



# Primary school Physical Education (PE) specialist teachers' experiences of teaching Health Education and Physical Education

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## Abstract

The purpose of this paper was to extend understanding of the studied phenomenon: primary school Physical Education (PE) specialist teachers' experiences of teaching Health Education and Physical Education within the Learning Area Health and Physical Education (HPE) in their schools. Figural sociology guided the research, which employed an explanatory sequential mixed methodology consisting of an online survey with 94 participants, followed by semi-structured interviews with 11 purposively sampled participants. Survey data indicated participants perceived their students undertook approximately one hour of HPE each week, except for Kindergarten students, who completed just over 40 minutes. This is less than the notional 80 hours a year recommended for delivering the subjects Health Education (HE) and Physical Education (PE) within the Australian Curriculum. Participants perceived HPE delivery in their primary schools was predominantly PE focused, and therefore, HE was 'falling between the cracks'. Thematic analysis of the interview data led to the identification of themes reflecting specialist teachers' perceptions of HE being the remit of class teachers, marginalised due to a crowded curriculum and lack of collaboration between PE specialists and classroom teachers. There is significant scope for HE not to be taught or not be taught well in the primary schools represented in the data provided by participants in this study. Improved collaboration between class teachers and PE teachers, increased support and prioritisation from senior staff (e.g. principals) and increased HE professional learning opportunities for class teachers are required.

**Keywords** Health education · Physical education · Figural sociology · Primary school

## Introduction

The purpose of this paper was to extend understanding of the studied phenomenon: primary (elementary) school Physical Education (PE) specialist teachers' experiences of Health Education (HE) and Physical Education (PE). In doing so, we reconstruct and examine their professional figurations.

We adopt figural sociology as our theoretical framework to examine the findings and use the term 'figuration' to mean 'a structure of mutually oriented and dependent people' (Elias, 1978, p. 261). By PE specialist teacher, we mean teachers specifically employed to teach PE; the HE component of HPE typically remains with the primary school classroom teacher (Cruickshank et al., 2021b).

The Australian Health and Physical Education curriculum ([AC:HPE], Australian Curriculum, Assessment and Reporting Authority [ACARA], 2016) comprises two strands of learning framing the HE and PE 'subjects': Personal, Social and Community Health and Movement and Physical Activity. To understand the distinctive context of Australian Curriculum construction, the Learning Areas recognised within the AC today, such as English, Mathematics, Science and HPE, all have a sociogenesis. Here, we adopt this term as part of our figural sociology theoretical framework introduced below to mean '... processes of social development and transformation' (van Krieken, 1998, p. 6). That is, when Key Learning Areas (KLAs: as they were initially

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called) for Australian schools were established (Australian Education Council, 1989), a consequence was the amalgamation of HE and PE into HPE in states and territories. Given what will be discussed later in the study findings, it is important as context to note initially the KLA was drafted as Health. At the time, Taggart et al. (1993) suggested ‘the name of the learning area as Health is a real issue. Not having the name Physical Education in the title puts a subject area well established in almost all schools on the periphery. PE has been marginalised even before we read a word of the statement’ (p. 22). After much lobbying from state and national sport and professional associations, and a senate inquiry into the state of PE teaching in Australia (Commonwealth of Australia, 1992), PE was reasserted and the KLA was called HPE in the final release of the national curriculum (Swabey, 2006). Taggart and Goodwin (2000) acknowledged that between 1994 and 1996 conceptualisation of the HPE learning area evolved to one of holistic health, educating students to plan, act and reflect in order to develop the essential knowledge and understandings, attitudes, values and skills which promote health practices, encourage participation in regular physical activity and support the maintenance of a healthy lifestyle.

### **Crowded curriculum and the marginalisation of PE, HE and HPE**

We have so far recognised in the initial construction of Australian school KLAs in the early 1990s that PE was initially marginalised, although the health benefits of physical activity were acknowledged (Pill, 2012). Since then, there has been the suggestion PE has suffered years of decline despite the Australian Curriculum development of the late 2000s, providing a potential opportunity for the re-invigoration of both sport and PE within the AC:HPE (Pill, 2016; Commonwealth of Australia, 1992). The status of HPE/PE as a marginal curriculum concern in a crowded curriculum is well reported as a persisting global concern (e.g. Cruickshank et al., 2022a; Pill, 2012; Bailey, 2005). While the marginalisation of HPE has been evident in research findings for decades, this issue continues to affect the KLA and its teachers, and therefore, more research is required to develop strategies and solutions to help deal with this challenge and improve the prioritisation of, and the value placed on HPE in schools (Gaudreault et al., 2018; Richards et al., 2014).

