CHAPTER 3

Approaches to Health and Wellbeing

It is suggested that a curriculum approach reflects views of schools and society (Ornstein & Hunkins, 2017). An educator's curriculum approach may conflict with the formal organisational view, as teacher's approaches can be influenced by external or governing bodies:

> The school curriculum is never value free as it either implicitly or explicitly embodies a particular educational philosophy related to the purpose of education. Different approaches to education also embrace a range of beliefs about the role of education, the place of schools in society and what it means to be educated. (Australian Government, 2014, p. 17).

Associations between public health and HPE can be traced back as far as the 1800s (Alfrey & Brown, 2013). Hence, educators need to also be aware of the influence of external or governing bodies and ulterior motives (Stirrup & Hooper, 2022). In particular, the term 'Governmentality' has been coined, which is concerned with the art of government (Chamberlain, 2014). Governmentality comes from the work of Michel Foucault and involves public health regulation as an "exemplary paradigm of the deployment of governmental strategies that seek to shape the conduct of individuals and collectives" (Tinning, 2010, p. 147). Thorpe warns that governmentality illustrates a "declining faith in the institutions responsible for governing education" (2003, p. 147). However,

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it is argued that "professionalism in learning areas should be trusted to develop the best curriculum" (Australian Government, 2014, p. 116).

The modern approach towards public health and health education considers determinants of lifelong health and wellbeing—some factors being more in the individual's control than others (Corbin et al., 2011). Health and wellbeing lifestyle determinants include:

- Personal actions and interactions—cognitions and emotions (greater individual control)
- Healthcare system access and compliance (some individual control)
- Environmental factors—physical, social and cultural, spiritual, work-site, other (some individual control)
- Heredity, Age, Disability (individual has least control) (p. 10).

The literature acknowledging the 'big picture' of health and the determinants which may or may not be in an individual's control sits within the World Health Organisation's (WHO) definition of health; "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political beliefs or economic and social condition" (WHO, 1948). Hence, the next element of quality physical education when exploring health approaches that influence teachers and children is whole child development (cf. Figure 1.2). However, the findings from a research study in a case study school suggest that children's physical health is the key to the promotion of wellbeing.

> Physical education was prioritised by the school with a specialist teacher employed to passionately implement one hour of PE each week for all pupils. This was supplemented by the classroom teachers implementing another hour, giving the children two hours of PE each week. There were also lunchtime, inter-school and intra-school competitions organised for children from Year 2–6. Experiential learning and learning through movement were further prioritised with the introduction of nature-based Forest School (Tiplady and Menter 2020). This was a 2-h lesson per fortnight. Holistic education through movement was also enabled through play-based education in the early years (Lynch 2019). Learning through the physical dimension offered balance to the content across maths, reading and writing. Teachers' well-being was also an essential variable to curriculum

> recovery and was prioritised by offering Pilate's classes every Monday afternoon, free of charge. This was implemented using a strength-based approach and again by using staff meetings to complete work that would normally have to be done after school (Maslow 1943). Through discussions, observations and interviews (assessing and monitoring), teacher's well-being improved as did the children's. (Lynch, 2022, pp. 12–13)

Through this exploration, the complexity of implementing health and wellbeing in schools is identified (Cale & Harris, 2023). It is important to note that holistic development has not always been the priority as the following health approaches illustrate.

Biological Approach

Medical Model

The medical model is individualistic; it focuses on cure rather than prevention and subsequently members of society who are diseased. The healthcare system is a key player in the medical model where "traditional medicine has focused primarily on the treatment of illness with medicine, rather than illness prevention and wellness promotion" (Corbin et al., 2011, p. 10).

> Developed during the age of Enlightenment in the 18th Century, when the traditional natural sciences began to dominate academia and medical practice. The belief that science could cure all illness and disease has remained a core element of modern medicine. This concept of health may be easier to understand as it makes health an attribute you can measure simply by determining if a disease is present or not. However, the strong emphasis on the absence of disease as an indicator of good health, and the overdependence on the influence of medical science in health, ignores the power of other important influences. (Community Development & Health Network, n.d)

The medical model does not sit within the WHO's definition of health (1948) and has three major criticisms:

- it supports the false notion of dualism in health, whereby biological and psychological problems are treated separately;
- it focuses too heavily on disability and impairment rather than on individual's abilities and strengths and

- it encourages paternalism within medicine rather than patient empowerment (Swaine, 2011).

Behavioural Approach

Similar to the behavioural approach in education, health objectives can be perceived as being deliberate, systematic, planned attempts to change behaviour. It assumes that simply by advocating and providing information about having a healthy lifestyle [optimal wellbeing] is enough to change an individual's behaviour. Information such as:

- Engaging in regular physical activity
- Eating well
- Managing stress
- Avoiding destructive habits
- Practising safe sex
- Managing time
- Being an informed consumer
- Adopting good health habits
- Adopting good safety habits
- Learning first aid (Corbin et al., 2011, p. 10).

