



**Draft Shape of the
Australian Curriculum:
Health and Physical Education**

March 2012

© Australian Curriculum, Assessment and Reporting Authority 2012

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation.

All other rights are reserved. Requests and inquiries concerning reproduction and rights should be addressed to:

ACARA Copyright Administration, ACARA
Level 10, 255 Pitt Street
Sydney NSW 2000

Table of contents

INTRODUCTION.....	2
NATURE OF THE HEALTH AND PHYSICAL EDUCATION LEARNING AREA	3
INCLUSIVE PRACTICES IN HEALTH AND PHYSICAL EDUCATION	5
IMPORTANCE OF A HEALTHY SCHOOL ENVIRONMENT	5
AIMS OF THE <i>AUSTRALIAN CURRICULUM: HEALTH AND PHYSICAL EDUCATION</i>	6
STRUCTURE OF THE HEALTH AND PHYSICAL EDUCATION CURRICULUM.....	7
THE ORGANISATION OF THE HEALTH AND PHYSICAL EDUCATION CURRICULUM.....	9
SCOPE AND SEQUENCE OF THE <i>AUSTRALIAN CURRICULUM: HEALTH AND PHYSICAL EDUCATION</i>	10
GENERAL CAPABILITIES AND HEALTH AND PHYSICAL EDUCATION	18
CROSS-CURRICULUM PRIORITIES AND HEALTH AND PHYSICAL EDUCATION	22
GLOSSARY OF KEY TERMS	24
BIBLIOGRAPHY.....	26

Purpose

1. The draft *Shape of the Australian Curriculum: Health and Physical Education* provides broad direction on the purpose, structure and organisation of the Health and Physical Education curriculum. It is intended to guide the writing of the Australian Health and Physical Education Curriculum from Foundation Year to Year 12.
2. This paper has been prepared following analysis of extensive consultation feedback to the National Health and Physical Education Curriculum *Initial Advice Paper* (November 2011) and decisions taken by the ACARA Board.
3. The paper should be read in conjunction with *The Shape of the Australian Curriculum v3.0* available at http://www.acara.edu.au/verve/_resources/The_Shape_of_the_Australian_Curriculum_V3.pdf.

Introduction

4. Health and Physical Education is uniquely positioned to provide opportunities for students to adopt lifelong healthy, active living. The knowledge, understanding and skills taught through Health and Physical Education provide a foundation for students to enhance their own and others' health and wellbeing in ever-changing contexts.
5. Health and Physical Education offers experiential learning, with a curriculum that is relevant, engaging, contemporary, physically active, enjoyable and developmentally appropriate. In Health and Physical Education students develop the knowledge, understanding and skills to support them to be resilient, to develop a strong sense of self, to build and maintain satisfying relationships, to make health-enhancing decisions in relation to their health and physical activity participation, and to develop health literacy competencies in order to enhance their own and others' health and wellbeing. As students mature, learning how to address issues such as personal transitions, safety, healthy eating, substance use, and mental and sexual health are critical to maintaining and promoting the health of young Australians.
6. Integral to Health and Physical Education is the acquisition of movement skills, concepts and strategies that enable students to confidently and competently participate in a range of physical activities. Movement is a powerful medium for learning through which students can develop and practise a range of personal, social and cognitive skills. Students develop expertise and physical fitness in movement skills and activities as a prelude for lifelong physical activity participation and to appreciate the significance of physical activity and sport in Australian society.
7. Health and Physical Education also addresses how factors such as gender, sexuality, culture, ethnicity, socio-economic status, environments and geographical location influence the health, wellbeing and physical activity patterns of individuals, groups and communities. In turn, it provides opportunities for students to develop the skills, self-efficacy and dispositions to advocate for their own and others' wellbeing thereby making a positive contribution to the future for all.
8. Healthy, active living benefits individuals and society in many ways. Positive associations have been found between increased levels of physical activity, good nutrition and physical fitness, and healthy body weight, psychological wellbeing, musculoskeletal health, cognition and readiness to learn. A healthy, active population enhances productivity, pro-social behaviours and personal satisfaction and has the potential to reduce the burden of chronic disease. A role of Health and Physical Education is to educate students to optimise their potential for health and wellbeing.

