

Introduction

Abstract This chapter introduces the partnership story, offering guidance to various local and global community stakeholders in understanding contemporary directions and future priorities for Health, Wellbeing, and Physical Education (HW & PE). According to the United Nations (UN), ‘partnerships’ are essential for implementation of Sustainable Development Goals (SDG), and subsequently, continued efforts towards equality in health and wellbeing. Hence, the partnership journey is significant as it offers insight to the future of HW & PE. This story is timely as ground level ‘partnerships in action’ forms a present gap in research.

This story is about partnerships, educational opportunities, trials and tribulations, learning successes, and gratitude. The storyline presented inter-weaves narrative threads to emerge ideas, themes, and patterns (Ewing 2010). The purpose of the text is to offer guidance to various local and global community stakeholders in understanding contemporary directions and future priorities for Health, Wellbeing, and Physical Education (HW & PE). 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. The partnerships in this storyline are, namely, community collaborations between primary schools, universities, and community-based sports organisations

which United Nations Educational, Scientific and Cultural Organisation (UNESCO) declares are “essential to accommodate broader life-long educational outcomes, including health and well-being, as well as personal and social development” (UNESCO 2015, p. 44). The Vice President for Global Advocacy—World Vision, Mr. Charles Badenoch, stated at the UN Economic and Social Council (ECOSOC) special event—‘2015 Multi-Stakeholder partnerships: Making them work, for the Post-2015 Development Agenda’; that there is a gap in information on partnerships in action, cross sector partnerships that work, and at present, there is a need for reporting from the ground level. “Unfortunately today there is a dearth of data on the effectiveness of partnerships... we need to learn from what works and what doesn’t work... all cross sector partnerships at all levels” (Badenoch 2015). Hence, the sharing and advocacy of this community partnership initiative storyline is significant.

The SDGs recently succeeded the 2000–2015 Millennium Development Goals (MDG), which, however, have a fundamentally different audience. The MDG goals, which applied only to developing countries (Thwaites 2015), “helped to lift more than one billion people out of extreme poverty, to make inroads against hunger, to enable more girls to attend school than ever before and to protect our planet” (United Nations 2015, p. 3). The MDGs included:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Global partnership for development

THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS

The SDGs “apply to all countries, including Australia” (Thwaites 2015), which is the platform nation for the shared partnerships. The SDGs officially succeeded the MDGs at the UN summit on 25 September 2015, when Resolutions were adopted. The SDG plan is to be implemented through collaborative partnerships and build on from the MDGs. ‘Transforming our world: the 2030 Agenda for Sustainable Development’, consists of 17

Goals and 169 targets, all designed to be activated over the next 15 years. These goals “are truly global challenges that require solutions involving all countries” (Thwaites 2015) and include:

Goal 1: End poverty in all its forms everywhere.

Goal 2: End hunger, achieve food security and improved nutrition, and provide sustainable agriculture.

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

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

Goal 5: Achieve gender equality and empower all women and girls.

Goal 6: Ensure availability and sustainable management of water and sanitation for all.

Goal 7: Ensure access to affordable, reliable, sustainable, and modern energy for all.

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialisation, and foster innovation.

Goal 10: Reduce inequality within and among countries.

Goal 11: Make cities and human settlements inclusive, safe, resilient, and sustainable.

Goal 12: Ensure sustainable consumption and production patterns.

Goal 13: Take urgent action to combat climate change and its impacts.

Goal 14: Conserve and sustainably use the oceans, seas, and marine resources for sustainable development.

Goal 15: Protect, restore, and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable, and inclusive institutions at all levels.

Goal 17: Strengthen the means of implementation and revitalise the global partnership for sustainable development.

Goal 3 and 4 are representative of HW & 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 non-communicable 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.