Regarding the state of HE within Australian HPE, there is less reporting in the research literature than there is for PE. Of the studies available, a study from a different state of Australia to our study and with a secondary school focus found HE was timetabled as a separate, disciplined-based subject that received only one-third of HPE curriculum time (Barwood et al., 2017). It was revealed HE, as a subject in the government schools studied, had been through a period

of curriculum time decline, compared to a growth in curriculum time for PE. According to Leahy et al. (2016), health education has been a feature of school approaches and initiatives in Australia over recent decades, although approaches have varied across time and place and with limited consistency. Nevertheless, despite the perceived worth afforded to HE in public health agendas, few historical accounts of the role of school and curriculum in managing the health of school students and the public broadly exist (Leahy et al., 2017). Concerns about the preparedness through of Australian teachers to teach HE were found (Barwood et al., 2016) and also reported elsewhere (Fane et al., 2019). Furthermore, Williams et al. (2022) found in their study of Australian Capital Territory schools two concerns relevant to our study. First, specialist PE teachers erroneously assumed PE was being taught well in their schools which was not evident when the authors compared their responses with curriculum intent, and second, classroom teachers who had responsibility for teaching HE were considered by those specialist PE teachers to be not teaching it well or at best, to varying levels of quality and adequacy.

### **Who teaches PE, HE or HPE in the primary school: the class teacher or a specialist teacher?**

HPE is a socio-political education construction, and as such, the construction and representation of this learning area is inconsistent across Australian states and territories. This is epitomised by the absence of consistent nomenclature and in the state-developed representations of the Australian Curriculum, providing nuanced variations in what knowledge is valued, what constitutes learning, and who determines what is prioritised in the curriculum (Reid et al., 2018). As a socio-political education construction, the organisation of Australian schools, their staff and their curriculum are the responsibility of the Departments of Education in each state. Different states have different priorities which could affect staff arrangements and curriculum delivery. Therefore, who teaches HPE in primary schools is not ‘clear cut’ across the country, despite classroom teachers being trained to teach all KLAs. Historically, in Australia and in many countries, primary school PE tended to be taught by the class teacher (Jones & Green, 2017). Against this background, a primary aim of the current study was to provide insight from one Australian state as to who teaches HE, as this may provide evidence for other Australian states and territories regarding school and pedagogical methodologies relevant to the AC:HPE. In Australia, advocacy of specialist PE teachers in primary schools is longstanding (e.g. Australian Council for Health, Physical Education and Recreation, 1978) and persistent (Curry, 2012). Here, we recognise this trend as a long-term process relating to continuous long-term transformations of the figurations formed by human beings (Elias,

2006), providing a sense of HPE significance and value within the primary school figuration.

Being a PE specialist may predict higher self-efficacy in teaching and learning strategies and classroom management, and confidence in teaching PE (Breslin et al., 2012; Morgan & Bourke, 2008), and class teachers often feel under-prepared to teach PE (Pill, 2007; Morgan & Bourke, 2008). We recognise, however, that the presence of a specialist PE teacher does not guarantee a quality primary PE programme (Morgan & Hansen, 2007). Our experience as former PE/HPE teachers and now teacher educators regularly visiting schools for placement supervision in different states is that three models for delivering PE in primary schools (Jones & Green, 2017) also exist in Australia. The three models are (1) PE taught by one or a combination of class teachers, (2) specialist primary PE teachers and (3) sports coaches taking PE, with the latter often ‘outsourced’ to external commercial providers or sports professionals. This outsourcing has been criticised for reducing the quality of teaching because of the lack of curriculum links, assessment and follow-up content (Sperka & Enright, 2018; Thorburn, 2020; Williams & Macdonald, 2015). Concerning HE, recent research carried out in the same location as this study found it is the class teacher who teaches primary school HE (Nash et al., 2021a). In this paper, we address a literature gap by examining in Tasmanian primary (elementary) schools, the state of HE within HPE. Such research has been undertaken in other states of Australia (e.g. Gorzanelli, 2018), but not previously in Tasmania. In so doing, we identify issues and tensions we hope will be relevant to readers elsewhere who encounter HE in similar ways. More than ever, schools need to strengthen their capacity as a healthy setting for living, learning and working (World Health Organization (WHO), 2023). 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 (WHO, 2023). Globally, the WHO (2023) has consistently called for a meaningful focus on health in schools. This research, therefore, provides local insights with national and international implications for HPE teachers, researchers and policymakers who are working towards a meaningful focus on health in schools.

