



The Meaning of ‘Education’ in ‘Physical Education’

This chapter introduces the concept of becoming ‘physically educated’ and the holistic wellbeing and health benefits that it enables, again relating to whole child development (cf. Figure 1.2). The terms ‘schooling’ and ‘education’; ‘wellbeing’; ‘health’ and ‘health literacy’ are defined and located within the broader physical education (PE) field. Explaining the complexity of the simple statement and book title; “Physical Education and wellbeing” is the purpose of Chapters 5, 6 and 7. What is meant by literally being ‘physically educated’? At present there are many labels being used to represent the original nomenclature ‘physical education’—this is a result of varying approaches associated with child health.

In contemporary education with the influence of technology and specifically social media, there are copious sources of information, which has advantages and disadvantages. It is argued that one of the hindrances is that both teachers and “students are accessing much information from technology without assessing its accuracy, its truthfulness” (Ornstein & Hunkins, 2017, p. 306). Teachers of today are required to be digitally literate, that is to understand and use technology. They also require analytic skills to be ‘producers’ of technology, which involves being able to control data and analyse data. However, according to Ornstein and Hunkins (2017) often teachers and students are only consumers (rather than producers) of the mass information referred to as ‘big

data'. Ornstein & Hunkins consider being a consumer of technology as involving far less ability than being a producer as "information is not necessarily knowledge" (Australian Government, 2014; Greenfield, 2012). Virtual Reality (VR) and Artificial Intelligence (AI) have had a large impact on education and raised many questions in relation to the norms of being a producer of big data, such as how teachers assess, plan and ethically research in schools. UNESCO has directed educators to harness the potential of AI technologies for improving education experiences, while ensuring that its application in educational contexts is guided by the core principles of inclusion and equity (UNESCO, 2024).

Subsequently, research suggests that there is global confusion among practitioners responsible for physical education implementation (Lynch, 2016), including generalist classroom teachers and specialist PE teachers. This has major implications as the physical dimension is significant within the education of all children. To understand the concept of belonging, being and becoming 'physically educated' and the holistic wellbeing and health benefits that it enables, exploration of the following terms is necessary: 'schooling' and 'education'; 'wellbeing'; 'wellness', 'health'; 'physical education'; 'health & physical education'; 'physical literacy'; 'health literacy' and 'quality physical education'. These terms are defined and located within the physical education (PE) field over the next three chapters.

SCHOOLING AND EDUCATION: UNDERSTANDING THE DIFFERENT CONCEPTS

Much of the confusion caused by the labels and branding within PE is grounded by the misunderstanding of the words 'education' and 'schooling'. Often people use the word 'education' interchangeably with the word 'schooling' but they are fundamentally very different. Schooling traditionally refers to what is learnt and taught within the confines of the physical school walls, during the school hours of 9–3 and often inside the classroom. This is problematic in present society where the advances in technology and media (big data), extracurricular activities and experiences with family and community member connections/partnerships are accurately identified as making a large contribution to a child's education. This is affirmed by Bass and Good (2004) who express; "A person who is schooled only to pass the test, is ill prepared to cope with today's

rapidly changing world. Something more is needed to make the student successful in today's world" (p. 162).

Education is derived from two Latin words; 'educare' which means to train or mould and 'educere' which means to lead out (Bass & Good, 2004). Bass (1997) supported that it was a balance between educate and educere, the passing on of knowledge and preparing students for the changes that they will face in the future that best represents the term 'education'; "The act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life" (<http://www.dictionary.com/browse/education>). This definition also indicates that education is a lifelong process, a concept that has been referred to as education's purpose for many years [constructivist approach] and also paramount to twenty-first-century lifelong learning skills. Based on experiences in the UK, Kirk suggests, "This notion of lifelong physical activity has been a commonplace aspiration of physical educators around the world since at least the 1940s and indeed has been the *raison d'être* of physical education's place in the school curriculum" (Kirk, 2014, p. 105). This is consistent with the purpose of 'The National Curriculum' in England (1999, p. 3);

The focus of this National Curriculum, together with the wider school curriculum, is therefore to ensure that pupils develop from an early age the essential literacy and numeracy skills they need to learn; to provide them with guaranteed, full and rounded entitlement to learning; to foster their creativity; and to give teachers discretion to find the best ways to inspire in their pupils a joy and commitment to learning that will last a lifetime." (p. 3).

