
For pioneering and championing inclusive, strengths-based health education, empowering pre-service secondary teachers with transformative capacities to cultivate health literate young Australians

Overview

Australians live in a world where they are bombarded daily, from a range of sources, with complex, confusing, contradictory and at times confronting health messages. As the internet is available to an increasing proportion of Australians, young people and adolescents are particularly susceptible to these messages. Specifically, the access to social media that is visually affirmed and body obsessed, and pornography which obscures pleasure and misrepresents relationships, there is the possibility of long term physiological and psychological impact. Amongst 15-24 year-olds, anxiety, sleep deprivation, alcohol and drug abuse, suicide and self-harm are of significant concern (Australian Institute of Health and Welfare, 2018). Educators need both knowledge and skills to critically engage and deal with the health challenges young Australians are confronted with now and into the future (Australian Curriculum and Standards Authority [ACARA]). Future educators need to help young Australians acquire the knowledge and skills to unpack, debunk, and make meaning from what they are seeing, hearing, feeling and experiencing. In addition, they need health literacy skills to flourish and be lifelong agents of safer, healthier and more physically active living.

Health and Physical Education (HPE) teachers, with excellent communication skills, have the potential to build health literacy in young Australians, given that teachers are already regarded by young people as a vital health resource and are a regular feature in their lives (Commissioner for Children and Young People Western Australia, 2018). Research shows, however, that the *health* component of HPE can be marginalised in teacher education and schools. Whilst HPE teachers are also variously prepared to facilitate health-related conversations and critical learning, these conversations are sometimes actively avoided due to discomfort and lack of confidence and/or competence on the part of the teacher (Barwood, 2017).

I am strongly motivated to advance the scholarly teaching of Health Education in Australian schools, advocating for its provision within Edith Cowan University's (ECU) Initial Teacher Education courses. Since 1989, I have been a pioneer, champion and learner as evidenced by my role as President of the Western Australian (WA) Branch of the *Australian Council for Health, Physical Education and Recreation* (ACHPER). Since 2012 and with the commencement of my doctoral degree (PhD), I have embraced research to develop an informed HPE architecture at ECU underpinned by inclusive and strengths-based practice as opposed to pathogenic and 'at risk' practice. As Coordinator for HPE since 2016, I manage nine HPE units, which is the largest learning area within the School of Education (SoE) and the largest Higher Education provider of teacher education in WA. Notably, HPE students make up nearly half of the secondary cohort of Pre-Service Teachers (PSTs) in the SoE. In addition, I have coordinated the largest core education unit, *Communication Skills for Teaching and Learning*, situated in the first year of the Bachelor of Education course, specifically focusing on enhancing transition, engagement and retention but focussed on the communication skills that are critical for effective conversations about health matters.

My experiences and HPE background contribute two vital elements to student learning at ECU: 1) extensive HPE disciplinary expertise garnered through a history of leadership and research activity, and 2) a philosophy of inclusive, strengths-based education. The impact on student learning is evident from the outstanding student feedback and recognition from the field. Most importantly my work supports health literate young Australians, cultivating high quality PSTs equipped to work effectively with young people.

Category 1: Approaches to teaching and the support of learning that influence, motivate and inspire students to learn

Leadership approaches to teaching/support of learning in HPE: Pioneering and championing inclusive, strengths-based health education across Australia

To support and strengthen HPE teachers of today and prepare HPE teachers of tomorrow to impact the health of our nation, I draw on my initial teaching qualification and four subsequent qualifications from ECU, experiential knowledge as a Head of HPE in a secondary school, Senior Project Officer Protective Behaviours Curriculum and as writer of the *Australian Curriculum for HPE* (ACARA, 2015). To ensure currency

of my own practice, I initiate and maintain networks by regularly consulting and collaborating with ECU partners and industry stakeholders such as the organisation for School Drug Education and Road Awareness (SDERA). I participate in significant HPE and educational committees and conversations (see below), and attend local and international conferences in HPE like the ACHPER International Conference (Canberra, 2019). This championing is evidenced in an email from the School Curriculum and Standards Authority in WA:

“Thanks for your ongoing work with the Year 7 to 10 Health and Physical Education Curriculum Advisory Committee and Year 11 and 12 Health Studies course. Your support and expertise across the Health and Physical Education learning has been invaluable” (2019).