The World Health Organisation's (WHO) definition of health is “a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity” (WHO 1948). Furthermore, as target 3.4 and research indicates, mental and social wellbeing is promoted by engaging in regular physical activity (Commonwealth of Australia 2014a; Lynch 2015d; Public Health England 2015; Richards 2016; Salmon et al. 2011; Parkinson 2015). Specifically, children 5–12 years are recommended moderate-to-vigorous intensity physical activities for at least 60 minutes a day for social, emotional, intellectual, and health benefits (Commonwealth of Australia 2014b). Physical education “is the entry-point for lifelong participation in physical activity” (UNESCO 2015, p. 6) and quality physical education (QPE) is “enshrined in UNESCO’s 1978 International Charter of Physical Education and Sport, which outlines the case for physical education as a fundamental right for all, and an essential element of lifelong education” (UNESCO 2015, p. 11).

The International Charter was developed in June 1977 and May 1978 through the working sessions of UNESCO’s Intergovernmental Committee for Physical Education and Sport (CIGEPS) with other relevant organisations such as the International Council for Health, Physical Education, Recreation, Sport and Dance (ICHPER-SD). The International Charter of Physical Education and Sport was established to counteract the already identified problem of the negative attitudes to the status of PE and sport within school systems (Yang 2004; cited in Lynch 2015c). Today, it is universally acknowledged that physical activity is an important part of healthy functioning and wellbeing. Bailey, Hillman,

Arent, and Petitpas frame the benefits of sport-related forms of physical activity as capitals: Emotional, Financial, Individual, Intellectual, Physical, and Social (2013).

The year 2015 was identified as the time for global action to end poverty, *promote* prosperity, and *wellbeing for all*, protect the environment and address climate change. This identification espouses the significance of HW & PE in schools. Paragraph 37 of the 'Transforming our world: the 2030 Agenda for Sustainable Development' Resolution adopted by the UN General Assembly states explicitly the important role sport plays in relation to HW & PE, confirming the significance of the physical dimension:

37. Sport is also an important enabler of sustainable development. We recognize the growing contribution of sport to the realization of development and peace in its promotion of tolerance and respect and the contributions it makes to the empowerment of women and of young people, individuals and communities as well as to health, education, and social inclusion objectives.

International Olympic Committee (IOC) President, Thomas Bach, shared, "This new UN Agenda specifically acknowledges the important role that sport plays promoting healthy lifestyles, education and social inclusion" (<http://www.olympic.org/news/un-general-assembly-includes-sport-in-post-2015-sustainable-development-goals/247226>). Sport is defined as a logical extension of a school's PE programme (Commonwealth of Australia 1992) which sits within the HW & PE umbrella. "Physical education, as the only curriculum subject whose focus combines the body and physical competence with values-based learning and communication, provides a learning gateway to grow the skills required for success in the 21st Century" (UNESCO 2015, p. 6). Moreso, it advocates inclusion, "a physically educated person demonstrates understanding of and respect for differences among people in physical activity settings" (Gallahue and Donnelly 2003, p. 144). Within Australia, the context for the partnership storyline, this relationship has been espoused over many decades:

physical education began to be positioned towards the end of the 1940s as the 'foundation stone' for children's participation in sport, as the site in which the skills required for sports participation should be developed, and for the first time making an explicit connection between school physical education and lifelong participation in physical activity (Kirk 2014).

Supplementing sport as an important enabler of sustainable development within the Oceania region, Thwaites explicitly identifies NCD as an Australia-specific SDG target (2015). NCDs include obesity, heart disease, stroke, cancer, chronic respiratory disease, and diabetes and “between six and ten per cent of all deaths from NCDs can be attributed to physical inactivity” (UNESCO 2015, p. 6). Hence, physical activity plays a major role in reducing the risk of NCDs and increasing wellbeing.

MOVEMENT PRIORITY

This journey focusses on a PE perspective on health and wellbeing. Wellbeing can be defined as “a state of feeling good about ourselves and the way our lives are going” (Commonwealth of Australia 2014a, p. 1). The key learning area underpinning HW & PE in Australian schools is ‘Health and Physical Education (HPE)’;

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. (Australian Curriculum, Assessment, and Reporting Authority (ACARA) 2015, p. 4).

Within the dimensions of health, physical, social, emotional, mental, and spiritual, while it is acknowledged that all are significant, it is the ‘physical’ explicitly named in the nomenclature, and the value of movement, that forms the foundation of the HPE learning area.