## Theoretical framework

Figurational sociology was chosen as our theoretical framework, with several features of the approach identified by van Krieken (1998) relevant here. First, all individuals, including teachers, engage in purposeful activity as a fundamental characteristic of being human, and such endeavour typically leads to unplanned and unintended outcomes. In our study, we identified how the appointment of PE specialist teachers had unintended consequences for health teaching. Second, social relations can only be understood by examining the interdependent bonds in the

figurations people form and re-form throughout life. The figuration we examined was Tasmanian primary school PE specialist teachers. That said, we are cognisant our figuration does not exist in isolation and is interconnected or related to wider local, national and international figurations through invisible bonds. Third, through the different figurations, we are part of throughout life, we develop a habitus, or ‘second nature’ at an individual and a social level. Elias (1994, p. 35) described individual habitus as ‘the durable and generalised disposition that suffuses a person’s action throughout an entire domain of life’ (p. 35). About social habitus, Elias (1991, p. 182) observed ‘each individual person, different as he or she may be from all others, has a specific make-up that he or she shares with other members of his or her society’ (p. 182). It is this ‘make-up’ that encapsulates Elias’s notion of social habitus. In our paper, we used the notion of habitus to explain teacher perspectives of teaching HE and to account for values and beliefs some held about PE within HPE.

Fourth, we draw upon established-outsider theory (Elias & Scotson, 2008) to explain the interdependent relationships the specialist PE teachers had with the classroom teachers. Common to all examples of established and outsider figurations is

... the more powerful groups look upon themselves as ‘better’ people, as endowed with a kind of group charisma, with a specific virtue shared by all its members and lacked by the others. What is more, in all cases the ‘superior’ people may make the less powerful people themselves feel that they lack virtue – that they are inferior in human terms (Elias & Scotson, 2008, p. 2).

This theory was used to explain how PE specialist teachers were considered by classroom teachers as outsiders. A further characteristic within this kind of figuration is outsider groups start to take on the beliefs of the established group even where those are originally at odds with their own. Again, we explain this phenomenon, but as a latent theme (Braun & Clarke, 2006, 2019) in the context of PE specialist teachers who may have adopted false and erroneous perspectives classroom teachers held about HPE being inferior to the subjects they taught. In addition, we utilised Elias (2006) concept of ‘reality-congruence’, meaning understanding that has increased adequacy or appropriateness, here, concerning how teachers met curriculum intentions. Finally, figurational sociology is compatible with mixed methods methodology, which we used in this study and is introduced in the next section. Indeed, Elias is recognised as an early advocate of mixed methods research (Baur & Ernst, 2011).

## Method

### Procedures

The research employed an explanatory sequential mixed methods approach (Creswell & Plano Clark, 2017) consisting of an online survey followed by individual

semi-structured interviews with selected participants. This approach was utilised to gain the opinions of a larger number of participants before this data was examined in greater depth during the second interview stage of this study. Participants were purposively sampled via email through their school principals and invited to fill out the online survey. Survey questions were focused on how much HPE students participated in each week, who was responsible for teaching HPE and how HPE was split between HE and PE. The survey results and the extant primary HPE literature were used to construct guiding interview questions. Author one independently developed a list of potential interview questions before the research team met to discuss, refine and agree to what was finally adopted. As the interviews were semi-structured, conversations varied somewhat according to the experiences and views participants shared, with the interviewer asking clarifying questions as required. All interviews were conducted through Zoom and lasted between 24 and 53 minutes. They were audio-recorded and transcribed by Author one before being returned to participants to check for accuracy and add additional explanatory information if required. Every participant added clarification and additional material to their transcripts using track changes before returning their documents. This process acknowledges member checking as a strategy for minimising researcher bias (Berger, 2015) and was undertaken to try to enhance the quality of collected data to better represent participant voices.

## Participants

Tasmanian primary school teachers are governed by educational regulatory bodies to teach AC:HPE (Australian Curriculum, Assessment and Reporting Authority (ACARA), 2016) to students from kindergarten to grade six (ages 5–12). A total of 94 PE specialist primary school teachers (38 females, 56 males; mean age 35.72, SD 9.13) responded to an online survey containing questions about their perceptions and experiences of HPE teaching in their schools. Participants taught in a variety of schools (Catholic 7, Government 77, Independent 10) and took, on average,  $12.26 \pm 6.57$  minutes to complete the survey.