Nature of the Health and Physical Education learning area

9. Twenty-first century learning is increasingly flexible in terms of when, how and what learning occurs. Twenty-first century learners need to know how to access knowledge from a range of sources, services and organisations, how to validate and respond to it, and how to question current knowledge and produce new knowledge across their lifespan.
10. The Health and Physical Education learning area has strong foundations in the biophysical, sociological and behavioural sciences. The *Australian Curriculum: Health and Physical Education* will be informed by these sciences, and provide learning opportunities that are contemporary, inquiry-based, learner-centred and relevant to the student and the local and global communities with which they identify. Futures research in the Health and Physical Education field suggests that learning should take into account a preventive health agenda and consider how forms of movement and physical activity reflect, shape and renew cultures. As learning increasingly occurs through screen-based technologies, Health and Physical Education provides opportunities for developing face-to-face communication and collaboration skills in practical, active learning environments. A twenty-first century curriculum also recognises the importance of the body within and across cultures and groups. It acknowledges how the body is shaped, exercised, nourished, supplemented, portrayed and interpreted for a range of personal, social, cultural, and economic purposes.
11. A strong and diverse research base informs the Health and Physical Education curriculum, guiding its contemporary directions and future priorities. Based on this research it is proposed that the *Australian Curriculum: Health and Physical Education* will:

(a) Take a strengths-based approach

12. A strengths-based approach to the Health and Physical Education curriculum will acknowledge that most students come to the learning area feeling positive about their health. 'The majority of young people rate their health as "good", "very good" or "excellent"' (AIHW 2011). This is not dismissing the fact that some groups of young people are experiencing poor health. Rather, it recognises that all young people have particular strengths and developing positive attitudes and a repertoire of knowledge, understanding and skills can improve their health and wellbeing.
13. Traditionally, Health and Physical Education curricula in Australia have adopted a risk-based model focusing on when and how young people experience risky health behaviours and exploring reasons why and how they could change these behaviours. The emphasis on risk factors and groups 'at risk' (for example young people, Indigenous Australians, ethnic minorities) has been widely criticised for unnecessarily alienating young people, and frequently laying blame on them for their failure to meet expectations of self-management. By taking a strengths-based approach the *Australian Curriculum: Health and Physical Education* will prioritise the questions 'what keeps people healthy?' and 'what helps people to be active?' inviting students to build on their resources and competencies consistent with a preventive health agenda.

(b) Focus on the educative outcomes of the learning area

14. For some years, there has been increasing pressure for the Health and Physical Education curriculum to be the ‘cure-all’ for a range of public health concerns about children and young people. It should be recognised that although the curriculum will support the development of the knowledge, understanding and skills students need to make healthier and safer choices, it cannot be expected that the curriculum will ‘fix’ all of the social problems and other issues that may contribute to young people’s health and wellbeing.
15. The priority for Health and Physical Education will be to provide ongoing, developmentally appropriate opportunities for students to practise and apply the knowledge, understanding and skills necessary to maintain and enhance their own and others’ health and wellbeing.

(c) Develop ‘health literacy’ skills

16. Health literacy is a concept widely accepted and used throughout health promotion and prevention fields. The World Health Organisation defines health literacy as an individual’s ability to gain access to, understand and use health information and services in ways that promote and maintain good health. Nutbeam (2008) defines critical health literacy as the ability to selectively access and critically analyse health information in order to take action to promote personal health or the health of others.
17. Schools are recognised as key settings for developing health-related knowledge and skills. The National Health and Hospitals Reform Commission (2009) and the National Preventative Health Taskforce (2009) both suggest ‘health literacy’ should be a core element of the national curriculum.

(d) Value learning in, about and through movement

18. Learning to move and enjoying the freedom of movement is a human right (UNESCO, 1999). Health and Physical Education is the only learning area in the school curriculum that focuses explicitly on developing movement skills and concepts children and young people need to participate in physical activities with competence and confidence. The movement knowledge, skills and dispositions students develop in Health and Physical Education will encourage them to become lifelong participants in physical activity.
19. Health and Physical Education will promote an appreciation of the centrality of movement in daily life, in all its forms — from meeting functional requirements, to providing opportunities for social interaction, through to acknowledging participation in physical activity and sport as a significant cultural practice. The study of movement has a broad and established scientific, social, and historical knowledge base, informing our understanding of how and why we move and how we can improve physical performance. This knowledge can be introduced in both movement and classroom contexts.