Health and Physical Education is the key learning area in the curriculum that focuses explicitly on developing movement skills and concepts students require to participate in physical activities with competence and confidence. The knowledge, understanding, skills, and dispositions students develop through movement in Health and Physical Education encourage ongoing participation across their lifespan, and in turn, lead to positive health outcomes. Movement competence and confidence is seen as an important personal and community asset to be developed, refined, and valued.

The study of movement also provides challenges and opportunities for students to enhance a range of personal and social skills and behaviours that contribute to health and wellbeing. (ACARA 2015, p. 5).

While it is acknowledged that wellbeing can be achieved through all health dimensions, PE is the focus within this initiative storyline and which sits within the Health and Physical Education (HPE) key learning area. According to UNESCO “physical education forms a foundation for positive patterns of behaviour and is the best way to access and systematically engage children and youth in a rounded and healthy lifestyle” (2015, p. 44). While the PE collaborative programme did relate to sports, ‘quality physical education’ remained the focus at all times. QPE is defined by UNESCO as:

the planned, progressive, inclusive learning experience that forms part of the curriculum in early years, primary and secondary education. In this respect, QPE acts as the foundation for a lifelong engagement in physical activity and sport. The learning experience offered to children and young people through physical education lessons should be developmentally appropriate to help them acquire the psychomotor skills, cognitive understanding, and social and emotional skills they need to lead a physically active life. (2015, p. 9).

This is why leadership, planning, mentoring, inclusivity, and quality pedagogy are essential elements for pre-service teachers to develop.

MULTI-STAKEHOLDER PARTNERSHIPS

The International Civil Society Centre (ICSC) report defines transnational multi-stakeholder partnerships (MSPs) as “institutionalised trans-boundary interactions between public and private actors, which aim at the provision of collective goods” (2014, p. 6); furthermore, it is explicitly identified that MSPs are yet to deliver to their potential.

We urgently need a diverse set of partnerships at all geographic levels: the global, regional, and above all, at the national level. Trickle down development does not reach the most vulnerable, and we need to make sure that these partnerships really focus on the most vulnerable. (Badenoch [Vice President for Global Advocacy—World Vision] 2015).

The HW & PE project, ‘Best Start: A community collaborative approach to lifelong health and wellness’ combines community strengths involving local and global partnerships, also referred to as a strengths-based approach. What began as a pathway seed quickly grew to involve

an Australian university, schools, Australian Registered Training Organisations (RTO), the local health industry (local leisure and sports centre), Education departments, sport governing bodies at the national level, and a world leading international Initial Teacher Education (ITE) university course in the UK. Similarly, the strengths-based model was adopted by Sport England ‘use our school’ initiative who are “committed to helping people and communities across the country create sporting habits for life” (<http://www.sportengland.org/facilities-planning/use-our-school/>). All local and international partnerships were initiated and developed without funding which makes this initiative appealing and tangible for teacher education globally. This distinct project espouses the power of human relations to optimise learning and equality.

The collaborations involved pre-service teachers teaching HPE lessons to children during their university tutorials, marrying the theory traditionally learnt in university classrooms with the experience-based knowledge located often only in schools. It was envisaged that this marriage enabled a meaningful learning and teaching experience. A lack of connection between the theory and practice is recognised as a perennial problem in Teacher Education courses and termed the Achilles heel of education (Zeichner 2010).

Community partnerships such as ‘Best Start—a community collaborative approach to lifelong health and wellness’, offers experiential learning where the curriculum is relevant, engaging, contemporary, physically active, enjoyable, and developmentally appropriate for all stakeholders, namely, university pre-service teachers (Table 2.1), local primary school children and classroom teachers. Win-win elements are identified within good partnerships which is why strengths-based approaches are espoused by education authorities globally and nationally. Furthermore, research “has confirmed that pupils are more likely to be physically active in schools with well-established school-community partnerships” (UNESCO 2015, p. 44). This was detailed by the Founder and President of Global Values Alliance Foundation during the 2015 UN 2015 Multi-stakeholder partnership forum:

It increases the scale and effectiveness of activities, it reduces transaction costs, it brings 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).