Hence, education is more than schooling, it involves more stakeholders than the immediate school community and it occurs throughout the course of life. In 1999, the National Curriculum for England, Wales and Northern Ireland prioritised essential literacy and numeracy skills which is necessary for health literacy (cf. p. 59). In summary, 'schooling' relates to training—committed to skills and competencies with a utilitarian ends, whereas education is concerned with knowledge and understanding (Australian Government, 2014).

Similar lifelong education shifts over time have been experienced in Australia. In April 1989, the Australian Education Council (AEC)

endorsed ten *Common and Agreed National Goals for Schooling* established by the State, Territory and Commonwealth Ministers for Education. The term ‘schooling’ in the title referred to schools as a context and Goal 5 specifically referred to lifelong education:

To provide a foundation for further education and training, in terms of knowledge and skills, respect for learning and positive attitudes for lifelong education. (AEC, [1994](#), p. 52)

The National Statement and Profile proceeded the goals and initiated the planning and subsequent release of the 1999 Queensland Health and Physical Education (HPE) Syllabus. The release of the HPE Statement and Profile “prompted Australian States and Territories to review and renew their HPE curricula” (Macdonald et al., [2000](#), p. 5) which saw a shift in valued attributes of a lifelong learner. Hence, the Queensland school curriculum was designed to help students develop the attributes of a lifelong learner (cf. p. 26). In 2019 at the Alice Springs (Mparntwe) Education Declaration, Goal 2 again identified the significance of lifelong learning:

Goal 2: All young Australians become:

1. confident and creative individuals
2. successful lifelong learners
3. active and informed members of the community (Education Council, [2019](#), p. 4).

Furthermore, lifelong learning has been recently confirmed as the vision for children’s learning; “All children engage in learning that promotes confident and creative individuals and successful lifelong learners” (Australian Government Department of Education [AGDE], [2022](#), p. 6).

The 1989 goals prioritising lifelong education attributes closely aligned with the then National Curriculum of England and Wales’ ‘Personal, learning, and thinking skills’ (PLTS) framework. “In essence the framework captures [d] the essential skills of: managing self; managing relationships with others; and managing own learning, performance and work” (QCA, [2011](#)). It achieves this by promoting the use of various pedagogies, enabling active student involvement and deeper thinking through

integration of objectives and life skills across the curriculum areas. The six groups of skills in the PLTS framework are:

- Independent enquirers
- Creative thinkers
- Reflective learners
- Team workers
- Self-managers
- Effective participants (QCA, 2011).

Education perceived as a lifelong process and as a different concept to schooling has also specifically been a goal within PE in the US. Graham et al., (1998, p. 4) suggest PE within schools should be a “developmentally appropriate educational experience designed to provide immediate and lifelong benefits”. As previously mentioned in the US each state controls education policy and curriculum implementation. While there is no national curriculum as such, there is a National Framework for Physical Activity and Physical Education known as the Comprehensive School Physical Activity Program (CSPAP). The CSPAP is a multi-component approach using all opportunities for students to be physically active each day to develop the knowledge, skills and confidence to be physically active throughout a lifetime. It “reflects strong coordination and synergy across all of the components: quality physical education as the foundation, physical activity before, during, and after school, staff involvement, and family and community engagement” (Centers for Disease Control and Prevention (CDCP) (2013, p. 12). In the US, the Society of Health and Physical Educators of America (SHAPE) is a critical player in PE policy, working across different levels of government, developing National Standards documents for outcomes in PE in schools and for initial teacher education (Landi, Walton-Fisette & Sutherland, 2022).

Curriculum is discussed in more detail in Chapter 6, but what is clear at this stage is that the curriculum advocates the lifelong and comprehensive approach of ‘education’, which supplements but is much more than the concept of ‘schooling’ or ‘training’.

WELLBEING, WELLNESS AND HEALTH

Globally, it is argued that Social and Emotional Learning (SEL) should be an essential aspect of children's formal education (Durlak & Weissberg, 2005; Hargreaves, 2000; Payton et al., 2008; Zins et al., 2004). This is supported by the latest neuroscientific research which "has confirmed the powerful role of emotions on children's cognitive mastery, indicating that emotions can either facilitate or impede children's learning process" (Djambazova-Popordanoska, 2016, p. 1). Hence, wellbeing provides a strong foundation for healthy development and academic success. While this impetus in wellbeing is perceived as a priority today it has been gradually evolving over many years as an essential need in curriculum, having the strongest connections with the physical dimension.

