of HPE positioning compared with other subjects, research (e.g. Cruickshank et al., 2021a; Gaudreault et al., 2018; Richards et al., 2014) has noted it can be marginalised in schools through being considered “less academic” than other disciplines and by being perceived as having less educative value. Classroom teachers often consider PE a release from “high status”

subject work rather than an integral aspect of students' education (Lynch & Soukup, 2017; Milić et al. 2022). This can result in HPE receiving less emphasis, time, and resourcing than other KLAs (Cruickshank et al., 2021b; Birch & Auld, 2020; Lowry et al., 2022) which can be problematic in light of Australian teachers stating a lack of time is a key barrier to achieving HPE outcomes (Morgan & Hansen, 2008; Peralta et al., 2021; Williams, 2017). In addition, the Measurement Framework for Schooling in Australia, 2020 (ACARA 2020) identifies literacy, numeracy, civics and citizenship, ICT literacy, and science literacy as key performance measures within the National Assessment Program, thus highlighting marginalisation and a subsequent lack of accountability for reporting on the HPE learning area. Recent studies suggest marginalisation of HE also exists (Birch & Auld, 2020; Barwood et al., 2016, 2017). In an Australian context, Peralta et al. (2021) highlighted that health education and health literacy development retain a relatively low focus; therefore, students are not likely to achieve the critical levels of health literacy understanding they need to positively influence their own health and the health of others around them.

We have situated HE within the HPE KLA to reflect the teaching and learning context of this study. We note that much of the empirical research and scholarly debate about Australian primary school HPE has focused on PE. This literature portrays PE as a contested space, where the quality of school programs is frequently questioned, while acknowledging the difficulties of delivering a KLA often considered important but not a priority (Cruickshank et al., 2021a; Hyndman et al., 2020). Debates in the literature display contrasting views about which teachers (classroom or specialist) are best positioned to teach primary school PE (Curry, 2012; Dudley et al., 2021; Hyndman, 2017; Telford et al., 2021). Barriers to classroom teacher PE delivery can include inadequate pre-service teacher education; a lack of expertise, interest, confidence, enthusiasm, and appropriate qualifications to teach PE; and a preference for teaching subjects “in the classroom” (Jenkinson & Benson, 2010; Johnson et al., 2014; Lynch & Soukup, 2017; Morgan & Hansen, 2008; Pill, 2007).

Research on Australian primary school HE appears less prevalent than that conducted on PE. However, there are previous studies relevant as background to this research. For example, other Tasmanian investigations reported classroom teachers with weak understandings of the AC:HPE, who stated they did not have adequate time to plan for and teach HE, although they commented that their knowledge, understanding, and confidence benefitted from a school-based HE professional learning intervention (Cruickshank et al., 2022; Nash et al., 2020). Research in another Australian state, Queensland, found that despite the majority of teacher participants indicating all areas of health surveyed as being important for children's education, a lack of confidence and expertise by most of the teachers contributed

to little or no HE being taught (Rossi et al., 2016). Recent research from Victoria (Love et al., 2020) indicated HE in primary schools lacked clarity and consistency and may be “non-existent” in many schools. Investigation undertaken in Western Australia with a secondary school focus (Barwood et al., 2016, 2017) found HE only being allocated one-third of the available HPE curriculum time. Concerns about the preparedness of teachers to teach HE were also found, consistent with other Australian studies (Fane et al., 2019; Knjnik & Curry, 2014). The findings of these studies suggest that HE can be marginalised within the HPE learning area.