To inform others and formally share insight, I undertake pedagogic research. This has resulted in nine publications in the past four years, and publications in highly ranked journals including *Physical Education and Sport Pedagogy*, and a book chapter, *Intentional Teaching of Health Education* (Barwood and McMaster, 2019).

My leadership approach and personal contract with ECU and Health Education more broadly aligns with the work of Hattie (2003), as he found that *“expert teachers are passionate teachers”* (p.8). In characterising his findings, I am regarded as a ‘go to person’ for many teachers of Health Education in Australia by continually sharing my passion and deep understandings of this essential content at professional learning events to support student engagement in health content and reduce teacher burnout. This is evidenced by the national recognition I received as an ACHPER Fellow (2018). The citation reads *“awarded for tireless efforts supporting teachers of HPE”*. In addition, I have received two national Early Career Awards for Health Education research and have been invited to present a key note address and teaching workshops at two international conferences later this year in Dubai (October) and Hong Kong (October) (PHASE 2019). Following the State HPE Conference in Victoria (2018), a participant captured my impact: *“Fabulous, amazing knowledge and ideas. Best session I have been to.”* At the ACHPER State Conference in South Australia (2018), participants wrote: *“her passion and enthusiasm for the health area was infectious”*, she *“has sparked a change in my philosophy for health topics”* and *“I felt empowered as a HPE teacher and was captivated.”* More closer to home, organisers of Perth events provide evidence of the diversity of my impact: *“this event was the most popular this year”* (Teacher Development Forum, 2018), *“participants reported an improved ability to assess their students”* (Kununurra conference, 2019) and *“your presentation in which you so generously shared your knowledge, expertise and resources was a highlight for all participants and received tremendous feedback, including: Donna’s inspirational”* (Curriculum Leaders Forum, 2018).

Empowering pre-service HPE teachers to foster transformative health literacies: Inclusive strengths-based education in the HPE curriculum

I use Seligman’s (2018) positive emotion, engagement, relationships, meaning and achievement wellbeing model (PERMA) to underpin and action inclusive and strength-based teacher education at ECU and embody student-teacher relationships in Health Education. I take heart that the strong focus on inter and intra-personal development is having an impact on preparing PSTs to confidently hold critical conversations with young people. PSTs have commented in ECU’s Unit Teaching Evaluation Instrument (UTEI) that Health Education units *“provided me with resources and skills to use in the future”* (2018) and *“Donna is the best! I loved her honesty, care, passion and dedication to making us the best Health teachers for young West Australians”* (2016). Research shows that student-teacher relationships in Health Education is critical to supporting health-enhancing dispositions in the young (Leahy, 2013).

I strive to develop passionate, informed PSTs who are job ready for the diverse range of WA schools by exploring contextually-driven discipline knowledge and health pedagogies to support the diversity of cultural and community groups. For example, the significance of harm-minimisation approaches in remote communities as opposed to harm-reduction approaches in metropolitan Perth. A teacher graduate exemplified the personal significance of this methodology: *“Your guidance with the health-based units at university has really equipped me well to teach. I am loving teaching at [...], I’m really looking forward to what the future holds for me in teaching”* (Student comment, 2019). Inclusive Education WA confirms the social significance of this methodology: *“just wanted to thank you for all the work you have put into ensure that*

LGBTI+ diversity is addressed in the School of Education at ECU and that future school staff are well equipped to support these students" (2019).