The interview participants ( $n = 11$ ) were purposively sampled from those self-nominated at the end of the survey ( $N = 26$ ) and contacted by a follow-up email. Participants who answered yes were directed to a second survey to provide contact details and demographic information. This approach was undertaken to satisfy the Human Research Ethics Committee requirement participants' contact details that were separate from their survey responses.

The interview participants were purposively sampled to ensure a variety of ages, years of experience, school types, geographical locations and differing school sizes and Index of Community Socio-Educational Advantage (ICSEA) rating. Specifically, interview participants were 25–52 years of age, had 2–30 years of teaching experience and taught in a variety of Tasmanian high and low ICSEA primary schools. This approach was used to collect meaningful data from which a range of insights could be drawn to examine the state of HE within HPE in Tasmanian primary schools.

## Data analysis

### Quantitative survey data

This data was analysed descriptively to determine the means, standard deviations and frequency of responses. Qualitative data from interviews and open-ended survey questions was initially analysed as a single data set to gain a holistic impression of the studied phenomenon: primary school PE specialist teachers' experiences of HPE teaching in their schools. The quantitative results are positioned as explanatory within an overall qualitative approach to the discussion of the findings (Guetterman et al., 2015).

### Qualitative data

The qualitative interview data were interpretively analysed, recognising the social reality of teaching primary school HPE is personal and shaped by human experiences and social contexts (Cruickshank et al., 2021b). Therefore, these experiences can be studied within their socio-historic context by interpreting the individual experiences of participants while recognising people may construct meaning in different ways in relation to the same phenomena. The method of interpretative analysis was Braun and Clarke (2006, 2019) six phases of thematic analysis. Following member checking, Authors one, two and three 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, seeking patterns in those observations and then theorising about those patterns (DeCarlo, 2018). The coding was an iterative process in which priority was given to the data but understanding 'data are not coded in an epistemological vacuum' (Braun & Clarke, 2006, p. 84) and our analysis was inevitably facilitated by the previous understanding developed in the initial reading (Elliott & Timulak, 2005). Authors 1, 2 and 3 then independently generated codes (phase 2) and searched for semantic and latent themes (phase 3) before

meeting to review themes (phase 4), define and finalise our themes (phase 5) and write the qualitative results section (phase 6). Consistent with Braun and Clarke (2006) assertion ‘analysis is not a linear process’ but one where ‘movement is back and forth as needed, throughout the phases’ (p. 86), several meetings and numerous emails between authors occurred as we went back and forth through previous phases 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 the phenomenon that could be traced back to the data (Elliott & Timulak, 2005). We acknowledge ‘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. Indicative quotes have been presented in the Results section below. These examples have been chosen for brevity; however, other participants provided similar responses.

### Author positionality

We note that researchers must interpret social reality through a sense-making process (Bhattacharjee, 2020), always cognisant that it is embedded within and impossible to abstract from how it is understood by any given individual. Authors 1, 2, 3 and 4 have teacher degrees and school teaching experience before moving to academic careers in teacher education. Author 5 is an academic in public health promotion with extensive experience in the intersections between health, education and community for children’s health literacy development. Consequently, the researchers may be considered ‘insiders’ in that there is familiarity with the social construction (school HPE) being studied. This meant Braun and Clarke (2006, 2019) thematic approach which emphasises researcher reflexivity throughout the thematic process was an apt choice to help the analysis move between an insider and outsider lens on the data, enabling a more balanced theoretical understanding to develop.

## Results

### Quantitative data

Survey data indicated participants perceived their students undertook approximately one hour of HPE each week, except for Kindergarten students, who completed just over 40 minutes (see Table 1). This kindergarten figure is smaller because some government primary schools do not offer Kindergarten PE classes. Explanatory qualitative comments indicated participants included timetabled HPE classes, interschool sports and classroom health lessons within this time. Data also showed that this weekly HPE was supplemented by an additional  $38.13 \pm 37.56$  minutes, on average, of ‘daily PE’ (a daily physical activity programme), usually supervised by the classroom teacher or student sports leaders, rather than a specialist PE teacher. Of note is this time allocation is less than the notional 80 hours a year recommended for delivering HPE within the AC:HPE (Australian Council for Health, Physical Education and Recreation, 2022).