One approach schools and classroom teachers utilise to compensate for limited curriculum and pedagogical knowledge and competency is outsourcing HPE teaching to external providers (Alfrey & Welch, 2022; Sperka & Enright, 2018). While external provider knowledge is often assumed by teachers as being superior to their own (Williams & Macdonald, 2015), these programs are typically not provided by trained teachers, and many only enable tenuous, if any, link to student attainment of AC:HPE Achievement Standards. Concerns about external provider knowledge of curriculum and pedagogy, skills, qualifications, and using a “one-off” method of delivery rather than a structured program have also been recognised (Banville et al., 2020; Thorburn, 2020). While external providers delivering HPE may possess sought-after knowledge and skills, it is vital that the associated student learning experiences address the outcomes, content, and assessment articulated through the curriculum (Sperka & Enright, 2018). Positive outcomes can be reached from using external providers if they are able to support targeted elements of HPE programs by reinforcing and creating learning that aligns with HPE lessons and curriculum.

This mixed methods study investigates primary school classroom teachers’ experiences and perceptions of HPE in their schools, and specifically, who is responsible for delivering the HPE curriculum. This study extends on existing research by Freak and Miller (2017) and Hyndman (2017) who investigated generalist pre-service teacher perceptions of HPE, and the work of Banville et al. (2020) who examined classroom teachers’ and administrators’ views of teaching HPE, but with explicit attention on experiences and perceptions of HE. Concerning this study, the Tasmanian Department of Children and Young People (formerly the Department of Education), who oversee all government schools in the state, has expressed a commitment to wellbeing (Department of Education, 2021) further supporting the need for quality HPE. In recognition of this commitment, they have identified wellbeing as one of four key goals in their 2022–2024 strategic plan. Consequently, wellbeing is becoming a more prominent focus in Tasmanian primary schools, the majority of which are government schools (Thomas et al., 2022). Furthermore, an AC:HPE aim is to enable students to promote a sense of wellbeing and to take positive action to protect, enhance,

and advocate for their own and others’ wellbeing (ACARA 2022). Within this context, the study set out to examine the “state of play” of HE in Tasmanian primary schools.

Given the challenges, shortfalls, inconsistencies, and complexities associated with HE teaching mentioned thus far, it seems that any solution towards HE teaching in primary schools may be beyond the reach of classroom generalist teachers alone. Rowe et al. (2007) recommend a health promoting school (HPS) model as a whole of school approach to HE. This model represents the intersection of curriculum, teaching, and learning; school organisation ethos and environment; and partnerships and services. The model has been shown to build momentum and encourage teachers to persevere with health teaching and extend their willingness to tackle challenging topics (Nash et al., 2020, 2021). Through the model, responsibility for health teaching becomes a collective endeavour within a school community. If schools have awareness of the possibilities of this model and have access to it, they may then be positioned to enable a business-as-usual approach to HE. Indeed, at the time of writing, the Health Promoting Schools Committee of the Australian Council for Health, Physical Education and Recreation (ACHPER), the professional association for HPE teachers in Australia, has released a whole school HE audit tool. This initiative is a timely opportunity for schools to examine the state of their HE provision and connect with the principles of the HPS model (Rowe et al., 2007). Given our perspective of the potential of this model for enabling HE, it has informed our research design.

Method

We adopted an interpretivist epistemological perspective recognising researchers are part of the research as the means by which data were interpreted (Hiller, 2016). As such, the researchers are not removed from the research, and we therefore reject the notion that knowledge is there simply to be identified and collected (Braun & Clark, 2019). Authors 1, 2, 4, and 5 are former HPE teachers and now HPE teacher educators. All authors were familiar with the HPS agenda and the model (Rowe et al., 2007) may have been privileged in our research. Therefore, we are cognisant we cannot be separated from our lived experiences and the research is therefore inevitably subjective while being bound to the context of the research (Hiller, 2016). Similarly, we are aware each of us is, to a greater or lesser extent, relatively involved and detached in and from our research (Elias, 2007). Thus, consistent with an interpretivist epistemological perspective, we recognise we are providing interpretive understanding of the meanings the research participants constructed in their context and how these meanings interrelate to form a whole (Greene, 2010). The research employed an explanatory sequential mixed

methods approach (Creswell & Plano Clark, 2017) consisting of an online survey followed by semi-structured interviews with interested interview participants identified through the survey. “Mixing” or integrating quantitative and qualitative data within a single study was undertaken for the purpose of gaining a better understanding of the research problem (Ivankova et al., 2006). The method was chosen to allow for a more robust analysis than a quantitative or qualitative analysis on its own would provide.