(e) Include an inquiry-based approach

20. 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.
21. Through the study of Health and Physical Education young people will learn that a range of factors influence health and physical activity values, behaviours and actions. These factors include individual, interpersonal, organisational, community, environmental and policy influences. When considering and analysing the influence of these factors on wellbeing, the curriculum should support students to understand that health practices and physical activity participation are, in part, socially constructed.

Inclusive practices in Health and Physical Education

22. The *Australian Curriculum: Health and Physical Education* must allow for inclusive teaching practices that account for the strengths and abilities of all students and understand and respect diversity. In Health and Physical Education contexts, the selection of learning experiences, language, feedback and assessment practices that are inclusive, supportive and value difference are necessary for all students to remain engaged in their learning.
23. In any Health and Physical Education class students will demonstrate a wide variety of skills, abilities and dispositions. The *Australian Curriculum: Health and Physical Education* recognises diversity and will provide flexibility to support teachers in planning programs that build on each student's strengths and abilities.
24. The *Australian Curriculum: Health and Physical Education* also provides a platform for all students to challenge stereotypes based on difference and develop inclusive attitudes, beliefs and behaviours, all of which are consistent with a socially critical perspective.

Importance of a healthy school environment

25. It has long been recognised that the broader school environment enhances the effectiveness of the delivery of the Health and Physical Education curriculum. Learning in Health and Physical Education supports students to make informed decisions about their health and wellbeing. This learning is validated and reinforced if consistent messages and effective modelling are evident within the wider school community. Students are also better able to practise and reinforce their learning in Health and Physical Education if the physical and social environments in schools reflect the health messages delivered in the Health and Physical Education curriculum.

Aims of the *Australian Curriculum: Health and Physical Education*

26. The *Australian Curriculum: Health and Physical Education* enables children and young people to promote their own and others' health, wellbeing and physical activity participation across the lifespan. Its knowledge, understanding and skills underpin the competence, confidence and commitment required for all students to engage in healthy, active living in varied and rapidly changing contexts.
27. More specifically, Health and Physical Education aims to ensure that students:
 - learn to individually and collaboratively access, evaluate and synthesise information, make decisions, seek help and take actions to protect, enhance and advocate for their own and others' health and wellbeing
 - develop and use personal and social skills and strategies to promote a sense of personal identity, wellbeing and to build and maintain positive relationships
 - acquire, apply and evaluate movement skills, concepts, and strategic awareness in order to respond creatively and competently in a variety of physical activity contexts and settings
 - understand and appreciate the significance of physical activity and sport to personal, social, cultural and health practices and outcomes
 - analyse how personal, social, cultural, economic, technological and environmental factors shape health and physical activity understandings and opportunities locally and globally.

Structure of the Health and Physical Education curriculum

28. It is proposed that the *Australian Curriculum: Health and Physical Education* has two integrated strands for F–10:
 - Personal, social and community health
 - Movement and physical activity.
29. The two strands signify and provide a balance within the learning area of health-related and movement-related knowledge, understanding and skills.
30. The strands of the *Australian Curriculum: Health and Physical Education* will assist teachers to plan comprehensive and sequential teaching and learning programs. Each strand has a comprehensive body of knowledge and understanding as well as explicit skills and competencies.
31. There are, however, explicit links between the two strands that should be highlighted in the development of the curriculum. This will ensure that when teachers are developing their teaching and learning programs the connections across the knowledge, understanding and skills of Health and Physical Education and the general capabilities are strongly evident.
32. The *Australian Curriculum: Health and Physical Education* needs to offer flexibility to schools to ensure learning in Health and Physical Education is personally relevant and meaningful for all students and that the curriculum constantly evolves to incorporate emerging and current issues.

Personal, social and community health

33. The Personal, social and community health strand acknowledges health is multidimensional, is influenced by individual and group actions, and that most students in Australia are in good health. It recognises that there are four key factors that affect health – human biology, personal behaviour, physical environment and psychosocial environment (for example socioeconomic status, peer pressure, exposure to advertising and social support systems). The health-related aspects of this curriculum are informed by areas of study such as medicine, epidemiology, sociology of health, psychology of health and health promotion.
34. The Personal, social and community health strand will develop students' knowledge, understanding and skills to support a positive sense of self, to effectively respond to life events and transitions and to engage in their learning. Effective communication, decision-making and goal-setting skills are integral to this strand as they help to establish and maintain relationships in family, school, peer group and community settings, support healthy and safer behaviours, and enable advocacy. Students will source and examine a range of health information, products, services and policies, and evaluate their impact on individual and community health and safety.