Data suggested that HPE delivery in Tasmanian primary schools is predominantly PE (see Table 2). Additionally, participants were asked to rank the 12 AC:HPE focus areas from one (most time) to 12 (least time) in terms of how much time they believed was spent on each at their school (see Table 3). The focus areas provide the breadth of learning that must be taught for students to acquire and demonstrate the knowledge, understanding and skills described in the achievement standards of the AC:HPE (Australian Council for Health, Physical Education and Recreation, 2022). Nearly one-third (32.86%) believed *Fundamental movement skills* were allocated the most HPE time, followed by *Active play and minor games* (30%) and *Games and sport* (17.14%). Over 75% of participant responses included these three focus areas in their top three rankings, indicating they were a substantial component of many schools’ HPE programmes. The data indicated *Alcohol and drugs* received the least amount of time, with *Mental health and wellbeing* and *Relationships and sexuality* also receiving a small-time allocation. Although the AC:HPE focus areas are not

**Table 1** Minutes of HPE per week

|      | Kinder | Prep  | Grade 1 | Grade 2 | Grade 3 | Grade 4 | Grade 5 | Grade 6 |
|------|--------|-------|---------|---------|---------|---------|---------|---------|
| Mean | 41.42  | 61.03 | 59.71   | 58.26   | 63.08   | 64.08   | 66.24   | 66.73   |
| SD   | 27.22  | 30.57 | 28.21   | 23.87   | 29.78   | 31.52   | 33.54   | 33.90   |

**Table 2** Percentage of HPE that is PE

|      | Kinder | Prep  | Grade 1 | Grade 2 | Grade 3 | Grade 4 | Grade 5 | Grade 6 |
|------|--------|-------|---------|---------|---------|---------|---------|---------|
| Mean | 92.31  | 89.90 | 89.49   | 89.31   | 88.06   | 88.05   | 88.19   | 87.08   |
| SD   | 15.69  | 16.89 | 16.82   | 16.67   | 17.73   | 17.90   | 17.84   | 20.27   |



**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)                | 2.86%  | 0.00%  | 0.00%  | 1.43%  | 0.00%  | 2.86%  | 1.43%  | 0.00%  | 8.57%  | 10.00% | 14.29% | 58.57% |
| Health benefits of physical activity (HBPA) | 4.29%  | 0.00%  | 5.71%  | 17.14% | 17.14% | 14.29% | 17.14% | 12.86% | 7.14%  | 2.86%  | 1.43%  | 0.00%  |
| Mental health and wellbeing (MH)            | 1.43%  | 0.00%  | 1.43%  | 2.86%  | 1.43%  | 7.14%  | 5.71%  | 14.29% | 25.71% | 20.00% | 18.57% | 1.43%  |
| Relationships and sexuality (RS)            | 0.00%  | 0.00%  | 2.86%  | 0.00%  | 4.29%  | 1.43%  | 5.71%  | 12.86% | 11.43% | 14.29% | 30.00% | 17.14% |
| Safety (S)                                  | 8.57%  | 5.71%  | 5.71%  | 12.86% | 14.29% | 10.00% | 10.00% | 11.43% | 8.57%  | 10.00% | 2.86%  | 0.00%  |
| Food and nutrition (FN)                     | 1.43%  | 4.29%  | 2.86%  | 4.29%  | 7.14%  | 14.29% | 7.14%  | 18.57% | 14.29% | 17.14% | 8.57%  | 0.00%  |
| Challenge and adventure activities (CA)     | 0.00%  | 0.00%  | 0.00%  | 12.86% | 14.29% | 14.29% | 12.86% | 10.00% | 10.00% | 12.86% | 10.00% | 2.86%  |
| Fundamental movement skills (FMS)           | 32.86% | 27.14% | 18.57% | 10.00% | 4.29%  | 1.43%  | 0.00%  | 1.43%  | 1.43%  | 1.43%  | 0.00%  | 1.43%  |
| Games and sports (GS)                       | 17.14% | 20.00% | 35.71% | 15.71% | 1.43%  | 4.29%  | 1.43%  | 1.43%  | 1.43%  | 1.43%  | 0.00%  | 0.00%  |
| Lifelong physical activities (LLPA)         | 1.43%  | 5.71%  | 2.86%  | 14.29% | 8.57%  | 11.43% | 18.57% | 11.43% | 10.00% | 4.29%  | 5.71%  | 5.71%  |
| Rhythmic and expressive activities (RE)     | 0.00%  | 1.43%  | 2.86%  | 7.14%  | 21.43% | 15.71% | 17.14% | 5.71%  | 1.43%  | 5.71%  | 8.57%  | 12.86% |
| Active play and minor games (AP)            | 30.00% | 35.71% | 21.43% | 1.43%  | 5.71%  | 2.86%  | 2.86%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |

specifically aligned to HE or PE, our data indicated schools are giving more time and attention to PE and movement-aligned focus areas rather than those concerned with HE. The data from Tables 2 and 3, along with qualitative survey 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 might be.