Ethics permission statement

This study was approved by the University of Tasmania Social Sciences Research Ethics Committee (approval number H0018190). Data collection occurred following ethics approval.

Participants

The research participants were Tasmanian primary school classroom teachers, contacted via email through their school principals and invited to fill out the online survey. A total of 53 participants (41 female, 12 male; mean age 40.68, SD 14.96) completed an online survey with questions designed to elicit their experiences of HPE teaching. For context, Tasmanian primary schools cater for students from kindergarten to year 6 (students aged 5 to 12 years). Participants taught in a variety of schools (government 36, non-government 17) and took on average, 12.23 ± 6.28 min to complete the survey. At the survey end, participants were asked if they wished to nominate for the interview phase of the research. Participants who answered yes were provided with a second survey where they could give their contact details and demographic information. This approach was undertaken to satisfy the Human Research Ethics Committee; requirement participants’ contact details were separate from their survey responses. The interview participants ($n = 10$) were purposively sampled from those that self-nominated at the end of the survey ($N = 17$) to ensure a variety of ages, years of teaching experience, school types, geographical locations, differing school size, and index of community socio-educational advantage (ICSEA) rating. Specifically, interview participants were 23–58 years of age, had 1 to 36 years of teaching experience, and taught in a variety of high and low ICSEA primary schools across Tasmania.

Procedures

Survey questions were designed to gain a better understanding of primary school classroom teachers’ experiences of HPE in their school, specifically their role in teaching HE. Survey questions included items focused on how much time was spent teaching HPE and how this was split between PE and

HE, which staff members taught HE and PE, and which AC:HPE focus areas were prioritised. The survey results, and a review of the extant literature on primary school HPE, were used to construct the guiding interview questions. Concerning these questions, author 1 independently developed a list of potential questions before the research team met to discuss, refine, and agree upon the final question schedule. Interviews were semi-structured and conversations therefore varied slightly based on the experiences and views shared by participants, with the interviewer asking clarifying questions as required. All interviews were conducted through “Zoom” and lasted between 16 and 38 min. The interviews were audio-recorded and transcribed by author 1 before being returned to participants to check for accuracy. All interview participants added clarification and additional material to their transcripts using track changes before sending the document back (Carlson, 2010). Member checking is an important strategy for minimising researcher bias (Berger, 2015), and was undertaken to ensure collection and representation of data was done in a way that accurately depicted participant voice (Carlson, 2010).

Data analysis

Quantitative survey data were analysed descriptively to determine the means and standard deviations of participant responses. Qualitative survey and interview data were combined as a single data set to gain an impression of the “whole picture” of the studied phenomenon: primary school classroom teachers’ experiences of HPE in their schools. The qualitative interview data were interpretively analysed, recognising the social reality of teaching primary school HPE is subjective and shaped by human experiences and social contexts (Cruickshank et al. 2021a). Therefore, these encounters can be studied within their socio-historical context by interpreting the individual experiences of participants, while recognising that people may construct meaning in different ways about the same phenomena. Researchers must therefore interpret social reality through a sense-making process (Bhattacharjee, 2012) and acknowledge the social setting within which research occurs.

We followed Braun and Clarke’s (2006, 2019) six phase thematic analysis. After member checking, authors 1, 2, and 3 independently familiarised themselves with the data through reading, re-reading, and noting initial ideas and connections (phase 1). An inductive approach was employed, beginning with a set of empirical observations within which patterns were theorised (DeCarlo,). Our coding followed an iterative process in which priority was given to the data with the proviso “data are not coded in an epistemological vacuum” (Braun & Clarke, 2006, p. 84) and that our analysis was inevitably facilitated by the previous understanding developed in initial readings (Elliott & Timulak, 2005).