In applying a strengths-based lens to community-informed Health Education (Cliff, 2012) and exploring practices to promote inclusive classrooms such as parameters for discussion and protective interruption strategies, ECU PSTs are positioned with understandings of 'personal circumstance' in relation to health inequities and health status. Using group-based activities, the PSTs critically engage with the health diversity of young Australians to ensure safe, supportive and empowering practice but also, to interact and reflect upon others' views. In recognising the social responsibility of Health Education teaching(s), ECU PSTs have commented in their formal qualitative feedback of the transformative effect of inclusive and sympathetic health learning: *"opened my mind to think differently in regard to how people think in a changing world"* (2017), *"was thought provoking"* (2018), enabled us to *"critically think about how to use and present resources and assessment"* (2018) and she *"pushed me out of my comfort zone"* (2017).

Consistent with Seligman's model (2018), the positive learning culture in Health Education units celebrates achievement whilst promoting comfort and subsequently, confidence. For example, open and complex discussions regarding challenging content prepares PSTs for similar, and potentially challenging classroom experiences. The PSTs view this opportunity to explore, create and rehearse contextually appropriate discussions/responses as critical to their preparation. The following are excerpts from UTEI qualitative responses of Health Education students: Donna *"creates strong positive dynamics which allow students to discuss sensitive health topics without feeling uncomfortable"* (2017), *"exposing students to concepts or ideas that they had not thought of themselves"* (2018), *"I enjoyed the open and respectful class discussions in which we were able to fully break down specific ideas"* (2018) and *"the guidance, advice and feedback received from Donna I was able to enter Prac with a wealth of confidence that my teaching in Health would be effective and relevant for my students"* (2017).

More formal evidence of my success in building an ecology that promotes competence, confidence and comfort is demonstrated with consistent and exceptionally high results in ECU's UTEIs for unit satisfaction as shown in Figure 1 below.

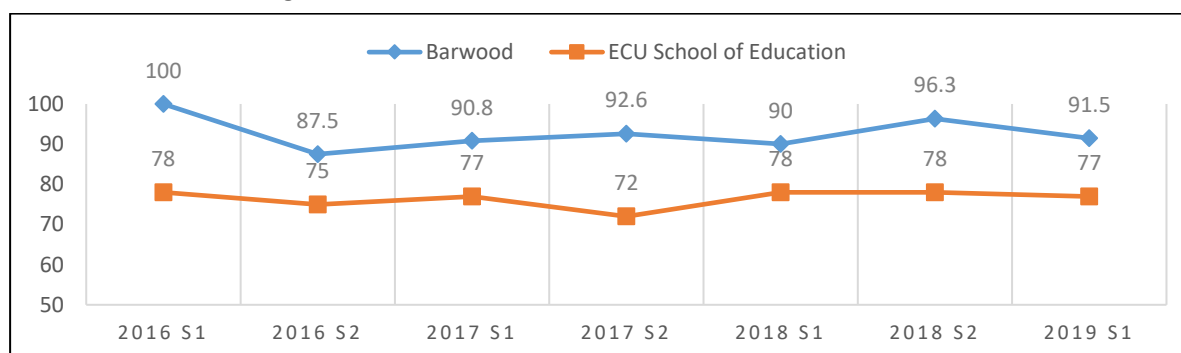


Figure 1: Unit satisfaction scores compared to School (aggregate) satisfaction scores

Furthermore, of the **27** units taught across the seven semesters in Figure 1, a 100% student satisfaction score was recorded **12** times. These results provide supporting evidence that ECU PSTs are graduating with the knowledge, skills and competence to enact quality Health Education teaching. Success data equates to the percentage of students passing the unit. The high success rates of 96.6% in 2019, 97% in 2018, 94.3% in 2017 and 97.4% in 2016 are supported with qualitative UTEI feedback that details the authenticity and contextual relevance of the learning: *"most practical applications out of all my courses"* (2019), *"constant teaching through example of what a HE teacher should look like, sound like and act like"* (2018), *"the assignments were perfect, they are exactly what we need to be doing as future teachers ... the skills of the job"* (2016) and *"Donna showed us how to teach more than any other class"* (2018).