### Qualitative data

The primary school PE teachers' experiences and perceptions of HPE teaching in their schools are summarised in Table 4. Analysis of the qualitative survey and interview data led to the development of two key themes.

### Discussion

We use our figurational sociology framework to interpret our results noting teacher habituses being inextricably linked to their present and past experiences and understandings of HPE teaching. Specifically, through figurations, they shared contemporarily and formerly with teacher colleagues and others as part of their ITE (Williams et al., 2022). In addition, we used the features of figurational sociology identified by van Krieken (1998) outlined earlier. We are mindful that 'what people experience as reality changes in the course of social development in a way that is open to precise definition' (Elias, 2006, p. 269).

### PE specialist perceptions of HE

PE specialists perceived HE was marginalised within HPE teaching in their schools. Survey responses highlighted HPE received less time than recommended in the guidelines and within which HE received less attention. This perception appeared to be exacerbated by the PE teachers not teaching HE, not knowing if classroom teachers were teaching HE, and believing HE was being taught poorly or not at all by classroom teachers due to a crowded curriculum. One participant commented how 'H' and 'PE' of HPE are taught in secondary schools by the same teacher, suggesting the scope for Health to 'slip between' the cracks is not as great as is the case in primary schools where the KLA is split and taught by different teachers. Similar to Williams et al. (2022), we consider this potential for 'slippage', privileging of the PE component of the KLA to be an unintended outcome (van Krieken, 1998) of appointing PE specialists within primary schools.

While there were some exceptions, most participants believed class teachers were not giving HE adequate priority

**Table 4** Themes, sub-themes and example quotes

| Theme                           | Sub-theme  | Example quotes  |
|---------------------------------|--|---|
| PE specialist perceptions of HE | Specialists perceive HE is marginalised within HPE | It is my experience that classroom teachers do not deliver the health curriculum. Some might if they've got an interest in a particular health area (Interview Participant 3)<br>A lot of teachers now feel uncomfortable about teaching sex ed so we have outsourced that to an external provider (Interview Participant 8)<br>The PE side of the HPE is running fine, but the huge hole that no-one is addressing at the moment is health (Interview Participant 11)<br>I hope class teachers do the health areas, I only have time to do the PE areas (Survey Respondent 40)<br>I believe classroom teachers do a bit of health and we have external providers take sex/relationships, safety (Survey Respondent 41)   |
|                                 | Crowded curriculum                                 | The health side of it is probably not addressed as much as it should be. And that's purely just for the fact of teachers these days are asked to be doing more with less and having a loaded curriculum (Interview Participant 1)<br>We're starting all these reading programs, which just eat into time. So as literacy become more and more important, one of the first things to go is always the HPE (Interview Participant 2)<br>The principal thought the curriculum is a bit too crowded so I'm not going to pressure the teachers to deliver health and we're just gonna let it fall through the cracks (Interview Participant 3)<br>PE is valued. Health – I don't think it's valued because classroom teachers are under pressure, there's so much they've got to do and our school particularly pushes for maths and literacy (Interview Participant 5)<br>Class teachers are just too busy, you can't say to them go and do health as well (Interview Participant 10) |
| Lack of collaboration           | PE specialist isolated                             | The major difference that I noticed coming to a primary setting was the class teachers handled the health side of things, and I didn't have any input into that. In a high school you are the HPE teacher, so you take both (Interview Participant 1)<br>The time is not available to collaborate, responsibility is given to the classroom teacher to teach health in separate lessons (Survey Respondent 4)<br>Never [collaborate with class teachers on health]. I also believe I should be teaching health in our school especially given my experience and motivation to do so. But am currently part time wholly teaching PE (Survey Respondent 9)<br>No - any collaboration is received in a negative light as it is seemed like a 'handball' on to an already increasing workload for them (Survey Respondent 56)<br>No, we are not given any time to collaborate at all (Survey Respondent 62)   |
|                                 | HPE specialist as an underutilised resource        | A little bit of resistance there from a lot of class teachers that I've dealt with in the past in terms of its seen as extra work if I come to them with an idea about delivering the health curriculum (Interview Participant 1)<br>I'm never timetabled to teach health yet I'm the most knowledgeable health teacher at school (Interview Participant 3)<br>No one comes and ask me any questions about anything to do with physical education or health topics at all. As I said before, they just think "I'm a teacher I can search, research it myself" rather than search the expertise in the school (Interview Participant 9)<br>I try to provide resources and insight, but I don't believe what I provide is used (Survey Respondent 37)<br>I try where possible to lend a hand and collaborate with classroom teachers on topics, however they are very reluctant to ask for any assistance (Survey Respondent 63)  |