Authors 1, 2, and 3 then independently generated codes (phases 2) and searched for semantic and latent themes (phase 3) before meeting to review themes (phase 4), define and finalise our themes (phases 5), and write the qualitative results section (phase 6). Consistent with Braun and Clark's (2006) assertion that "analysis is not a linear process" but one where "movement is back and forth as needed, throughout the phases" (p. 86), several meetings and emails occurred between authors to develop our themes. This process of review and refinement was collaborative and reflexive and continued until we were confident we had constructed the key themes conveying the essence of phenomena that could be tracked back to the data (Elliott & Timulak, 2005). We acknowledge that "assumptions and positionings are always part of qualitative research" (Braun & Clarke, 2019, p. 595); consequently, we were careful to identify, reflect on, and interrogate our assumptions throughout the data analysis process. Here we have chosen indicative quotes for brevity, accepting other participants gave similar responses.

Results

Survey

Seventy percent of participants indicated their school had a specialist HPE teacher. Data revealed participants believed their students undertook approximately 60–90 min of weekly HPE (Table 1). This time allocation is less than the notional 80 h a year recommended for teaching HPE within the AC:HPE (ACARA 2012).

Data suggested HPE in Tasmanian primary schools is predominantly PE (Table 2), which infers a marginalisation of HE. Additionally, participants were asked to rank the 12 AC:HPE focus areas from 1 (most time) to 12 (least time) concerning how much time they believed was spent on each at their school (Table 3). Forty percent of participants who believed *fundamental movement skills* (FMS) were allocated the most HPE time in their school, followed by *games and sport* (GS) and *active play and minor games* (AP). Over two-thirds of participants included these three focus areas

in their top three rankings, indicating they were a substantial component of many HPE programs. The data suggested *alcohol and drugs* (AD), *relationships and sexuality* (RS), and *rhythmic and expressive activities* (RE) received the least amount of time. Our data indicated schools are devoting more time and attention to the focus areas we would contend are more aligned to PE within the AC:HPE. Data from Tables 2 and 3, along with qualitative data about which focus areas participants believed are adequately taught in HPE classes, leads to questions about whether the personal, social, and community health strand of the AC:HPE is being adequately taught in Tasmanian primary schools, and if not, why this is the case.

Interviews

The primary school classroom teachers' experiences and perceptions of HPE, and particularly HE, are summarised in Table 4. Analysis of the qualitative data led to two key themes emerging, focused on school values and priorities, and classroom teacher capacity.

Discussion

The WHO's Global School Health Initiative, launched in 1995, seeks to mobilise and strengthen health promotion and education activities in schools at the local, national, and global levels. The Initiative is designed to improve the health of students, staff, and other members of the community. Specifically, it seeks to increase the number of "health-promoting schools" (WHO, 2023), schools that intersect the curriculum, teaching, and learning; school organisation ethos and environment; and partnerships and services to uphold health in their community (Rowe et al., 2007). The main themes in this study and the subthemes within could be resolved with explicit attention to the HPS Model (Rowe et al., 2007); each challenge described by the teacher participants will now be discussed in greater detail.