Movement and physical activity

35. Movement is central to Health and Physical Education not only for acquiring the skills, concepts and strategic awareness required for physical activity participation and enhanced performance but also as a medium for learning across this curriculum area. Movement and physical activity concepts are informed by several sciences: the biophysical (exercise physiology, biomechanics, motor learning), the sociocultural (history, sociology, cultural studies) and the behavioural (sport psychology, health promotion). Students will develop movement competence and confidence in a range of physical activities in a variety of contexts and environments.
36. In movement and physical activity contexts, students develop and refine their communication, decision-making and goal-setting skills, and learn to manage risk and take responsibility for their own and others' safety. Students will experience a range of physical activities including rhythmic, outdoor and recreational activities, and games and sports that are performed individually and in groups.
37. Through evaluation and reflection, students will learn to appraise their own and others' performances and develop an understanding of the factors that facilitate or inhibit participation and performance. They will come to understand the place and meaning of physical activity and sport in their own lives as well as locally, nationally and globally, and experience the varied roles that comprise organised sport and recreational activities.

The organisation of the Health and Physical Education curriculum

38. The *Australian Curriculum: Health and Physical Education* will be based on the assumption that all young Australians are entitled to study Health and Physical Education as part of the Australian Curriculum each year from Foundation to Year 10.
39. The *Australian Curriculum: Health and Physical Education* will be organised in the following bands of learning:
 - Foundation
 - Years 1–2
 - Years 3–4
 - Years 5–6
 - Years 7–8
 - Years 9–10
 - Senior secondary (Years 11 and 12).
40. The developmental needs of children in the Foundation year are very specific, particularly their motor and social development. The separation of the Foundation year from Years 1–2 provides a curriculum that explicitly addresses these needs as students transition into schooling.
41. Following Foundation, the organisation of the Health and Physical Education curriculum in two-year bands provides flexibility to present knowledge, understanding and skills in a way that meets the diverse cognitive, emotional and social development needs of students.
42. Both strands of the Health and Physical Education curriculum must be taught in each year from Foundation to Year 10. The access to physical activity opportunities through health and physical education lessons must provide students with the opportunity to participate in physical activity on a weekly or more frequent basis.
43. In the senior secondary years, students have flexibility to make curriculum choices reflecting their interests and post-school pathways. It is proposed that the senior secondary Health and Physical Education curriculum include two subjects — one focusing on the health dimensions of the learning area and the other focusing on the movement and performance dimensions.
44. A notional time allocation of 80 hours per year will be used as a guide by writers as they develop the *Australian Curriculum: Health and Physical Education*. However, the time allocated for teaching the *Australian Curriculum: Health and Physical Education* in schools is a jurisdiction decision. It is important to note the notional time allocation for Health and Physical Education does not include extra-curricular school sport programs.

Scope and sequence of the *Australian Curriculum: Health and Physical Education*

45. The focus of learning in Health and Physical Education shifts as students change physically, cognitively, socially and emotionally.
46. The skills students develop within the Health and Physical Education learning area are complex and varied. The development of these skills should be an integral part of all learning experiences in order to ensure they are developed and refined within relevant and meaningful contexts.
47. The learning descriptions in the scope and sequence below demonstrate how learning is developmental and sequential, with concepts building in complexity and with skill development embedded in the learning of knowledge and understanding in the two content strands.

Foundation (typically 5–6 years of age)

48. During the Foundation year, students' sense of self is developing and they need to be provided with positive experiences, encouraging them to feel significant and respected within their peer group and wider social circles. Students will begin to demonstrate an awareness of the features that make them similar and different to others.
49. Students need to learn basic skills to recognise and manage their emotions and learn ways to describe how they are feeling in a range of situations. It is important for children to be provided with a safe environment to take risks when learning different movement and social skills and to develop persistence when attempting new tasks.
50. Students need to develop an understanding of how their body is growing and changing as well as basic health concepts that relate to healthy development, including the benefits of daily physical activity and making healthy food choices at school and at home.
51. The *Australian Curriculum: Health and Physical Education* will provide students with opportunities to learn to interact with others with care, empathy and respect and develop their understanding of fairness in a range of situations in the classroom and during movement-based lessons.
52. Parents and adults are responsible for influencing many of the decisions that Foundation students make, so the focus of learning in this year is on supporting students to make those decisions they are responsible for while at school. These decisions will usually relate to the people they interact with, hygiene, personal safety and daily routines at school. Students need to be able to identify the people at school and in their community who can help them in a range of situations.
53. Purposeful play-based learning provides opportunities for students in the Foundation year to learn as they discover, create, improvise and imagine. The *Australian Curriculum: Health and Physical Education* will provide opportunities for students to actively participate in movement-based play so they can identify the factors that make physical activity enjoyable and safer for them. They will learn to describe the changes that occur to their body during and after activity and how these changes make them feel.