and instruction time, and if health was being taught by classroom teachers, this was likely due to personal interest, or in other words, on account of their individual habitus (Elias, 1994), or previous teaching experience with that specific topic. Another example of habitus was when participants spoke about HPE being valued; it tended to be the PE rather than the health part of the KLA they were referring to. It is possible specialists were perceived by themselves and their class teacher colleagues as being responsible for PE

rather than HPE; hence, their responses could have been biased towards PE. The uncertainty the specialist teachers expressed about the extent of HE teaching occurring by their classroom teacher colleagues suggested that classroom teachers may have been using more class time to focus on other KLAs, in line with school literacy and numeracy priorities.

All the PE specialists in this study were HPE trained and appeared to bring a critical and informed lens with

which to view the classroom teachers' HE teaching because of their greater subject-specific pedagogical and content knowledge. The use of external providers appeared to feed into PE specialists' perceptions class teachers did not have adequate health knowledge or health pedagogical content knowledge to teach HE. The use of external providers in HPE is common, and in PE in particular (Dyson et al., 2016; Sperka & Enright, 2018; Thorburn, 2020). The concern we raise with this trend, both in the context of PE but also health as our focus here, is to what extent external providers, particularly those who do not have trained teachers involved, are able to teach to curriculum requirements for teaching, learning and assessment. Hence, we raise the issue of reality congruence in terms of curriculum adequacy or appropriateness. Indeed, providers and teachers not being cognisant of curriculum requirements and expectations provide scope for their teaching and assessment to be informed by their 'everyday philosophies' due to the curriculum knowledge gap. We use 'everyday philosophies' according to its figurational sociology definition and borrowed from work carried out in the PE context to mean 'practical "philosophies"; that is to say, "philosophies" that bore the hallmarks of their (teachers) prior PE and sporting practice and their contemporaneous practical teaching contexts' (Green, 2002, p. 80).

Another factor contributing to PE specialists' perceptions of HE marginalisation was their belief classroom teachers had to teach a crowded curriculum consisting of all eight KLAs. The literature (e.g. Love et al., 2020; Morgan & Hansen, 2008) reports that there is a crowded curriculum in primary schools, meaning there is restricted time for teachers to meet multiple directives and expectations. This perception of lack of time has been reported in other research in the same jurisdiction (Cruickshank et al., 2022b; Nash et al., 2020) and elsewhere (Boberova et al., 2017; Deal et al., 2010). Some participants appeared to have accepted classroom teachers who did not have time to teach HE. Although there is some reporting in the literature about the notion of a crowded curriculum, it is unclear in our participants' local teaching contexts to what extent these claims are accurate or if they are 'half-truths' lacking reality congruence (Elias, 2006). As such, there is a lack of scientific evidence, which highlights the need for future research.

Furthermore, the specialist teachers seemed very accepting and understanding classroom teachers were faced with 'too much to do'. There was a sense in the participants' choice of words; they had uncritically come to believe classroom teachers' perceptions about crowded curriculum as being factual and indisputable. This interpretation can be further developed by drawing upon Elias and Scotson (2008) established and outsider theory. Here, we consider the specialist PE teachers

as outsiders for at least two reasons. First, by virtue of any given school having one PE specialist or two at the most. As such, they do not have the cohesiveness of classroom teachers as an established group, with cohesion being an important factor in enabling established groups to exert their greater social power and stigmatise outsiders. A feature of such relations is that outsider groups tend to shift towards expressing the beliefs and viewpoints of established groups even when these differ from their own (Elias & Scotson, 2008). Second, by HPE being a marginalised subject, classroom teachers may come to think of themselves as superior to their HPE colleagues because they teach higher-status KLAs such as Mathematics, Science and English.

### Lack of collaboration

The word 'resistance' suggests the kind of cohesion described above and the classroom teachers' ability, through their relative social power, to repel teaching HPE, along with a feeling it is beneath them to do so. Furthermore, our data indicated most PE specialists did not collaborate with classroom teachers concerning HE. This lack of collaboration was sometimes due to a lack of time, but many participants indicated they believed classroom teachers did not want assistance from them. Their responses reinforced the notion that specialists were outsiders (Elias & Scotson, 2008) who were there to teach PE, as a subject that seemed to be portrayed by the classroom teachers as 'outside' of their own remit. Some of the participant responses suggested an obligation or expectation towards helping the classroom teachers teach health. However, there was a sense that specialists and classroom teachers worked in separate ways.