Table 1 Minutes of HPE per week

	Kinder	Prep	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Mean	66.80	89.38	77.83	80.21	75.20	81.21	91.96	91.79
SD	41.47	47.07	37.58	34.44	33.24	45.44	45.77	45.97

Table 2 Percentage of HPE that is PE

	Kinder	Prep	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Mean	76.50	74.10	72.11	71.43	73.46	74.03	72.27	72.34
SD	27.82	25.43	26.39	26.44	24.68	24.38	25.17	24.90

Table 3 Focus areas and rank

Focus area/rank	1	2	3	4	5	6	7	8	9	10	11	12
Alcohol and other drugs (AD)	0.00%	2.50%	2.50%	2.50%	0.00%	0.00%	2.50%	5.00%	10.00%	7.50%	25.00%	42.50%
Health benefits of physical activity (HBPA)	2.50%	2.50%	7.50%	25.00%	17.50%	22.50%	5.00%	12.50%	5.00%	0.00%	0.00%	0.00%
Mental health and wellbeing (MH)	2.50%	2.50%	0.00%	7.50%	10.00%	10.00%	20.00%	5.00%	15.00%	17.50%	7.50%	2.50%
Relationships and sexuality (RS)	0.00%	0.00%	2.50%	2.50%	2.50%	12.50%	5.00%	2.50%	2.50%	25.00%	20.00%	25.00%
Safety (S)	5.00%	0.00%	7.50%	10.00%	15.00%	10.00%	15.00%	12.50%	15.00%	10.00%	0.00%	0.00%
Food and nutrition (FN)	2.50%	5.00%	5.00%	10.00%	17.50%	12.50%	2.50%	20.00%	12.50%	5.00%	7.50%	0.00%
Challenge and adventure activities (CA)	0.00%	2.50%	10.00%	2.50%	5.00%	10.00%	17.50%	7.50%	15.00%	7.50%	15.00%	7.50%
Fundamental movement skills (FMS)	40.00%	22.50%	15.00%	7.50%	2.50%	0.00%	5.00%	2.50%	2.50%	2.50%	0.00%	0.00%
Games and sports (GS)	32.50%	32.50%	15.00%	2.50%	5.00%	2.50%	5.00%	0.00%	0.00%	5.00%	0.00%	0.00%
Lifelong physical activities (LLPA)	0.00%	0.00%	7.50%	7.50%	7.50%	12.50%	7.50%	17.50%	10.00%	12.50%	12.50%	5.00%
Rhythmic and expressive activities (RE)	0.00%	2.50%	5.00%	10.00%	5.00%	7.50%	12.50%	12.50%	7.50%	7.50%	12.50%	17.50%
Active play and minor games (AP)	15.00%	27.50%	22.50%	12.50%	12.50%	0.00%	2.50%	2.50%	5.00%	0.00%	0.00%	0.00%

School values and priorities

The study results suggested HPE is valued in some Tasmania primary schools, particularly by students, but that a lack of prioritisation resulted in most schools dedicating less than the notional 80 h a year HPE delivery recommended in the AC:HPE (ACARA 2012). A lack of prioritisation is particularly concerning for HE, which, in alignment with previous research (Barwood et al., 2017), appears to receive less HPE curriculum time than PE. While one participant suggested health, particularly mental health, was becoming more of a focus in recent years, the data indicated many schools are not giving HE adequate priority or instruction time. These findings suggest that HE could be considered double marginalised in some schools, due to it being marginalised content within the marginalised learning area of HPE.

It appeared that a lack of prioritisation of HE was influenced by many schools not having to report on it. Participants stated schools are currently expected to report on “core” KLAs such as science, maths, and English, but not on “specialist” KLAs such as HPE. This situation can result in some KLAs being privileged and others marginalised. Although ACARA (2022) does not designate a hierarchy for KLAs within the Australian Curriculum, Australian research (Bleazby, 2015; Cruickshank et al., 2021a) noted KLAs can be given more precedence if they contain externally assessed content, such as mathematics and English, evaluated through Australia’s National Assessment Program for Literacy and Numeracy. A marginalisation of HPE, and particularly HE, was evident in participant comments, with some stating it was not reported on, and others commenting when it was reported on, it was not expected to contain the “in-depth analysis” that other KLA reports did. Of concern, these perceptions align with recent research with HPE specialists in another Australian jurisdiction (Williams et al., 2021) where it was reported that assessment of effort, participation, and attitude was more common than assessment aligned with AC:HPE achievement standards. When schools did report on HPE, it appeared many were only commenting about PE. The omission of HE may be an unintended consequence (Elias, 2006 [1978]) of having a PE specialist in the school, who writes a PE report, but is often not responsible for teaching HE (Cruickshank et al., 2022). Many participants acknowledged HE would likely continue to be given reduced priority until schools were accountable for fully reporting on the AC:HPE.