-
54. The *Early Years Learning Framework for Australia* recognises the importance of movement as children take increasing responsibility for their own health and physical wellbeing. During the Foundation year it is important that all students are given the opportunity to begin to develop competency in a wide range of movement skills.
 55. Through the development of fine and gross motor skills, physical play, manipulation of equipment and spatial awareness, children gain a strong sense of movement competence and become sufficiently skilled and confident to participate in everyday tasks and movement activities.

Year 1–2 (typically 6–8 years of age)

56. As children begin to participate more broadly in everyday life they begin to develop individual interests and further construct their own identities. Through Health and Physical Education, students identify personal strengths that contribute to a strong sense of self as well as ways of recognising individual achievements and the achievements of others.
57. Students are increasingly able to express a wide range of emotions, thoughts and views in appropriate ways and further develop the capacity to understand and self-regulate their emotions in ways that take into account their own feelings and those of others.
58. The *Australian Curriculum: Health and Physical Education* will also provide students with the knowledge and understanding to describe the ways that their bodies are developing as they grow older. Students learn the basic terminology to describe different parts of the body and the characteristics that make them both similar to others and unique.
59. Increasingly, students develop a need to belong to a group and continue to cultivate social connections at school. As these relationships are formed, students need to develop an understanding of reciprocal rights and responsibilities and the ability to see things from other people's viewpoints.
60. Students are also becoming more aware of ways in which other students may be included or excluded from physical and social activities. It is at this time that students need support to further develop and practise key social skills, such as sharing, expressing needs and feelings appropriately, negotiating, respecting others and making decisions in both movement-based and classroom activities.
61. Students also require opportunities to develop an understanding of what makes a person 'healthy' and how healthy food choices and regular physical activity contribute to good health.
62. Students are developing a greater level of autonomy in these years and need to learn how to take responsibility for their own safety at school and at home, with a particular focus on protective behaviours, safety near roads and water, and in relation to medicines. They need to be able to identify emergency situations and understand basic emergency response procedures, such as dialling triple zero and asking an adult for assistance. Students are able to identify simple health messages and explain how they relate to their own health choices and behaviours.

-
63. Students need to continue to develop positive attitudes to physical activity through movement participation. Students will be given opportunities that challenge them to extend their personal capabilities and experiences through participation in a range of physical activities. Students will practise a wide variety of movement skills and demonstrate how to link them together in order to perform simple movement sequences.
 64. Students will be provided with opportunities to play a range of minor games and develop an understanding of how to apply basic rules and demonstrate safe and fair play practices. They will develop the knowledge and skills needed to be able to transfer and adapt what they have learnt in a game or movement activity to other similar contexts.

Years 3–4 (typically 8–10 years of age)

65. In these years a focus of learning should be on the further development of students' understanding of themselves in relation to peers, their family and others and the changing world in which they live.
66. Students begin to explore the importance of positive self-talk to maintaining an optimistic outlook on situations. The *Australian Curriculum: Health and Physical Education* will expose students to challenging learning situations in relation to movement activities and classroom-based learning. This learning will support them to think creatively and develop effective problem-solving strategies that enable them to persist until they reach a successful outcome.
67. This is also the time when some students are beginning to reach puberty. The *Australian Curriculum: Health and Physical Education* will provide students with the appropriate knowledge, understanding and skills to manage the physical, emotional and social changes they will experience as they reach puberty. Students also need to develop appropriate ways to respond to diversity that demonstrate respect and value difference.
68. Interpersonal skills and understanding take on an increasing importance, and the *Australian Curriculum: Health and Physical Education* will provide explicit learning opportunities to develop the knowledge, understanding and skills to identify and compare ways of establishing relationships, including online interactions, and develop strategies for managing the changing nature of peer friendships and family relationships.
69. Students in these years are becoming increasingly responsible for making decisions that will affect their health and wellbeing. The *Australian Curriculum: Health and Physical Education* will give students opportunities to examine the factors that motivate or inhibit healthy and safer choices about physical activity and health behaviours, enhancing their capacity to take responsibility for their own health and wellbeing.
70. Students further develop their understanding about what being 'healthy' means and explore a range of personal and social factors that can influence their health and wellbeing. Students develop the knowledge, understanding and skills to de-construct and interpret the health information and messages that proliferate the media and internet, in order to make informed decisions about their own health.
71. The *Australian Curriculum: Health and Physical Education* will provide opportunities for students to experience a variety of activities in a range of different physical environments (such as aquatic, natural/outdoor, community, recreation etc) to further support and

