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The Socio-Cultural Approach and Implementation in Schools

Exploring the socio-cultural approach, investigating how it evolved and is best implemented in schools relates to the school implementation element of quality physical education (QPE) (cf. Fig. 1.1). The socio-cultural approach has been discussed throughout the text in relation to an inclusive learning experience for all children, catering for the diverse needs of a school community. Within the education field and specifically in relation to how the Health, Wellbeing and Physical Education (H, W & PE) holistic curriculum is best implemented, the social model to health is advocated; more specifically, the socio-cultural approach, which “acknowledges that health behaviour is closely related to social and cultural factors” (Ruskin, Fitzgibbon, & Harper, 2008, p. 32). Furthermore, it recognises the physical, social, emotional, mental and spiritual dimensions of health, the interactions between the dimensions and that health is dynamic, a constantly changing state (QSCC, 1999). Therefore, it is appropriate for promoting wellbeing which is multidimensional in nature (OECD, 2017). The socio-cultural approach “contrasts with some historical views that defined health as the absence of disease and emphasised, to a large extent, physical health” (QSCC, 1999). Hence, the socio-cultural approach was developed re-actively; to counteract the dominant medical

approach traditionally used in public health and the behavioural approach in education. For “an individual view of health used alone has limitations in addressing health concerns” (Ruskin et al., 2008, p. 32).

The socio-cultural perspective suggests that the curriculum be connected to the child’s world and everyday interests (Arthur, Beecher, Death, Dockett, & Farmer, 2015). As children have a natural play structure, learning through movement therefore heightens interest. “Play” sits within the physical dimension, “where children are learning through their interactions, as well as adopting and working through the rules and values of their own cultural group” (Arthur et al., 2015, pp. 99–100). The socio-cultural benefits of play enable “the development of imagination and intelligence, language, social skills, and perceptual-motor abilities in infants and young children” (Frost, 1992, p. 48). Hence, as previously mentioned, it is imperative that QPE begins in the early years using an inclusive, holistic social-cultural approach.

Socio-Cultural Approach as Curriculum Policy

Lynch details how the socio-cultural approach was led and evolved as policy within the Australian education context, offering balance and advocacy for the constructivist and critical approaches within education:

The Syllabus embraced a socio-cultural perspective that suggests “the disciplines of social psychology, pedagogy, philosophy, sociology and history sit alongside the biophysical sciences of anatomy, physiology, and biomechanics to inform the learning area” (Macdonald et al., 2000, p. 6). This approach also promoted social justice (QSCC, 1999a), enabling members of society to be informed and aware of such forces within their various environments. The key learning area emphasizes the social justice principles of diversity, equity and supportive environments. These principles underpin the syllabus and guide curriculum design and delivery. They are embraced in the tenets of an inclusive curriculum which seeks to maximize educational opportunities for all students (QSCC, 1999c, p. 1). As a result people are assisted to make well-judged decisions in relation to good health and well-being (QSCC, 1999b). (Lynch, 2017, p. 6)

The approach has been supported in literature by Tinning and Fitzclarence (1992) who considered the crisis in physical education at the time of the syllabus construction, to have a cultural meaning. However, curriculum reform shifting towards a socio-cultural approach has been slow and described as “gradual” (Macdonald, 2012, 2013).

It has been a concern in literature that not all states and territories in Australia have prepared teachers to teach holistic HPE (Lynch, 2014a, 2014b). Furthermore, the depth that the socio-cultural perspective, adopted by the 1994 National Statement and Profile “filtered into the implementation of the HPE curriculum in each state and territory, differed considerably” (Lynch, 2014a, p. 513). Subsequently, so too has the influence of this perspective on teachers’ ideologies (Kirk & Macdonald, 2001).

The Australian national curriculum framework supports critical inquiry [constructivist and critical approach]; “content and pedagogies that engage all students as active learners and, while doing so, question the “taken-for-granted” of how physical activity and health practices and opportunities play out locally and globally” (Macdonald, 2013, p. 102). Hence, the national curriculum (2013) is underpinned by the socio-cultural perspective (ACARA, 2010).

The Health and Physical Education curriculum will draw on its multi-disciplinary base with students learning to question the social, cultural and political factors that influence health and wellbeing. In doing so students will explore matters such as inclusiveness, power inequalities, taken-for granted assumptions, diversity and social justice, and develop strategies to improve their own and others’ health and wellbeing. (ACARA, 2012, p. 5).

Socio-Cultural Approach Evolution Within Physical Education

The introduction of the socio-cultural perspective recognises that children are influenced by the different physical, social, cultural, political, economic and environmental forces affecting their wellbeing (QSCC, 1999). Therefore, offering an “holistic” learning approach for PE. Throughout history, PE has often focused on the body as an object, in contrast to the “whole”

child. Critically examining literature and taken for granted assumptions within the PE field, from a cultural and historical perspective, illustrates the pertinence of the socio-cultural approach.