Classroom teacher capacity

Participants indicated classroom teachers have responsibility for teaching HE in their schools and they do not always have the confidence and competence to teach it adequately. This finding aligns with previous studies (Banville et al.,

Table 4 Themes, sub-themes, and example quotes

Theme	Sub-theme	Example quotes
School values and priorities	Valued but not prioritised	<p>There's a multitude of priorities happening in schools and health and PE gets bumped back. I don't remember any school I've taught in where health and PE was a priority (interview participant 2)</p> <p>The kids love it [HPE]. But a lot more focus has been put on literacy and numeracy and those sorts of things (interview participant 5)</p> <p>Health isn't really important, in their [other classroom teachers] view, maths and literacy are more important (interview participant 9)</p> <p>I think in primary schools it [HPE] is valued. I think there's a huge acknowledgement of trauma and mental health in the last two or three years because people are realising how important it is (interview participant 10)</p>
	Reporting	<p>To my knowledge the Australian HPE curriculum is not fully reported on. Until it is reported against, teachers will not be accountable (interview participant 2)</p> <p>The PE teacher does a written comment once a year for PE. And schools can choose to comment on health or not, we don't (interview participant 6)</p> <p>Parents are keen for their kids to be involved in sport, but I guess they don't think there's any sort of form of assessment that can be applied to PE. Whereas with the more academic subjects, there's much more expectation of an in-depth analysis of their kid's strengths and weaknesses and what's the teacher going to do about them. I cannot remember ever writing anything in a report to do with health. The specialist PE report was just sort of what we've covered this term and here's how your child participates, there was no in depth assessing. (interview participant 7)</p> <p>It seems very much that the HPE report is a PE report (interview participant 8)</p> <p>We do not report on any of our specialist lessons (PE, music or STEM). You could have a kid in the health is an A, in PE they're a D, they can't catch or throw or anything. So where do they sit? What weighting is put on that? I think that's why it keeps getting put off because no one has an answer. Until it's got a mark, I think it doesn't have the same weighting as other subjects because people aren't accountable to giving a rating (interview participant 10)</p>
Classroom teacher capacity	Teacher confidence and competence	<p>In general the health is not taught fully and sometimes not very much at all. I think a lot of class teachers don't feel confident to teach it, so they don't (interview participant 2)</p> <p>I think we feel that we don't have quite the information to teach it [health] properly. The external providers are really good at answering all the children's questions and I feel like we can do follow up lessons on it better than if we had to teach the whole concept (interview participant 3)</p> <p>It's left up to the [class] teachers to do whatever they want with health, they pull out the curriculum, or they don't. I think most classes do something around nutrition and food because that's something we are putting in our personal lives and are familiar with and probably find that easier (interview participant 6)</p> <p>The PE side of things was definitely well covered. The health side of things tended to fall more on the classroom teacher. There was a lot of teachers that weren't comfortable doing it, so unless there's someone there to check up that you are, it just gets left behind (interview participant 7)</p> <p>Some teachers don't feel comfortable and if you can get experts in, and they've got the expertise, then why wouldn't you use them (interview participant 10)</p>
	Sensitive topics	<p>I don't really like teaching food and nutrition because you get a lot of pushback from parents, they can take it as a personal attack. We had a bit of trouble last year with a couple of parents who thought we were criticising their parenting (interview participant 3)</p> <p>I feel the areas that parents might complain a bit more about alcohol and drugs and sexuality and that sort of thing (interview participant 5)</p> <p>The sex ed was so controversial that it just became something that was done by an external organisation or wasn't done at all. Things like alcohol and drugs just wasn't covered (interview participant 7)</p> <p>I was supposed to teach nutrition and I felt like it was a touchy subject, I was careful about what I was saying. Whereas if I were to teach other areas of the curriculum, I wouldn't think twice about the content that I was teaching (interview participant 8)</p>
	Collaboration	<p>I teach health therefore do not collaborate with our PE teacher on that (survey participant 2)</p> <p>There is little collaborating between anyone with health (survey participant 36)</p> <p>Obviously the PE teacher would be there if anyone felt obliged to talk to them, but they're not seen as a resource for health, it's never really been considered to ask the PE teacher for their input (interview participant 6)</p>
	Professional learning	<p>It would be really helpful we had to plan a unit or a couple of consecutive lessons [at university]. Maybe even a subject dedicated to teaching the mental health and the alcohol and the sexuality would be quite good for future teacher education because it's becoming more important in schools and it's becoming really obvious that we're not trained enough in that area. They often have PL sessions for areas like English and HASS, but they don't have a lot on health. So, they should think about educating the teachers that are already out there. I love teaching health. I just wish we had more resources or more, and training to do it better (interview participant 3)</p> <p>I wasn't really trained in it [teaching health education] (interview participant 5)</p> <p>It [professional learning] is mainly literacy and numeracy stuff because that's what fits in with your school improvement plan. We don't do any PE type stuff, we don't tend to focus on nutrition or life education or stuff like that, it's more the mental health aspect (interview participant 10)</p>