LOCALISING POLICY THROUGH PARTNERSHIPS

The UN SDG agenda provides a focal point for governments, influencing policies and programmes at all levels: global, regional, national, and local. The SDGs and targets are aimed to be contextualised for different nations and their level of development. “The SDGs are relevant to developed countries like Australia” (Thwaites 2015) and should be incorporated into national, state, and local government processes.

Research suggests that the optimum time for children to learn and refine their motor skills and to be introduced to positive HPE experiences is as early as possible, preferably during preschool and early primary school years (Branta et al. 1984; Commonwealth of Australia 1992; Espenschade and Eckert 1980; Kirk 2005; Lynch 2011; 2014a, b, c; 2015a, b, c, d, e). Within the Australian context it is argued that although Australian education policies strongly advocate HPE and physical activity, requirements do not appear to be consistently enacted (Lynch 2014b; Curry 2012). A similar ‘gap’ also exists on an international scale (Hardman 2008). Curry argues that in Australia while “state governments have standards in place to ensure all children are provided the opportunity to participate in physical education classes, these are rarely met” (2012, p. 17). This is where impetus on partnerships may hold the key to successful policy implementation.

In the UN Secretary General’s synthesis report ‘The road to dignity by 2030: ending poverty, transforming all lives, and protecting the planet’, Ban Ki-Moon stressed ‘partnerships’ when he wrote:

The sustainable development goals provide a platform for aligning private action and public policies. Transformative partnerships are built upon principles and values, a shared vision and shared goals: placing people and the planet at the centre. They include the participation of all relevant stakeholders, in which mutual accountability is critical. This means principled and responsible public-private-people partnerships. (United Nations 2014, p. 24).

President Clinton proposed during his keynote address at the UN’s ECOSOC Partnerships Forum that SDGs “can only be reached through broad-based partnerships” (United Nations 2015). Opening remarks from the Deputy Secretary General of the UN, Mr. Jan Eliasson (2015) supported Clinton. Eliasson stressed that there must be a shift from a vertical ‘silo’ approach to one that is horizontal and cross-cutting. “We

must have inclusive partnerships at all levels: local, national, regional and global.” It is argued that HPE is an ideal learning area for promoting equity in education (Lynch 2013) and specifically “quality physical education is a platform for inclusion in wider society, particularly in terms of challenging stigma and overcoming stereotypes” (UNESCO 2015, p. 6). Eliasson named Education as a focus for partnerships and explicitly ‘innovative initiatives’. “We need to convene partners and pool resources to improve access to basic education. And we need to enhance quality education at higher levels.” Whether implementing curriculum in schools or enacting international and national health goals, partnerships are essential. Hence, ‘Partnerships’ are a key theme interwoven throughout this story (Fig. 1.1).

ECOSOC held the ‘2015 Multi-Stakeholder partnerships: Making them work, for the Post-2015 Development Agenda’ on 28 February 2015. During the Opening statement Martin Sajdik, ECOSOC President, discussed multi-stakeholder partnerships involving engagement of civil society, business, philanthropy, academia, and others, have been mushrooming over the last two decades. Sajdik gave particular emphasis to success at national levels. “Partnerships are important on a global level but it can be vital making them work on a national level. For what really counts and what is noticed by the citizens of the member countries happens on the national level (Sajdik 2015).” While the partnership community collaborations in this storyline did have international connections, the context was predominantly at the Australian national level.

When localising global HW & PE goals such as the SDGs, Manning recommends two fundamentals:

1. To build a set of structured processes and resources that strengthen the developmental system in socially disadvantaged communities to make possible sustainable improvements in the wellbeing of children; and
2. To test the processes for both efficacy in fostering community coalitions empowered to achieve collective impact and transportability to new communities. (2014, p. 44).