As previously mentioned, discourses that have influenced the body as an object philosophy include military, scientific, health and sporting, which portray ideologies which include sexism, elitism, healthism, individualism and mesomorphism (cf. p. 83). Such ideologies often pass on false messages to the child, on many occasions, these are unintentional and/or the teacher is unaware of their existence. For ideologies are not recorded in curriculum documents, but are traits taught and learnt through various mediums within society, in what is termed the “hidden curriculum”. The hidden curriculum is defined as where the students acquire knowledge and attitudes unintentionally while in the school environment (Kirk, 1992; Lynch, 2005).

Military discourse involved physical education through means of drilling and exercising. This military style training existed in Australian schools from 1911 to 1929 and was the first and only national system of physical training. Kirk and Spiller described this period as a time of schooling rather than education, for “physical education was deeply implicated in the project of schooling the docile body, in knowing it and shaping it to meet particular circumstances and fulfil particular social and political projects” (1991, p. 108).

Science has had a major influence on physical education through means of technology and medicalization; the scientific discourse has particular relevance to the biophysical foundations of human movement. The influence of science on education began after the launch of the first Sputnik on 4 October, 1957. Similar to current concerns, it was thought that schools were not producing enough scientists, so financial support was directed towards this goal. During this time, PE curricular became “technocratically rationalised” (Kirk, 1988) where a new look physical education curricular was focused on biomechanics, exercise physiology, sports medicine, psychology of sport and history of sport (Kirk, McKay, & George, 1986).

Health as an ideology has influenced both society and physical education. Healthism is described by Crawford as “an individual effort and discipline directed mainly at regulating the size and shape of the body” (1980, p. 366) (cf. p. 100). The sporting discourse has developed beliefs about

physical education and sport that are not necessarily true. The national curriculum for England “Physical Education Programme” (Department for Education [DfE], 2013) states the “purpose of study” for the subject in Key Stage 1 (5–7 years) and Key Stage 2 (8–11 years):

A high-quality physical education curriculum inspires all pupils to succeed and excel in competitive sport and other physically demanding activities... Opportunities to compete in sport and other activities build character and help to embed values such as fairness and respect.

While competition can be delivered in an inclusive manner, over the years “belonging, being and becoming” physically educated has not always been achieved especially when it was poorly or insensitively taught. The socio-cultural approach is opposite to the “body as object” philosophy, and subsequently, the behavioural approach in education. In simple terms, the socio-cultural approach in practice enables QPE and involves quality implementation by quality teachers.

What Does the Socio-Cultural Approach Look like in PE Practice?

The socio-cultural approach requires inclusive, creative activities which cater for the diverse abilities and needs of a class, successfully enabling enjoyment, engagement and challenge for all. Adopting this approach in PE can be challenging for teachers, especially if they do not feel that they have been adequately prepared. However, it is vital, as research evidences that the early years (preschool and early years of primary) are the best time to learn and refine Fundamental Movement Skills (FMS).

Notably, quality PE lessons prioritise: holistic health (physical, social, emotional, cognitive and spiritual); offers diverse PE learning opportunities and instruction; interest in the activities and learning is shown by significant others; are positive and encouraging experiences; FMS are developed in the early years of school; is developmentally appropriate; engaging and enjoyable; inclusive; and enable all children to succeed (Lynch, 2005). Finally, children respect one another and any societal miscon-

ceptions/discourses are addressed sensitively by the teacher. It is recommended that QPE is implemented using: the socio-cultural approach; movement/physical activity at the core of H, W & PE; teachers promote social justice; and a learner-centred approach to learning and teaching (constructivist) emphasises students solving problems, making decisions and taking action to promote health (QSCC, 1999).

Supporting research indicates that many children unfortunately have limited FMS at the beginning of secondary school (Barnett et al., 2013). This is another socio-cultural aspect of PE that educators need to be mindful of. For it is not inclusive practice to play a game or modified sport when not all children have had opportunities to develop the skills required. Such practices in schools needs to be critically examined as the children who have had prior experiences are often favoured over those who have not.

Educators are therefore challenged to be creative when implementing PE adopting a socio-cultural approach. At all times, the aim should be to maintain inclusivity, by catering for the diverse needs of the class. This is easier said than done and is the greatest modern day challenge for physical educators. Educators' ability to implement strategies to cater for all needs, whilst enabling enjoyment, engagement and challenges, evidences the teacher's mastery of being a quality physical educator. Furthermore, they are encouraged to be creative in their provision of inclusive movement activities and to offer progressive and developmentally appropriate learning experiences.

Whole-School Approaches: Health Promoting Schools Model and Strengths-Based Approach

Looking at the “big picture” of implementing QPE begins globally with the UNESCO “Strategy on Education for Better Health and Well-Being: Contributing to the Sustainable Development Goals” which reflects:

growing international recognition of the inter-relationship between education and health, which necessitates a more comprehensive approach to school health and coordinated action across sectors. The Global Education

First Initiative identifies health as one of the core outcomes of good quality education and the Incheon Declaration states that quality education ‘develops the skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges’. (UNESCO, 2016, pp. 6–7)

This global policy very much relates to the purpose of education—which is to achieve all approaches (cf. p. 30). Furthermore, “Schools are an important setting for promoting a healthy diet and physical education and activity, through a whole-school approach that includes skills-based education” (UNESCO, 2016, p. 14).

