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*Re-imagining practice in Health and Physical
Education – what's our purpose?*

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Thank you for the opportunity to present this address, the second Cuddihy-Tomson lecture, held annually at the ACHPER Queensland Brisbane Conference.

[SLIDE] This is a great privilege for me to honour two passionate colleagues and advocates for Health and Physical Education. I have known Tom and Mich professionally, since I moved from Victoria in the early-1980s. They have both been regular attenders and supporters of our various ACHPER functions, State, national and International conferences, and professional learning opportunities. As Fellows and Life Members of our peak professional body, their contribution and service has been rightfully recognised by their peers, through the presentation of this annual lecture.

[SLIDE] Before I begin, I would like to acknowledge the traditional custodians of the Country we meet on today. I pay my respects to the profound contribution that First Australians have made as elders past, present and emerging, as story tellers and as holders of deep wisdom of these lands.

It's empowering to see a full-to-overflowing auditorium for our annual conference. Congratulations on your attendance and your willingness to engage with professional learning to continuously improve your craft. Ours is a life-long and life-wide journey. I believe our professional learning and conversations over the next two days will be pivotal to the future of our subjects in every phase of schooling. Your willingness to embrace the changes that are occurring in our learning area is commendable. I also commend our professional association ACHPER for their willingness to continue to conduct this critical event for our learning area.

[SLIDE] To provide some background to the title of my address 'Re-imagining practice in Health and Physical Education – what's our purpose?' I'd like to recount a recent experience of mine that occurred earlier this year. I was beginning a semester-long contract at a local university, tutoring in a course titled *Teaching Health and Physical Education in the Early Years*. The course was designed for generalist primary teachers and specialist early childhood education teachers, to gain insights into best practice in implementing Australian Curriculum-Health and Physical Education. It had been a considerable time since I had worked with early years cohorts of children, so I dutifully began reading and researching, identifying best practice in the delivery of HPE in the early years, based on the Australian Curriculum – Health and Physical Education. I entered my first tutorial session well prepared and filled with positive hopes for the pre-service teachers I was working with. I strongly believe that this period in the lives of children in the early years is critical in establishing positive attitudes, beliefs and values to support a lifelong, active and healthy lifestyle.

As the pre-service teachers entered the room I greeted each one of them and welcomed them to the class. I sensed some anxiety as we each conversed, and I put it down to 'first session nerves'. My

first activity was designed to get them to recount their experiences in Health and Physical Education throughout their primary and secondary schooling. The educative purpose was to recognise their prior experiences with an aim to build on these positive understandings throughout the semester.

As we shared our reflections (I was the only male in the class) I was astonished at the negativity in the responses they shared about their experiences. Some expressed a loathing and distrust of their teachers, spoke about derogatory feedback and comments from their teachers, described bias and favouritism displayed by their teachers towards the more physically able. They discussed openly their dislike for the team games they played and the way that they were taught through skills and drills, the attention of teachers clearly directed at more able students and the admonishment of those with lower skill levels. Others described the lack of relevance of the subject to their own lives. Sadly, as it turns out, these students were not drawn from just one school, but my questioning revealed that they had attended over twenty different schools from across Brisbane.

There was only one student in the group of 25 who was able to share positive experiences about Health and Physical Education. She studied Health Education and Physical Education in her senior years and now is an elite outrigger canoeist, who has competed in international events representing Australia. Not surprisingly, she was somewhat perplexed by the reactions of her peers to Health and Physical Education.

Little wonder then, that I had detected some anxiety in our initial conversations. I clearly had a mammoth task ahead of me in this unit to encourage these pre-service teachers to effectively deliver **Quality Health and Physical Education** in their classrooms.

I related this story to another colleague, working with pre-service teachers at another university and to my dismay, he described some similar attitudes from students. These are some quotes from reflections offered.

[SLIDE] *My memories of PE at school are standing in a row waiting to get picked last and then spend an hour letting down 10 other people who are all silently wishing you didn't exist. Or sometimes not so silently. The kids who do enjoy team sports would far prefer not to have to play alongside the terrible ones. And the kids who are terrible would prefer it as well.*

(Primary pre-service teacher)

[SLIDE] *My memories of PE at school are standing in line and waiting my turn to show how unskilled I was before I could go back and hide in the line hoping the teacher would blow the whistle before I was put under the spotlight again*

(Primary pre-service teacher)

I decided that I would investigate this anecdotal evidence further by reviewing the research. Locke's (1992) findings supported the views of these pre-service teachers and suggested that they were not unique in their feelings about Health and Physical Education.

He stated: *'Although people differ in their assessments of the value of school physical education, both while they are students and later as adults, a significant number report having learned to dislike physically active play, to disrespect physical education teachers, and to devalue their own capacity to learn movement skills. Given the ostensible purposes of most programs, that constitutes a fair indication that the conventional offering is a failure.'*

(Locke, 1992)

Another study by Light and Georgakis (2007) working with primary preservice teachers reported memories of experiences of marginalisation, exclusion, humiliation and failure due to their low skill level and an emphasis on skill mastery and competition in their traditional physical education classes.