encourage lifelong physical activity participation. Through participation in physical activity, students learn about the benefits of physical activity (including physical, social, emotional and cognitive benefits), and can identify activities that meet their needs, interests and skill levels. They also learn about the safety considerations involved in participating in these activities and are able to propose strategies to reduce risk and manage situations where an injury may have occurred.

72. Students in these years will have a greater ability to combine movement skills and should be given opportunities to creatively sequence a range of different movements, performing more complicated movement patterns and improving their movement performances in a range of physical activities.
73. Students also begin to learn about the common features of minor and modified games and expand their understanding of movement strategies and different tactical solutions to increase their sense of success in movement activities.

Years 5–6 (typically 10–12 years of age)

74. Students in Years 5 and 6 will investigate and describe ways in which people define their own identity and sense of self and identify factors that support them to feel good about themselves. Students will further develop and refine a range of communication and conflict resolution skills and processes, enabling them to interact appropriately and respectfully with others in a range of different movement and social situations.
75. Students will be provided with opportunities to develop optimistic habits in the way they look at their world and their perception of what the future holds for them, and to develop an understanding of the important role that self-talk plays in maintaining confidence and commitment to complete tasks.
76. Most students will be experiencing the physical, emotional and social changes associated with puberty during these years. Students will learn about these different changes and the associated transitions (school, social, friendships) into adulthood and investigate positive ways to manage these transitions. Students will also learn to celebrate their own unique qualities and value the diversity within their community.
77. Students are becoming more conscious of external influences on their attitudes, beliefs and behaviours. Students are developing an understanding of gender expectations and stereotypes and will learn the skills to critique the appropriateness of role models they look to in the media, through the internet and in their community.
78. Students learn that being healthy can be described in different ways at different times of their lives. They develop an awareness of a broader range of personal, social and economic factors that influence their own and others' health and wellbeing. Students identify behaviours that positively influence and negatively impact on their health and wellbeing. Students also learn about the importance of natural and built environments to health and wellbeing and explore ways that they as individuals can contribute to building a healthy community.
79. Students are becoming more independent and find themselves in situations that require them to take more responsibility for their own health and personal safety. They need to

know what steps to take to manage these situations effectively, seeking adult assistance when necessary and understand basic emergency care procedures. Students need to develop an understanding of how individuals and groups affect people's behaviours, beliefs, decisions and actions in relation to a range of issues and begin to consider how their choices may affect their health and wellbeing both now and in the future.

80. Students in these years continue to participate in a range of movement activities in a variety of contexts which may include outdoor settings, community recreation settings and aquatic environments. Students develop an understanding of how physical activity may contribute to health and physical fitness. As a result they will be able to describe and monitor how the body responds to different types of physical activity.
81. Students in Years 5 and 6 should be given opportunities to apply and transfer the movement skills and strategies they have learnt and refined previously into a range of new minor and modified game situations. Students begin to understand more complex rule systems in games and are able to select and apply appropriate rules to modified games and selected activities to ensure safe, equitable and fair participation for all.

Years 7–8 (typically 12–14 years of age)

82. Students in Years 7 and 8 will critically reflect on factors that influence their perception of themselves and their capacity to be resilient. Students will propose practical actions they can take to develop a sense of control over their future, such as personal goal-setting, optimistic thinking styles, early help-seeking strategies and positive self-talk.
83. Students need opportunities to practise using creative and collaborative processes to work within a group or team to communicate effectively, solve problems, resolve conflicts and make decisions in movement and social contexts.
84. Students further develop their understanding of the physical, social, emotional and intellectual changes associated with moving through puberty and adolescence and develop effective self-management strategies to deal with these changes. Students also need to be able to recognise sexual feelings and evaluate behavioural expectations for different social situations. Students need to develop the knowledge, understanding and skills to recognise instances of discrimination and harassment and act responsibly to support their own rights and feelings and those of others.
85. As young people transition into adolescence, managing their health and wellbeing becomes increasingly more complex with both new and enduring health issues. Students will explore the concepts associated with rites of passage into adulthood and the social and cultural influences and pressures that may be experienced at this time around choices they make, including who they choose to interact with, how they choose to dress and activities they choose to participate in.
86. Students will investigate a range of health issues relevant to young people to understand reasons for the choices people make about their health and wellbeing. They will examine the range of personal, environmental and social factors that can influence an individual's choices and explore and evaluate options, consequences and healthier and safer alternatives. Students will also develop an understanding of emergency assessment and first aid care in order to be able to demonstrate management of basic first aid situations.