2020; Cruickshank et al., 2022; Dyson et al., 2018) and can result in the personal, social, and community health strand of the HPE curriculum being underserved. Classroom teachers believed focus areas more aligned to HE, such as AD and RS received a much smaller time allocation than those such as FMS, AP, and GS which are more aligned to PE and movement. It is important to acknowledge that teachers are not expected to teach some focus areas in all year levels. The low ranking for RS may have been impacted through it being only expected to be taught from year 3 onwards; however, AD is taught across all years of primary school. This explanation is also contradicted in that focus areas such as AP (kindergarten to year 4) and GS (years 3 to 6) featured much higher in the rankings despite also not being taught across all primary school years. Participants acknowledged they usually taught content aligned to their personal interest or knowledge. References to the curriculum were encouraging, but rare. This data indicates many students may not be receiving adequate HE.

A lack of time in a crowded curriculum is one explanation commonly put forth to explain a lack of HE focus by classroom teachers (Love et al., 2020; Morgan & Hansen, 2008; Nash et al., 2021). In contrast to these studies, data from this study revealed a lack of confidence and competence was a much larger contributor to the reduced HE teaching than a lack of time. Participant confidence seemed to be adversely affected by participant experiences of teaching content considered sensitive or controversial. This finding aligns with previous research (Barwood et al., 2017; Johnson et al., 2014) that noted teachers expressing discomfort when teaching controversial content and consequently being reluctant to teach it. Interestingly, Otten et al. (2022) observed classroom teachers reported a lack of parental involvement or engagement as a barrier to teaching HE. The issue for our participants appeared to be that parents were engaging, but in doing so, they were complaining when their children were taught content they did not agree with, often around focus area such as RS.

Using external providers is one strategy for dealing with a lack of teacher competence and confidence. Many participants spoke about the use of external providers to teach HE, particularly in areas they lacked knowledge, or that were controversial. The use of external providers in HPE is common (Dyson et al., 2016; Johnson et al., 2014) and can provide benefits to schools, particularly in relation to specific content knowledge teachers lack. However, participant references to curriculum alignment and “follow up” lessons were rare. These omissions align with concerns identified by others (Banville et al., 2020; Sperka & Enright, 2018; Thorburn, 2020) about the ability of external providers, particularly those who are not trained teachers, to teach to curriculum directives for teaching, learning, and assessment.