The above finding aligns with previous research (e.g. Cruickshank et al., 2021a; Gaudreault et al., 2018) where primary PE teachers were often isolated from their generalist teaching colleagues. This isolation can include intellectual because they often do not participate in discussions around curriculum and class resources, and physical, as their teaching space is removed from where the classroom teachers work. Additionally, they often have reduced interaction with colleagues because of their part-time status. Makela (2015, p. 681) noted that this situation can result in some describing themselves as being like 'Robinson Crusoe alone on the island, where nobody understands their language'. If the specialist HE knowledge exists in the school, with the PE teacher, then classroom teachers should be encouraged to better utilise them as a resource in this regard. This could be particularly important for teaching the AC:HPE, where classroom teachers have been shown to lack knowledge and confidence (Pill, 2007; Morgan & Bourke, 2008). Data revealed that PE specialists perceived focus areas such as alcohol and other drugs (AD), mental health (MH) and relationships



and sexuality (RS) received a small proportion of school HPE time. It is important to acknowledge teachers are not expected to teach the entire suite of focus areas in all grade levels. The low ranking for RS may have been impacted by the fact, apart from relationships, that it is only expected to be taught from Grade 3 onwards; however, AD and MH are a focus across all primary school grades. Also, this explanation is contradicted by the fact other focus areas such as active play and minor games (AP) (Kindergarten to Grade 4), challenge and adventure activities (CA) (Grade 5 onwards) and games and sports (GS) (Grade 3 onwards) featured much higher in the rankings despite similarly not being taught across all primary school grades.

Survey respondent 56's comment about collaboration being received negatively by classroom teachers because it is just seen as extra work suggests group cohesion and 'push-back' to the specialist teacher. Other similar statements referring to class teachers being too busy to teach health are perhaps indicative of a kind of 'group disgrace' (Elias & Scotson, 2008) that these HPE specialists have come to believe classroom teachers are justified in thinking they do not have to teach HPE. Both specialist perspectives are in the context of all primary teachers being expected to teach HPE as one of the eight KLAs they are required to teach.

## Conclusion

Our findings show there was significant scope for HE to 'fall between the cracks' at the primary schools we studied. Established-outsider theory (Elias & Scotson, 2008) can be used here to explain how the PE specialist teacher as the 'outsider' has come to accept the thinking and perspectives of classroom teachers as the 'established' group within Primary School environments. Regarding the classroom teachers, there are two ways we have identified as contributing to established group status. First, by virtue of their relatively large numbers in each school, classroom teachers have the capacity to develop and maintain group cohesion. In contrast, specialist PE teachers were usually single appointments in their respective schools. Second, there was a perception by the specialist teachers that HE was taught by the classroom teachers to varying degrees and often poorly. While PE specialists were HPE trained, they were predominantly employed to teach PE. Despite HPE being one of eight KLAs primary teachers in most states and territories who are expected to teach, the specialists appeared to have accepted classroom teachers were 'too busy' to teach HE. This busyness was attributed to a lack of time and a crowded curriculum, despite a lack of specific evidence on which to base their truth. Some specialists inferred perhaps the situation would improve if they provided more support to the classroom teachers for teaching HE through unpacking content and providing resources. However, specialists reported classroom teachers never came to them

asking for help in teaching HE. The support of senior staff in schools to develop a healthy culture may provide one solution to this concern (Nash et al., 2021b). Either way, more research is required to provide an evidence base for critical theorising (e.g. McCuaig, 2018) surrounding health being silent within HPE in Australia.

It seems if it were possible to alter the habitus of classroom teachers who do not value HPE, there may be opportunities to include HE in units of inquiry similar to how content from other KLAs is currently included. Further research needs to be carried out into whether the curriculum is as crowded as some of the teachers suggested or if it is a widely held fantastical belief (Elias, 2006) and an excuse by some to not teach HE because it is not seen as important as other more privileged subjects, or because class teachers lack the pedagogical and content knowledge confidence to teach it. This research could focus on professional development as well as the amount of HE content classroom teachers receive in their ITE. Future research also needs to be carried out to find out if more effective cross-curricular planning or explicit health planning by teachers within given year levels may lead to the AC:HPE being delivered more efficiently.

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## Declarations

**Research involving human participants** The study was approved by the University of Tasmania Social Sciences Research Ethics Committee (Approval Number H0018190).

**Informed consent** Informed consent was provided by all participants involved in the study.

**Conflict of interest** The authors declare no competing interests.

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