-
87. A major influence on students in these years is the world around them, and their peers become a key source of motivation and support when it comes to managing their health and wellbeing. Increasing levels of independence and access to mobile technologies gives students the capacity to be connected and online 24 hours a day. It is important for students to develop the knowledge, understanding and skills necessary to manage their online engagements, particular in relation to their online identities and balancing their time online with schoolwork, sleep and other commitments.
 88. Students need to continue to refine their health literacy skills by developing their communication skills as well as an understanding of the sources of support available in order to be able to express their health concerns and feelings to others and provide support or seek early help when they or people around them need it.
 89. Health and Physical Education in these years plays an important role in maintaining physical activity participation, through opportunities for skill development in a variety of movement forms that enhance performance and competence, as well as providing enjoyment and a sense of achievement. Through their participation, students develop the knowledge, understanding and skills to select, implement and maintain an appropriate physical activity routine that enhances their health and wellbeing. They understand some of the benefits of being fit and that fitness can be improved and maintained through specific activities.
 90. Students in Years 7 and 8 will apply more complex combinations of skills and strategies in a range of movement contexts and environments. They will develop an understanding of how connections to the natural and built environment can support health and wellbeing through participation in a range of physical activities, including contemporary activities (such as street or urban sports), outdoor recreational activities (for example lifesaving, rock climbing, orienteering) as well as more traditional cultural activities (such as traditional Indigenous games and other cultural activities), further encouraging participation, enjoyment and an appreciation of the cultural significance of a range of physical activities.
 91. Students will develop a deeper understanding of movement patterns and game-play concepts. Students further develop their understanding of how different tactics can lead to successful outcomes. They understand how tactics can be transferred to other movement contexts and are able to devise, implement and assess movement tactics and strategies in a range of contexts. They explore the range of factors and movement concepts that influence the quality of movement performances and practise techniques that can be used to enhance their own and others' performances.

-
92. Students will also learn about the variety of roles required to participate in a range of movement activities. They will understand the contribution of these roles to successful teamwork, leadership and enjoyable participation.

Years 9–10 (typically 14–16 years of age)

93. It is important for students in Years 9 and 10 to maintain a positive outlook on their world and to learn strategies to assist in taking control of their future. Further development of students' capacity for positive self-talk, goal-setting, perseverance and optimistic thinking is important in these years. Students should recognise and use family, school, online and community resources to seek help for themselves and others when support is needed.
94. Students also explore how societal attitudes and values reinforce stereotypes and role expectations and how these affect young people's sense of self and shape the choices they make in relation to health behaviours, health care options, help-seeking strategies and physical activity participation.
95. As students move through adolescence their development moves from predominantly physical changes to focus more on the social changes that occur as they become more independent. This is also a time when some young people begin part-time work and students need opportunities to develop an understanding of how to manage the added pressure of work commitments.
96. Students will investigate a range of health issues relevant to young people including mental health, sexual health, healthy eating, personal safety, body image and behaviours associated with substance use. As they do so, students will develop knowledge, understanding and skills (such as early help seeking strategies, assertive behaviours, conflict resolution, emergency care and first aid management skills) to appropriately respond to a range of situations where their own or others' wellbeing may be at risk.
97. Students develop an understanding of how they can contribute to individual and community health and wellbeing. Students require opportunities to build knowledge, understanding and skills in order to positively connect with their natural environment and come to value the importance of outdoor recreation as a way of enhancing their health and wellbeing throughout their lives. As a result they will be able to explore, analyse and propose practical and creative actions that will promote their own health and wellbeing and that of their wider community, such as designing spaces for active recreation, active transport options and sustainable strategies for selecting food sources.
98. The Health and Physical Education curriculum needs to support students to further develop their interpersonal, leadership and teamwork skills. Students learn to apply concepts such as equity, fair play, respect, valuing of diversity and difference and social justice in their school and home lives. Students also develop an understanding of how attitudes towards difference can influence people's interactions with others and how they can take positive action to value diversity in their school and community.
99. Students need opportunities to explore the nature and benefits of meaningful relationships, and to develop skills to manage a range of relationships as they change over time. Students develop the knowledge, understanding and skills to analyse how a