Transtheoretical Model of Behaviour Change

The transtheoretical model of behaviour change [also known as stages of change] (Prochaska & DiClemente, 1983; Prochaska et al., 1992) is founded on changing behaviour of an individual by practising self-management and self-planning skills. The model acknowledges that most people find it extremely difficult to make healthy lifestyle changes, relates to the level of motivational readiness to adopt a specific health behaviour and is an iterative and integrative process (similar to the inquiry-based approach). It is an example of a biopsychosocial model used to conceptualise the process of intentional behaviour change. However, it does assume that all determinants are within an individual's control.

Prochaska and his colleagues suggest that there are five stages of lifestyle change:

- Precontemplation—I don't want to change
- Contemplation—I am thinking about change
- Preparation—I am getting ready to make a lifestyle change
- Action—I have made some lifestyle changes
- Maintenance—I regularly practice healthy lifestyles (active for years, behaviour is automatic); sometimes referred to as termination (e.g. No longer smoke) (Corbin et al., 2011).

The factors influencing change include:

- Personal factors—age, gender, heredity, current health and fitness
- Predisposing factors—self-confidence, self-efficacy, safe environment, access (Am I able?); and self-motivation, enjoyment, balanced attitudes, beliefs and knowledge (Is it worth it?)
- Enabling factors—goal setting, self-assessment, self-monitoring, self-planning, performance skills, coping skills, consumer skills and time management
- Reinforcing factors—success, family support, peer support and support of health professionals (Corbin et al., 2011, p. 25).

Being familiar with constraints and the ability to overcome such barriers is a key self-management skill. Also, knowing the reasons why people do carry out the behaviour one is aspiring towards can assist. Self-planning is also a focus and is viewed as an important self-management skill. Self-planning skills include:

1. Clarifying reasons
2. Identifying needs
3. Setting personal goals
4. Selecting programme components
5. Writing the plan
6. Evaluating progress (Corbin et al., 2011).

Social Approach to Health

Social Model to Health

The social model of health was developed in reaction to the traditional medical model. The social model examines all the factors which contribute to health such as social, cultural, political and environment (e.g. poor housing), as it is well documented that both stress and low self-esteem can have a negative impact on health (Wilkinson & Marmot, 2003).

Social-Ecological Model (SEM)/Social-Cultural Approach

As stated by Lynch (2012), the complex layers of relationships between individuals and groups, involving personal, interpersonal and environmental factors which can be categorised as constraining and enabling, are captured within the social-ecological model designed by Sallis et al. (2006). The Social-Ecological Model (SEM) approach identifies potential environmental and policy influences on four domains of active living: recreation, transport, occupation and household. The SEM is supported by McMurray (2007) who suggests that community is a socio-ecological concept and

> systems of dynamic, interactive relationships between people and their physical, geographic, personal and social networks. Communities are ecological in that the relationships within the community not only connect people to the community, but give back to the community what it needs to sustain itself. (p.13)

Within literature more recently the SEM has been used to identify barriers for primary school classroom teachers responsible for teaching PE:

> used to provide a conceptual framework to analyse, explore and understand the multiple factors that influence teacher behaviours at the intrapersonal (individual), interpersonal (social), physical environment and policy levels (Elder et al., 2007; Hyndman, Benson, & Telford, 2014; Whittle, Telford, & Benson, 2015). The intrapersonal level consists of genetic characteristics, psychological influences (Stokols, 1992), learning histories (Hovell et al. 2009), behaviours, intentions and expectations (Glass and McAtee 2006). The interpersonal level consists of socio-cultural influences that interact with an individual such as family, friends, peers, cultures

> and support networks (Wattchow et al., 2013). The physical environment level refers to the structural components and resources within an environment that either facilitate or reduce the potential for a behaviour or outcomes (Wattchow et al., 2013). The policy environment level refers to laws, regulations and policies that impact behaviour across jurisdictions such as uniform requirements, access to funding and teaching guidelines. Combined, these factors can influence the behaviour of teachers and educators (Wattchow et al., 2013). (Hyndman, 2017, p. 27).