Elliott 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).” Furthermore, Elliott refers to ‘connected-

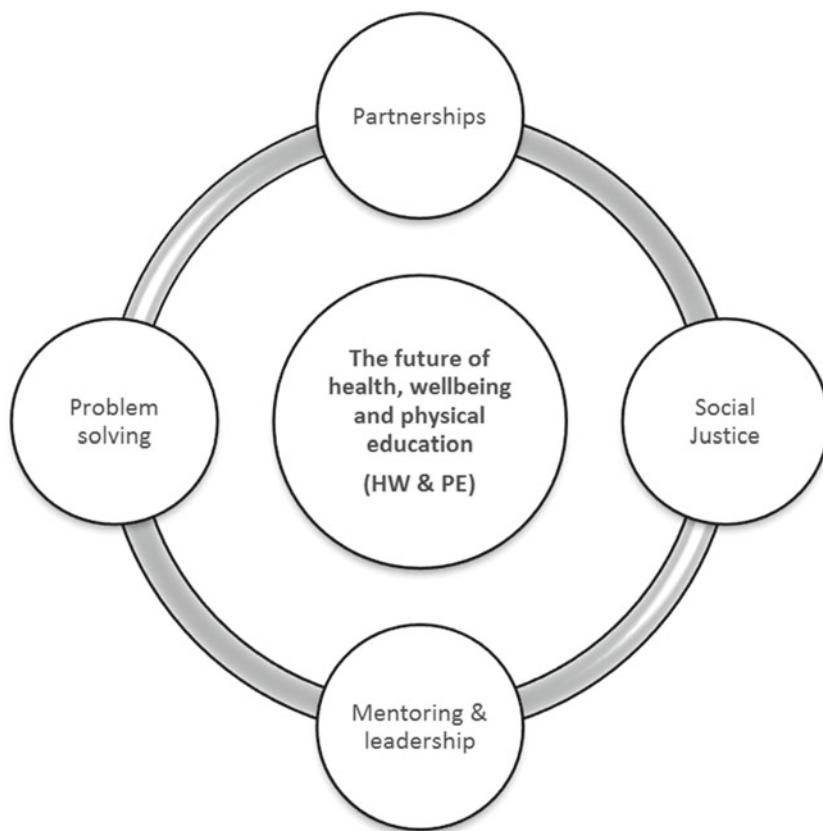


Fig. 1.1 Conceptual Framework for health, wellbeing, and physical education, 'Best Start: A community collaborative approach to lifelong health and wellness'

ness' described as "a deep level of engagement with caring, teaching and learning" (2014, p. 191), relating to a sense of personal self-worth, interpersonal awareness, and healthy relations which advocate socio-emotional harmony. In relation to curriculum and pedagogy, it is essential that children are actively engaged and inspired. Families are unique, and therefore, implementation is contextual. It takes time and interpersonal skills to get to know families, and similarly, to build trust with any stakeholder (Elliott 2014; Lynch 2013).

UNESCO supports Elliott and extends partnerships through physical education, from the family to the broader community:

When considering the role of physical education in promoting engagement in healthy, active lifestyles through the life course, the development of partnerships—between schools and community-based sports organisations and clubs—is essential to accommodate broader life-long educational outcomes, including health and well-being, as well as personal and social development. (UNESCO 2015, p. 44).

SOCIAL JUSTICE: NATIONAL

Another key theme of this storyline is social justice (Fig. 1.1). A large percentage of the Gippsland region which sets the scene for this initiative comprises of a socio-economically disadvantaged population. The goals established at the Melbourne Declaration on Educational Goals for Young Australians (MCEETYA 2008) were “about equity and social justice and improved learning outcomes for our most disadvantaged and isolated students” (Ewing 2010, p. 127). Goals include:

Goal 1: Australian schooling promotes equity and excellence.

Goal 2: All young Australians become:

- Successful learners
- Confident and creative individuals
- Active and informed citizens

These goals have driven the recent Australian Curriculum reform; supported by socio-critical pedagogy in education and underpinned by a socio-cultural perspective. This perspective is inclusive and promotes social justice (QSCC 1999):

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 well-being. 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).

A commitment to action in achieving the Melbourne Declaration goals include: promoting world-class curriculum and assessment; and improv-

ing educational outcomes for the disadvantaged young Australians, especially those from lower socio-economic backgrounds.