An whole-school approach is one that “goes beyond the learning and teaching in the classroom to pervade all aspects of the life of a school” (Public Health England, 2014, p. 10) and includes:

- Culture, ethos and environment: the health and wellbeing of students and staff is promoted through the ‘hidden’ or ‘informal’ curriculum, including leadership practice, the school’s values and attitudes, together with the social and physical environment.
- Learning and teaching: using the curriculum to develop pupils’ knowledge, attitudes and skills about health and wellbeing.
- Partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children and young people’s health and wellbeing.

“Healthy schools” or “health-promoting schools” approaches are used by some schools to help translate the whole-school approach into practice and to enhance health and educational outcomes of their pupils (Public Health England, 2014, p. 10).

Healthy schools is derived from the WHO Health Promoting Schools (HPS) global initiative:

The concept of the health-promoting school is international in its development, with many countries around the world working on programmes which support schools and their communities in better health actions. It complements the WHO School Health Initiative, which provides an impe-

tus for mobilizing and strengthening school health promotion and education activities at local, national, regional and global levels. (WHO, 1996, p. 2)

This derivative can be evidenced by the definition of HPS:

A health-promoting school is a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health. (WHO, 1996, p. 2)

HPS and Healthy School models (whole-school approaches) are in action and advocated internationally. These include: Schools for Health in Europe (SHE) network (<http://www.schools-for-health.eu/she-network>); Healthy Schools network (<http://www.healthyschools.org/index.html>; <https://www.cdc.gov/healthyschools/index.htm>; <https://www.clintonfoundation.org/our-work/alliance-healthier-generation/programs/healthy-schools-program>); Project Healthy Schools (<http://www.projecthealthyschools.org/>); Health Promoting Schools New Zealand (<https://www.cph.co.nz/your-health/health-promoting-schools/>); Australian Health Promoting Schools (<https://www.achper.org.au/advocacy/australian-health-promoting-schools>); and Healthy Schools London (<http://www.healthyschools.london.gov.uk/>).

The WHO Health Promoting Schools concept influenced the development of the Australian Health and Physical Education curriculum which adopted the socio-cultural approach, as described by Lynch (2016, p. 93):

The concepts outlined in the national curriculum documents that laid the foundations for the 1999 Queensland HPE syllabus and later the 2013 Australian Curriculum (Health and Physical Education) are closely aligned with the Health Promoting Schools (HPS) principles (Centre for Primary Education, 1998; Lynch, 2013c). The Australian HPS Association was established in 1994 and HPS developed in Australia around the same time as the development and implementation of the 1999 HPE curriculum documents.

As illustrated by the whole-school approach attributes above (Public Health England, 2014), “Health promoting schools are schools which display, in everything they say and do, support for and commitment to enhancing the emotional, social, physical and moral well being of all members of their school community” (Centre for Primary Education, 1998, p. 2).

The Health Promoting Schools (HPS) concept was developed to promote health in education (World Health Organisation, 1996). The Health Promoting Schools Model encompasses program implementation as it describes the broad, holistic framework for the implementation of health education beyond the boundaries of the classroom (Queensland Government, 2003b). It offers “a suitable approach because it encompasses a range of influences internal and external to the school environment” (O’Dea & Maloney, 2000, p.4). The HPS model comprises three overlapping elements: (1) curriculum, teaching and learning; (2) school organization, ethos and environment; and, (3) partnerships and services. The overlapping components “need to be considered as a whole rather than as separate entities”. (Australian Health Promoting Schools Association, 1996, p. 1) Implementing across the three elements allows for a more comprehensive promotion of health (World Health Organisation, 1994) and therefore forms an ideal framework for the strands of HPE: enhancing personal development; developing the concepts and skills for physical activities; and promoting the health of individuals and communities (Queensland Government, 2003c). (Lynch, 2016, pp. 93–94)

These three elements relate directly to the elements of QPE (Fig. 1.1, cf. p. 11) and are underpinned by the socio-cultural approach. In particular, the third element—partnerships and services which Public Health England describe as “proactive engagement with families, outside agencies, and the wider community to promote consistent support for children and young people’s health and wellbeing” (2014, p. 10). Community partnerships sit within a “strengths based” approach to education. According to the Australian curriculum, the strengths-based approach is contextual (cf. Fig. 1.1):

This approach affirms that all students and their communities have particular strengths and resources that can be nurtured to improve their own

and others' health, wellbeing, movement competence and participation in physical activity. The curriculum recognises that students have varying levels of access to personal and community resources depending on a variety of contextual factors that will impact on their decisions and behaviours. (Australian Curriculum, 2019)

Research on the strengths-based approach within H, W & PE found that community partnerships do offer opportunities to “increase the scale of effectiveness of activities, reduce transaction costs, bring together resources and tools that otherwise would not be available to one actor only and it helps to mutually understand perspectives that otherwise would not be understood appropriately” (Leisinger, 2015).

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