SEM's relevance has been identified across the globe. Furthermore, the growth and needs within various school communities are described:

> Reflecting increasing interest in not just students' academic performance, but their overall health and well-being, these curriculum reforms emphasise students' social and emotional skills and experiences, alongside cognitive development and academic outcomes. Such reforms often recognise the complex pathways for these outcomes to be developed in inter-dependent and ecological contexts. (OECD, 2019, p. 75)

Within the education field and specifically the implementation of the holistic Health, Wellbeing and Physical Education (H, W & PE) curriculum, the Social Model of Health has been represented and described in policy documents and literature as the socio-cultural approach. The socio-cultural approach relates directly to an inclusive learning experience for all children, catering for the diverse needs of a school community (Stirrup & Hooper, 2022). This approach is supported by the OECD Future of Education 2030: Making Physical Education Dynamic and Inclusive for 2030 report:

> Alongside the global trends that are rapidly changing the world, countries and jurisdictions must adapt and respond to nuanced local circumstances, priorities and expectations rooted in social, cultural and historical contexts... it is suggested to develop and deliver dynamic and inclusive physical and health education curriculum for children and adolescents today, and to ensure an effective implementation entrusted with agency models. (OECD, 2019, p. 74)

Hence, within the education field and specifically in relation to how the holistic H, W & PE 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 et al., 2008, p. 32). Recent reforms in countries around the world in physical and health education are widely motivated by concerns over student wellbeing (OECD, 2019). "Well-being is not a singular or static concept. It encompasses a broad range of psychological, cognitive, social and physical qualities that underpin the overall development of the whole person" (OECD, 2019, p. 75).

Holistic HPE is described by Lynch and Soukup (2016):

> The introduction of the sociocultural approach saw a philosophical shift using a "holistic" discourse in PE. This holistic view was influenced by an inclusive ideology and in some regions of the world was relabelled HPE. This shift has occurred on numerous occasions throughout history, but most recently began as a complex counter discourse to those associated with the "body as object" [dualism] philosophy. The whole child view was "informed by critical pedagogues and pedagogy in Australia, the United Kingdom and New Zealand in the 1980s and 1990s" (Cliff, Wright, & Clarke, 2009, p. 165). This holistic discourse had important implications for PE teachers and students, "because its attention to social and cultural influences on health put it in opposition to notions which locate responsibility for health almost solely in the individual and their decisions" (Cliff et al., 2009, p. 165). This discourse changed perception of the body as a separate object, to that of the "whole person"; body, mind, spirit and well-being, along with their social and cultural context.

The socio-cultural approach in education and in particular, H, W & PE, is described in more detail in Chapter 10.

SEM and specifically the socio-cultural approach are essential to achieve UNESCO's goal to enable the promotion of better health and well-being for all children and young people. "This, in turn, will contribute to achievement of the Sustainable Development Goals [SDGs], particularly those related to education, health and gender equality" (UNESCO, 2016, p. 8). The SDGs apply to all countries, developed and developing (Lynch, 2016) and build on the 2000–2015 Millennium Development Goals (MDGs), 'Transforming our world: the 2030 Agenda for Sustainable Development', consists of 17 Goals and 169 targets. These goals "are truly global challenges that require solutions involving all countries" (Thwaites, 2015).

Goals 3 and 4 are representative of H, W & PE. In particular specific Targets 3.4, 3.d and 4.1:

Goal 3: Ensure healthy lives and promote wellbeing for all at all ages.

3.4—By 2030, reduce by one-third premature mortality from noncommunicable diseases (NCD) through prevention and treatment, and promote mental health and wellbeing.

3.d—Strengthen the capacity of all countries, in particular, developing countries, for early warning, risk reduction and management of national and global health risks.

Goal 4: Ensure inclusive and quality education for all and promote lifelong learning.

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education, leading to relevant and effective learning outcomes.

As Target 3.4 and research indicates, mental and social wellbeing is promoted by engaging in regular physical activity (Commonwealth of Australia, 2014; Lynch, 2015; Parkinson, 2015; Public Health England, 2015; Richards, 2016; Salmon et al., 2011). Furthermore, "According to the United Nations (UN) 'partnerships' are essential for implementation of Sustainable Development Goals (SDG) and continued efforts towards equality in health and wellbeing" (Lynch, 2016, p. 1). This is supported by Elliott who suggests that at the "core of promoting children's health and wellness in early childhood and school environments is communication and partnerships with families, and strong links between school, home and community" (2014, p. 191).

Reflecting on the inclusive socio-cultural approach towards holistic HW & PE, UNESCO's goal is to enable the promotion of better health and wellbeing for all children and young people—specifically through working towards the Sustainable Development Goals. Clarity is offered in the description of physical education, described "as the only curriculum subject whose focus combines the body and physical competence with *values-based learning* and communication, [which] provides a learning gateway to grow the skills required for success in the 21st Century" (UNESCO, 2015, p. 6). Values-based learning and the opportunities for teaching and learning experiences in HPE will be investigated in Chapters 9 and 10.

Reflection

In this chapter key approaches to health and wellbeing are discussed. Think about your context. Does the medical model exist? How is the behavioural approach presented? How does the socio-cultural approach influence your context? Is there a predominant approach in existence within your context? If so, why do you think this is the case?

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