Equity and social justice advocated by international policy such as the UN 2030 Agenda for Sustainable Development, and Convention on the Rights of the Child (CRC) filter down to Australian national policy and curriculum documents such as: Australian Curriculum—Health and Physical Education, The Early Years Learning Framework for Australia—Belonging, Being, and Becoming (Commonwealth of Australia 2009), Eat for health—Australian Dietary Guidelines (Commonwealth of Australia 2013a), A picture of Australia's children 2012 (Australian Institute of Health and Welfare 2012), Australia's Physical Activity and Sedentary Behaviour Guidelines (Commonwealth of Australia 2014b), Staying Healthy (5th edition)—preventing infectious diseases in early childhood education and care services (Commonwealth of Australia 2012), Social and Emotional Wellbeing—A teacher's guide (Commonwealth of Australia 2013b), and Social and Emotional Wellbeing—A guide for children's services educators (Commonwealth of Australia as represented by the Department of Health and Ageing 2012). These policies, guidelines, and curriculum documents have resulted in various national government initiatives.

The Australian Research Alliance for Children and Youth (ARACY) conducted an empirical study involving over 3700 participants. Australia ranked in the top third of the Organisation for Economic Cooperation and Development (OECD) countries for 12 of the 46 indicators and in the bottom third for “jobless families, infant mortality, incidence of diabetes and asthma, young people in education, 3–5 year olds in preschool and carbon dioxide emissions” (ARACY 2013, p. 4). The findings indicated there had been no improvement in the majority of areas from the previous report in 2008 despite considerable policy developments and initiatives (Lynch 2015b). According to Manning “interventions that have occurred have tended to lack important collaborative relationships with key institutions within communities; this is especially the case in socially and economically disadvantaged areas” (2014, p. 44). In this partnership, community collaborative story, international, and national policies were enacted and improvements clearly evidenced.

An apparent pre-service teacher benefit included extended learning opportunities, as lessons provided ‘hands on’ practical, experiential learning, and teaching, while minimising transaction costs. Lessons also provided local primary school children with quality swimming, sport sessions, and tennis coaching (at no cost). This created learning experiences for the children

that they would otherwise not have had, enabling connections to be made between families, clubs, and facilities. Furthermore, professional development was delivered for classroom teachers, assisting in teacher confidence and competence and subsequently promoting sustainability of children's health.

Various communities were involved in curriculum and pedagogical research and reform. The project creatively optimised the resources available within a regional/rural community through connections with the wider state of Victoria, as well as Australian and international communities. Programme planning was strengthened through international research with data gathered from England's office for Standards in Education, Children's Services and Skills (Ofsted) 'Outstanding' awarded UK Primary Physical Education course case study (2012 and 2014). International partnerships enabled identification of unique contextual opportunities, and created support networks, which subsequently empowered a renewed purpose. This initiative offers new directions for health promotion and PE implementation in local and global communities.

SOCIAL JUSTICE: LOCAL

This unique journey began in semester one, 2011 at Monash University—Gippsland campus. Monash University (Gippsland campus) is situated in Churchill, Latrobe Valley, located in central Gippsland, eastern Victoria (Australia). A large percentage of the Gippsland region comprises a socio-economically disadvantaged population, influencing the higher/tertiary education sector:

School apparent retention rates are significantly lower in Gippsland than in metropolitan regions. Gippsland has the second lowest retention rate of all regions (10 regions) in Victoria. Only three quarters of students who begin Year 10 progress to the beginning of Year 12.

It is accepted that lower retention rates at Year 12 are a contributing factor to lower levels of participation in post-school education in regional areas (Department of Education and Early Childhood Development [DEECD] 2011, p. 8).

The low aspirations of the region towards education are clear; "The submissions outline that there is a low educational expectation on the part of families, which may be due in part to the overall low socio economic status (SES) and educational attainment in parents" (DEECD 2011, p. 21). Furthermore, "the cost of education is a barrier to participation in tertiary

education in Gippsland" (DEECD 2011, p. 23). Creating opportunities and effectiveness of activities with minimal cost was imperative for the pre-service teachers in this context. The children in local primary schools were also affected by socio-economic status (SES).