Our data indicated most classroom teachers did not collaborate with school PE specialists about HE. This finding is consistent with previous research (Gaudreault et al., 2018; Richards et al., 2014) where primary PE teachers were often isolated from their generalist teaching colleagues. In relation to these studies, Tasmanian primary school PE specialists are usually trained to teach both HE and PE. It seems that if specialist HE knowledge exists in schools with the PE specialist, then classroom teachers should be encouraged to better utilise those individuals as a resource for HE planning, teaching, and assessment, particularly considering concerns about external providers who are not teachers mentioned above. Indeed, external providers being valued and utilised for their specific health-related content knowledge, but PE specialists not being valued for their comparable HE knowledge was a confusing finding from this study that requires further research. Schools could consider facilitating collaboration through timetabled HPE planning time involving both classroom teachers and PE specialists to better utilise PE specialist knowledge in HE. This collaborative planning could be particularly important for teaching the AC:HPE where classroom teachers have been shown to lack knowledge and confidence (Cruickshank et al., 2022; Otten et al., 2022).

In addition to increased collaboration with HPE specialists, our data pointed to classroom teachers requiring more professional learning opportunities to improve their competence and confidence to teach HE. The literature suggests teacher professional learning opportunities for HPE appear limited (Banville et al., 2020; Morgan & Hansen, 2008). Our participants described restricted opportunities for health-specific content and pedagogy development in their teacher training as well as a lack of HE professional learning opportunities for teachers in schools. These comments, which align with earlier Australian findings from Rossi et al. (2016), imply that universities may need to examine how their teaching training courses are preparing our future teacher workforce to deliver HE in schools. Further, education authorities could also be encouraged to add more HE sessions to their professional learning offerings to help classroom teachers develop the knowledge and pedagogical skills required to effectively teach health.

Limitations

Some caution should be exercised when considering these findings, as data collection was from a relatively small sample in one Australian state. Generalising beyond the sample is problematic, as the organisation of Australian schools, their staff, and their curriculum is the responsibility of the education departments in each state. Different states may

have different priorities which may affect staff professional learning and curriculum delivery. Future research is required to further explore the discomfort teachers experience teaching sensitive HE subjects, explore further HE integration as an opportunity in already-stretched curriculum, and invite teachers to co-design solutions to the barriers they experience to teaching HE.

Conclusion

We have presented the “state of play” of HE in Tasmanian primary schools. We found that while HPE was valued, it was often not prioritised within primary school teaching. We found that HE was further marginalised when compared to PE within the HPE KLA. Similar to previous studies, participants reported a lack of confidence and knowledge about teaching HE. External providers were used as one way for teachers to address this lack of confidence and competence. However, a main concern of this practice was the scope for reduced alignment to curriculum directives and requirements. The tendency to recruit external providers is further exacerbated through teachers being fearful of teaching sensitive health topics. The tentative positioning of HE teaching was further compounded through a lack of collaboration between teachers compared with the teaching of the more academic or established KLAs. Finally, the marginalisation of HE was further compounded through a lack of professional learning opportunities compared with those available for the aforementioned KLAs.

In terms of recommendations, we endorse Rowe et al. (2007) health-promoting school model as a sustainable approach to HE in primary schools. If schools were to adopt this model, through using ACHPER’s Health Promoting Schools Committee’s audit tool, for example, the broad and complex issues we have reported could be addressed. Any shift would be dependent upon greater valuing of HE by all teaching staff including school leadership and future research would be needed to ascertain the extent to which schools have adopted Rowe et al. (2007) model and its impact on HE teaching. Finally, for the kind of change we are suggesting, we do not underestimate the extent of the challenge involved, hence, our advocacy for a whole of school approach. Without such broad concerted endeavour, it is unlikely that adequate change and prioritisation of HE will occur.

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Declarations

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