Supporting transition in first year: Inclusive, strengths-based education to foster motivation and resilience

To build confidence and articulate that students matter, I prioritise a systematic and personalised approach. This includes early, repeat communications to check in on students and simple measures like accurately recalling student names prior to the commencement of teaching units. To see the look on

students' faces is priceless as I role model the significance of teacher-student engagement. Student UTEI (formal evaluation) comments effectively capture the breadth of impact of my sustained approach with first years: *"she always had time to answer emails and calls and provide assistance quickly"* (2016), *"helped me to make a smooth transition from school to uni"* (2018) and *"helped those who had not been in education for a number of years"* (2019). The deliberate weekly inclusion of numerous student-centred and icebreaker activities broadens and initiates student friendships but also breaks-up regular groupings. One student captured this intent, saying the activities were: *"very inclusive and encouraged us to talk to other people that we don't know or wouldn't normally talk to"* (UTEI, 2019). The inclusion of peer-reviewed student presentations as a form of authentic assessments and undertaking these early in the students' learning journey attempts to replicate classroom practice and develop generic teaching skills whilst embracing practice as described by TESQA (2017) and AITSL (2011). This public speaking initiative is well received by students: *"the presentation was a good element as I feel it helped prepare us for more realistic situations"* (UTEI, 2019) and *"gave us a strong skill base to take into prac and our teaching careers"* (UTEI, 2018). Other formal measures demonstrate the success of my efforts with first year students: unit success data shows incremental improvement from 87.4% in 2016 to 93% in 2019, whilst a reduction in student withdrawals from 19.8% in 2016 to 17.9% in 2019 shows communication efforts are working. UTEI comments capture student valuing: *"Donna is able to motivate and push students to achieve their best"* (2017) and *"she is the kind of teacher I aspire to be"* (2019).

In concluding, the teaching of quality Health Education in Australian schools is my passion and through the innovations, connections, leadership and scholarship I bring to ECU, my students receive an outstanding experience by incrementally building their capacity to facilitate inclusive and strengths-based Health Education in schools, and health literacy skills in young people. Through a personal commitment to embody excellence, I am ensuring that ECU students graduate with the ability to strengthen young people as agents of healthier, safer and more physically active living. This is evidenced through being awarded a 2019 ECU Vice Chancellor's Citation for Outstanding Contributions to Student Learning. I love working at ECU and am blessed to be so intrinsically involved in developing the teachers of tomorrow to succeed in the profession of which I am immensely proud.

References

- Australian Institute for Teaching and School Leadership. (2011) Australian professional standards for teachers. Melbourne, Australia: Author.
- Australian Curriculum, Assessment and Reporting Authority,. (2015) The Australian curriculum: Health and physical education 8.3. Sydney, Australia: Author.
- Australian Institute of Health and Welfare. (2018) Australia's health 2018. Australia's health series no. 16 AUS 22. Canberra, Australia: Australian Institute of Health and Welfare.
- Barwood D, Cunningham C and Penney D. (2017) What we know, what we do and what we could do: Creating an understanding of the delivery of health education in lower secondary government schools in Western Australia. *Australian Journal of Teacher Education* 41: 15-30.
- Barwood D and McMaster N. (2019) Intentional teaching of health education. In: McMaster N (ed) *Teaching health and physical education in early childhood and the primary years*. Victoria, Australia: Oxford University Press.
- Cliff K. (2012) A sociocultural perspective as a curriculum change in health and physical education. *Sport, Education and Society* 17: 293-311.
- Commissioner for Children and Young People Western Australia. (2018) Speaking out about school and learning. Perth, Western Australia.
- Hattie J. (2003) Teachers make a difference: What is the research evidence? Melbourne, Australia: Australian Council for Education Research.
- Leahy D. (2013) Assembling a health[y] subject: Risky and shameful pedagogies in health education. *Critical Public Health* 24: 171-181.
- Seligman M. (2018) *The PERMA Model: Your Scientific Theory to Happiness*. Available at: <https://positivepsychologyprogram.com/perma-model/>.
- Tertiary Education Quality and Standards Agency. (2015). *Higher Education Standards Framework (Threshold Standards) 2015*. Melbourne, Australia: Commonwealth of Australia.