There are "clear disparities in health, wellbeing, safety and learning and development outcomes between rural and regional children and young people and their metropolitan counterparts" (DEECD 2013, p. 138). Furthermore, within the state of Victoria health outcomes are "poorest in two regions with lower median family income (Gippsland and Loddon Mallee)" (DEECD 2013, p. 139). A recent survey of Victorian government primary school principals indicated that schools in rural, regional, and remote areas were often small in size and faced barriers in HPE implementation. Although 72.5 % of the 138 schools surveyed had a HPE specialist teacher,

Schools with less than 100 children often shared that it was not possible or financially viable to have HPE specialists due to their rural, regional or remote location. Some principals stated that they were disadvantaged and that funding and professional development was needed to assist. (Lynch 2015b, p. 97).

Higher levels of socio-economic disadvantage and geographical remoteness have been associated with the prevalence of obesity and being overweight. Hence, these factors are also linked to rural Victoria (DEECD 2013, p. 43). Furthermore, children in Victorian rural areas are more likely to be at risk of significant clinical problems in relation to mental health at the beginning of school (DEECD 2013). It is recommended that to maintain wellbeing, one should take physical care, through a healthy diet, regular exercise, and adequate sleep which place emphasis on HPE in schools (www.responseability.org). Rural Victorians report having much lower access to: basic services; facilities; good parks; playgrounds; play spaces; and close, affordable, and regular transport (DEECD 2013), which was another community connection benefit of the Best Start initiative.

MENTORING AND LEADERSHIP

Mentoring and Leadership is another theme of this storyline (Fig. 1.1). Programme planning, learning, and teaching was guided by international research into how best manage the pre-service ITE stakeholders

so that their educational experience was optimised. As mentioned, data was gathered from a university course in south-west England, a model Primary Physical Education course case study was conducted in January 2012 and January 2014. The course was purposefully chosen as it was awarded ‘Outstanding’ by the national regulatory authority, England’s Ofsted (2010/2011). Also, the major course strength explicitly stated in the review was community connections. A qualitative, interpretive study using a case study methodology was adopted to examine the successful primary education course. The research and findings are described in Chaps. 5 and 6.

The ideal of the community collaborations was to create a ‘hybrid space’, involving “non hierarchical interplay between academic, practitioner and community expertise” (Zeichner 2010, p. 89). While literature discusses the advantages of the ‘hybrid space’ ideal, high quality research is limited, if not non-existent within HW & PE. The particular benefits offered by the content, scope, organisation, and educational features of this ‘Best Start’ initiative are the model and journey experiences. The story that unfolds provides an example of how the UN ideals are transformed into local schools and communities.

UNESCO designed a national strategy for QPE which advocates inclusion. The five elements of focus include:

1. Teacher education, supply, and development
2. Facilities, equipment, and resources
3. Curriculum flexibility
4. Community partnerships
5. Monitoring and quality assurance (2015, p. 23).

The Gippsland ‘Best Start’ programme was deliberately designed so pre-service teacher confidence and competence could be progressively developed. Beginning with Level 1 higher education courses (first year), the students taught the content using peer teaching episodes (EDF1600 HPE in schools). This led to small group teaching experiences with children from local schools under teacher educator support, school teacher support, and peer support. In Level 2 and 3 (second and third year) the pre-service teachers taught lessons to groups of children from Foundation Year to Year 6 in a chosen sport and tennis (EDF3619 Sport and physical activity education), and swimming and water safety (EDF2611

Experiencing aquatic experiences). The lessons only took place after the pre-service teachers evidenced they were prepared and maximum safety was ensured. The final teaching experiences were implemented independently by the students in second semester of second and third year in the form of a residential camp with primary schools (EDF3616 Camp planning and practices) and coaching experiences within primary schools and sporting clubs (EDF2616 Coaching).