There was indeed a case for revised thinking, revised pedagogy and revised curriculum offerings.

[SLIDE] You can now understand how the title of this address emerged. So, how can we re-imagine our practice? How can we re-imagine Health and Physical Education?

As I began to reflect at length on potential outcomes for my students, this underlying, negative message from them really impacted on me over the next few months and continues to this day. I was determined to demonstrate to these pre-service teachers, the love and the passion that I have for our learning area. Each week, their feedback about the sessions became more positive. I initiated different movement concepts, teaching strategies and activities to them, demonstrating the delivery of contemporary pedagogy to develop the promotion of health, movement competence and confidence. I wanted to engage and empower them to embrace the learning area and plan to develop meaningful Health and Physical Education learning experiences for their students-to-be.

But I continued to question how our profession had failed our students to such an extent, to elicit such negative responses in our first tutorial discussion? I reflected on my own teaching career and the impact my teaching had on students' attitudes about Health and Physical Education. What impact had I had on the lives of my students?

[SLIDE] What then, are your reflections of Health and Physical Education at school? Were your experiences positive or negative? Think about the students in your classes. How do they perceive our subject? Are there students in your classes who are difficult to engage, or are unwilling to participate?

But blaming us is not the theme of this address. Both Locke (1992) and David Kirk (2010) argue that there are no villains in this story. No one is to blame. It's hopefully prompting us to think about our **purpose** as a profession and what we are trying to achieve.

[SLIDE] There is no doubt that this is a timely period for reflection. We are undertaking unprecedented change in education in Queensland, so it is highly appropriate that we consider 'What's our purpose'?

What can we learn from the stories of the pre-service teachers?

[SLIDE] The current state of play has arisen from a myriad and complex array of societal factors including significant changes in the ways that people perceive physical activity, changes in popular culture, changes in workplace conditions, changes in youth culture, inequities caused by gender, race, geographic locality and socio-economic status (APPSCERA, 1993). These changes are further outlined in the recent CSIRO publication about the future of Australian sport as well as the Sport 2030 document released two weeks ago from Sport Australia, that Kane will discuss in the next session.

[SLIDE] Nevertheless, this situation does not pardon us from a responsibility to appreciate the current, or grapple with the problem and act educatively as David Kirk (2010) suggests to *'look forward to a healthy and sustainable future for Health and Physical Education'*.

What other evidence provides background to the current 'state of play'?

[SLIDE] In his inaugural Cuddihy Tomson address at last year's ACHPER Queensland conference, Associate Professor Shane Pill highlighted the findings of the release of the second full Active and Healthy Kids Australia Report Card on Physical Activity for Children and Young People, which assesses 12 different physical activity indicators. As in 2014, Australia was assigned a failing grade (D-) for Overall Physical Activity Levels. What are the implications of this evidence to our subjects and the profession?

Dr Steven Stolz **[SLIDE]** in his text 'The Philosophy of Physical Education - a new perspective' describes some of the influential 'traditions' of physical education. These include physical education as health – prevention and promotion, physical education as character development and moral

education, physical education as art and beauty, physical education as a mechanism for finding meaning through movement, physical education as sport education, physical education as preparation for leisure and physical education as academic study.

My questions to you - are we able to deliver effectively on each of these concepts or agendas? How are we equipped to deliver each of these concepts effectively? Is our purpose so broad, that we have become ineffective agents of change for our students, and become increasingly irrelevant to them?

I believe that the profession continues and persists with the dominant practice as Kirk (2010) describes as *physical education-as-sport techniques*. This is a model which I was trained in (in the 1970s) and which I have dutifully supported and implemented, through first-hand experience. This approach has relied on a disproportionate focus on the teaching and learning of sport-specific skills and techniques, related to playing a diverse array of games in sports, in brief instructional units of work.

[SLIDE] Siedentop's research is also highly critical of this approach arguing:

Skills are taught in isolation rather than as part of the natural context, executing strategy in game-like situations. The rituals, values and traditions of a sport that give it meaning are seldom even mentioned, let alone taught in ways that students can experience them.

(Siedentop, 1994)

[SLIDE] To further support this research, just recently, travelling into the city by bus to a meeting with a colleague, I overheard this conversation amongst two school students from different schools. They were dressed in HPE or sport uniform, so I assumed that they must have had HPE on that day. The conversation went like this:

“What are you doing in PE now?”

“We are doing Shot Put, even though we did it last year, but we don't get many throws in a lesson (audible groan from the student)”.

The other student responded, ‘We're doing Basketball this term – yesterday we did the layup’.

How might your students discuss Health and Physical Education on their way to school in the bus? What messages might they transmit to each other about our subjects?

[SLIDE] I would like you to consider this analogy to investigate our situation. We have a new type of student, each of them pedalling an old cycle provided by us in our cohorts – but the students are streamlined individuals looking forward to and anticipating fast-paced experiences to challenge

them in their learning. But instead, they experience more of the same. It's time for an upgrade. These cycles need to be streamlined for contemporary times.