Children's learning is dynamic, complex and holistic. This means that cognitive, linguistic, physical, social, emotional, personal, spiritual and creative aspects of learning are all intricately interwoven and interrelated. (AGDE, 2022, p. 8)

Wellbeing is rightfully embedded in the health curriculum, as evidenced by the World Health Organisation's (WHO) definition of health (cf. 28). Furthermore, there is "growing international recognition between the inter-relationship of education and health, which necessitates a more comprehensive approach to school health and coordinated action across sectors" (UNESCO, 2016, p. 6). However, it is argued that the introduction of the multidimensions of health within curriculums requires clarity. In the UK, Griggs (2015, p. 3) states "there remains significant ambiguity around the definition, usage and function of 'health and well-being' in the public policy realm and in the wider world".

One popular and simple definition of wellbeing is "a state of feeling good about ourselves and the way our lives are going" (Commonwealth of Australia, 2014, p. 1), but it is stated that there is not one single definition around the world (Garvis & Pendergast, 2014). The Centers for Disease Control and Prevention (CDC) offer more details:

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence

of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. (2018, <http://www.cdc.gov/hrqol/wellbeing.htm#three>)

An evidence-based framework for wellbeing designed in the UK using over 4000 children, youth, parents, researchers and practitioners is named the Nest. It outlines priorities for investment in six outcome areas which must be present for a young person to be said to have good/high wellbeing. These areas include Loved and Safe; Material Basics; Healthy; Learning; Participating; Positive Sense of Identity and Culture (ARACY, 2019). This framework draws similarities to Maslow's hierarchy of needs (1943) which supports having wellbeing as the platform for learning in schools: physical needs, safety, belonging and love, feeling good about yourself, desire to learn, artistic and creative and reaching your potential. Quality of life requires an inclusive welcoming environment where members feel loved and safe, where they can develop to their potential. All members experience wellness through truly 'belonging, being and becoming' within education environments.

Research evidence that regular physical activity promotes mental and social wellbeing (cf. Chapter 12) and can improve cognitive memory (Zhu et al., 2014) (cf. Chapter 14). For social, emotional, intellectual and health benefits, it is recommended that toddlers and preschoolers have at least three hours of physical activity throughout the day, and children aged 5–17 years 60 minutes a day of moderate-to-vigorous intensity physical activity (Australian Government Department of Health & aged care, 2022). This is consistent with the US Department of Health and Human Services *Physical Activity Guidelines for Americans* (2008) which suggests that 60 minutes should be the minimum amount of time per day, they encourage more time donated towards moderate or vigorous intensity aerobic physical activity (for at least 3 days a week). The US guidelines also recommend that this time should include muscle and bone strengthening activities.

HEALTH LITERACY

The following details on Health Literacy have been taken from Lynch (2016). Health literacy relates to lifelong education, specifically lifelong health-promoting behaviours. As the term suggests health literacy is derived from poor literacy skills and the negative influence they have

on health outcomes (Nutbeam, 2008). The Australian curriculum; HPE defines the term health literacy as:

an ability to selectively access and critically analyse information, navigate community services and resources, and take action to promote personal health and the health of others. This includes online information and websites as well as information from friends, family and health professionals. Health literacy has three dimensions: functional, interactive and critical. (ACARA, 2016, p. 70)

The role PE plays in health literacy in the UK is supported by Cale and Harris (2023, p. 2); “young people need to be supported to become lifelong, critical consumers of health-related information and possess the skills to access, appraise and apply health-related knowledge”.

According to Nutbeam, there are two conceptualisations of the term ‘health literacy’, asset and risk; “Both are dependent on the underlying base of literacy and numeracy, and are context and setting specific” (Nutbeam, 2008, p. 2076). Nutbeam concludes “Individuals with under-developed skills in reading, oral communication and numeracy will not only have less exposure to traditional health education, but also less developed skills to act upon the information received” (Nutbeam, 2008, p. 2077). Health literacy as a concept advocates preparation for life and wellbeing where knowledge and skills can be transferred and adapted across contexts; “developing knowledge and understanding in contexts that are meaningful to them” (Quennerstedt et al., 2010, p. 105). Miller et al. (2022) endorse integration and “meaningful connections between personal, social and community health strand, and the movement and physical activity strand of health and physical education” (p. 7).

REFLECTION

In this chapter, the terms ‘schooling’ and ‘education’; ‘wellbeing’ ‘health’; and ‘health literacy’ are defined and located within the broader physical education (PE) field. Think about your context. How does your context promote lifelong education? How is wellbeing addressed and promoted? Who is responsible for wellbeing? Who is responsible for health literacy within your context? How does Maslow’s hierarchy of needs exist within your context?

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