PROBLEM SOLVING

Partnerships often fail due to the complex and cumbersome problems that arise. An analysis of 340 MSP indicated that less than one quarter of partnerships output aligned directly with the stated goals, hence, overall were generally low in effectiveness:

- 38%—no activities were recorded or achieved
- 26%—had some activities but did not align with the stated goals
- 12%—partial match
- 24%—all of the output align directly with the stated goals

(Pattberg et al. 2012)

The reason given for less than one quarter of global partnerships succeeding comes down to what Leisinger refers to as ‘wicked’ problems. Wicked problems are “not evil, but tricky, devious, messy and big, with interacting and evolving dynamics of social societal context. This is exactly what we are dealing with in the post 2015 development area” (Leisinger 2015). Within education, such wicked problems are identified and have been associated within curriculum implementation and reform for many years. “It does appear that only surface curriculum change, including teachers’ discourses and ideologies in HPE has been previously achieved.” (Lynch 2014b, p. 6). Curriculum change is well regarded as a complex process (Sparkes 1991), often socially complex (Fullan 2001). This is a fact which is often ignored (Hall 1992) as educationalists in many countries appear to be extremely resistant to real change (Sparkes 1991). Furthermore, wicked problems directly relate to the key theme of problem solving (Fig. 1.1). Within the specific partnership context, different stakeholders may have different purposes, different interests, different experiences, and different world views, different value systems,

and be bound by different time constraints. Subsequently, they may have different ideas of what the problem may be (Leisinger 2015). Often the problem within educational change is more a question of the ‘difficulties related to planning and coordinating a multilevel social process involving thousands of people’ (Fullan 2001, p. 69). Furthermore, ‘Effective strategies for improvement require an understanding of the process, a way of thinking that cannot be captured in any list of steps to be followed.’ (Fullan 2001, p. 71).

Problem solving is crucial for the rapid changes experienced in the world today, and planning for the future (which within itself is a form of problem solving). Problems surrounding sustainability of MSP often permeate because efforts “pit business values for progress, profit and self-interested consumption of the environment against environmental values that stress ecological sustainability, interdependence with the natural works and opposition to exploitation” (Gray 2007, p. 30).

The overarching challenge in partnerships is “to bridge these conflicting values and work together towards supplying a common good” (ICSC 2014, p. 13). In the words of United Nations Secretary General Ban Ki-Moon;

Implementation is not just about quantity. It is also about doing things together, uniting around the problem. Inclusive partnerships must be a key feature of implementation at all levels: global, regional, national and local. We know the extent to which this can be transformative. (United Nations 2014, p. 24).

The ICSC Report on MSPs “provided an evidence-based assessment of the performance of MSPs for sustainable development” (ICSC 2014, p. 2). For increased success, subsequently minimising problems, the ICSC list nine building blocks for successful partnerships (Table 1.1):

The themes presented provide the elements that shape the conceptual framework that guides the partnership storyline, diagrammatically represented in Fig. 1.1. This community partnership is significant to educators and governments from around the world who are challenged to rethink their connections between university courses, school experiences, and community health promotion, specifically when considering the future of health, wellbeing, and PE.

Table 1.1 Nine building blocks for successful partnerships (ICSC 2014, p. 14)

Actors	1. Leadership	<ul style="list-style-type: none"> • Create momentum • Guide process • Foster group cohesion • Combine the right resources and skills • Create comparative advantage • Prioritise inclusiveness
	2. Partners	<ul style="list-style-type: none"> • Create common vision and goals • Ensure high ambitions and precision • Align with global goals and norms
Process	3. Goal-setting	<ul style="list-style-type: none"> • Seek innovative funding solutions • Diversify funding sources • Invest in professional fund management
	4. Funding	<ul style="list-style-type: none"> • Establish independent Secretariat • Invest in full-time professional staff • Ensure professional process management
	5. Management	<ul style="list-style-type: none"> • Strive for transparency • Create robust and measurable indicators • Learn from mistakes and adapt behaviour
	6. Monitoring, reporting, evaluation, and learning	<ul style="list-style-type: none"> • Set minimum criteria for partnerships • Entrust institution with vetting procedures • Explore linkages between partnerships • Acknowledge differences in problems • Adapt expectations • Design according to problem-structure
Context	7. Meta-governance	<ul style="list-style-type: none"> • Identify problems (e.g. Corruption) • Engage in capacity building • Choose most favourable context
	8. Problem-structure	
	9. Political and social context	

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