What then, is our educative response to our future of the subject and the profession?

[SLIDE] Penney and Chandler (2000) raised some thought-provoking questions for us to consider:

- What type of citizens and learners do we want to play a part in developing?
- What are the implications of these visions for the subject of Health and Physical Education, and for our work as teachers and teacher educators?
- Does our learning area contribute to the development of societies that we endorse?
- How can Health and Physical education be 'more connective' (within the subject, with other aspects of the curriculum, and with lives and societies beyond schools) and express a 'lifetime approach' to education?

They continue by stating that:

In education and in health and physical education specifically, we are seeking curricula and pedagogical practices that are directed towards the development of critically informed citizens who are committed to playing a part in establishing more equitable societies in which all individuals are valued; in which individual, social and cultural differences are celebrated as a richness of society; and in which knowledge is something to be collectively, collaboratively and creatively advanced...

We believe that Health and Physical Education can play a key role in such developments. We see it as having great potential to facilitate self-directed and self-inspired learning, and to provide contexts and experiences that demonstrate the importance and value of collective as well as individual agendas and actions.

(Penney and Chandler, 2000)

Richard Tinning (1985, 1987) shares this viewpoint, arguing that issues relating to gender equity, equality of opportunity and catering for diversity should be integral parts of Health and Physical Education. He contends that we must challenge the unjust practice of 'motor elitism'.

[SLIDE] A question for you – Does your Health and Physical Education program foster 'motor elitism'? Are our programs only targeting the 'able'?

[SLIDE] At this point, I would like to introduce Mia.

Mia is the daughter of a colleague of mine. To me, she describes exactly the characteristics of what is required for the current and future learners in our subjects. She directly echoes the students in Penney and Chandler's aspirational curriculum and pedagogies. She is part of a society that values all individuals; where individual, social and cultural differences are celebrated as a richness of society; and in which knowledge is something to be collectively, collaboratively and creatively advanced.

Mia is 10 years' old and is the middle of three children. Mia has Down Syndrome and was born with low muscle tone. She did early intervention with physiotherapists, speech and occupational therapists. She went to a mainstream pre-school and goes to a mainstream public school in Sydney. She is currently in Year 4 and is an enthusiastic member of the school choir, does extra-curricular dancing, gymnastics, tennis, loves swimming and riding her scooter. She is gradually overcoming her fear of movement under her feet.

Mia has a passion for football. She joyfully supports Sydney FC in the A-League, attending games in the stadium as well as W-League matches. Mia must wear safety hearing earmuffs as the sound can be too loud for her when fans are cheering. She has played football with her school friends for 3 years, it is a mainstream team at Gladesville Ravens. She participates in every training, tries her hardest and enjoys being with her school friends. She gets ready for her game as soon as she wakes up, is independent preparing her drink bottle, shin pads, socks, and boots. During games she runs to the ball even though the other girls are often faster on their feet than she is. She never gives up and is excited when she can get to the ball, make a pass or tackle an opposition player. On Sunday 8th July she scored her first ever goal. Her teammates celebrated with her, and she was named player of the match.

Mia is very active and being in a mainstream school and playing mainstream sport has helped her develop strong friendships, develop her coordination, and allowed her to learn the lessons that team sport can teach children – hard work, respect, resilience, graciousness, and teamwork.

[SLIDE] I firmly believe that the educational justification for Health and Physical Education has been developed. It has its own Learning Area, highly valued by UNESCO, is a part of the Australian Curriculum and is highlighted in the Melbourne Declaration. The subjects of Health and Physical Education have a unique place in schools and beyond. That unique place is clearly articulated in those documents and aligns with Penney and Chandler's commentary, from nearly twenty years ago. It is re-visited in the Rationale for the Australian Curriculum: Health and Physical Education, when it states:

Health and Physical Education teaches students how to enhance their own and others' health, safety, wellbeing and physical activity participation in varied and changing contexts. The Health and Physical Education learning area has strong foundations in scientific fields such as physiology, nutrition, biomechanics and psychology which inform what we understand about healthy, safe and active choices. The Australian Curriculum: Health and Physical Education (F–10) is informed by these sciences and offers students an experiential curriculum that is contemporary, relevant, challenging, enjoyable and physically active.

(ACARA, 2018)

We need to embrace and enact the five propositions as pillars of our curriculum to effectively deliver Health and Physical Education to offer Mia and her peers an experiential curriculum that is contemporary, relevant, challenging, enjoyable and physically active.

[SLIDE] The last sentence is indeed a powerful one – *The curriculum ... offers students an experiential curriculum that is contemporary, relevant, challenging, enjoyable and physically active.* The Australian Curriculum and its' underlying contemporary pedagogies is the sleek, aerodynamic new bicycle, designed so that our streamlined riders can engage with contemporary, relevant, challenging, enjoyable and physically active lifestyles.

[SLIDE]

I trust that your professional learning over the next two days provides you with rich ideas to re-imagine our practice and define our purpose.

Thank you.

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