range of socio-cultural and personal factors influence sexuality, sexual attitudes and behaviour. They also develop an understanding of the role that empathy, ethical decision-making and personal safety play in maintaining positive relationships, and learn the skills they need to be proactive in dealing with a range of relationships.

100. Practical learning experiences in these years will support students to plan, implement, monitor and evaluate personal exercise and health programs to enhance their wellbeing. Students will understand the role that physical activity plays in stress management, energy balance and social, cultural and cognitive development.
101. Students will further investigate techniques to assess the quality of movement performances and use a range of tools to appraise, analyse and enhance performances such as movement analysis, visualisation, practice and feedback techniques. They will understand the musculo-skeletal and energy systems that underpin different activities and how to optimise these systems for safe and improved performances.
102. Students will learn to be creative in the way that they adapt and improvise their movements to respond to different movement situations, stimuli and challenges (for example changes in rules, change in music, restrictions in performance space, changes in equipment or number of performers). This learning will provide students with knowledge, understanding and skills to devise, apply and appraise a range of strategies to improve their own movement performances and those of others.

Senior secondary (typically 16–18 years of age)

103. The senior secondary years will provide students with increased choices for studying in the Health and Physical Education learning area. These choices should take into account students' future options for training, learning and employment and provide specialisation in areas where students have previously experienced success and enjoyment.
104. It is proposed that the senior secondary Health and Physical Education curriculum will include the development of curriculum for two subjects — one subject focusing on the health dimensions of the learning area and the second focusing on the movement and performance dimensions. Additional elective opportunities in the senior secondary years that are currently offered by states and territories, including Outdoor Education, Home Economics and Child and Family Studies, will continue to be available within the senior secondary curriculum.

General Capabilities and Health and Physical Education

105. In the Australian Curriculum the skills, behaviours and attributes students need to succeed in life and work in the twenty-first century have been identified as general capabilities. In the *Australian Curriculum: Health and Physical Education*, each of the seven identified general capabilities will be embedded in the content descriptions and/or elaborations where appropriate.

Literacy

106. In the Australian Curriculum, students become literate as they develop the knowledge, skills and dispositions to interpret and use language confidently for learning and communicating in and out of school and for participating effectively in society. Literacy involves students in listening to, reading, viewing, speaking, writing and creating oral, print, visual and digital texts, and using and modifying language for different purposes in a range of contexts.
107. Students use literacy to interact effectively with others and participate in a range of communication activities to support the learning of the *Australian Curriculum: Health and Physical Education*. Literacy assists students in becoming critical consumers able to access, interpret, analyse, challenge and evaluate the ever-expanding and changing knowledge base in the health and physical education field, and to access, validate and express feelings and emotions appropriately. Students learn to comprehend and compose texts related to health and physical education. This includes learning to understand, interpret and evaluate health and movement information, communicate effectively for a variety of purposes and to a range of audiences, and being able to express their own ideas and opinions and evaluate those of others.
108. The *Australian Curriculum: Health and Physical Education* assists in the development of literacy by introducing specific terminology used in classroom and movement contexts. In particular, understanding the language of movement is essential for students to be able to analyse their own and others' movement performances and to effectively respond to feedback in order to develop movement competence.

Numeracy

109. In the Australian Curriculum, students become numerate as they develop the knowledge and skills to use mathematics confidently across all learning areas at school and in their lives beyond school. Numeracy involves students recognising and understanding the role of mathematics in the world and having the dispositions and capacities to use mathematical knowledge and skills purposefully.
110. The *Australian Curriculum: Health and Physical Education* provides students with opportunities to recognise the mathematics that exists in health and physical education contexts. As they engage with Health and Physical Education they see the importance of numeracy, select relevant numeracy knowledge and skills and apply these in a range of situations.

-
111. Students use calculation, estimation and measurement to collect and make sense of information in Health and Physical Education. They use spatial reasoning in movement activities and in developing strategies for individual and team sports. Students interpret and analyse nutritional and physical activity information using statistical reasoning. They identify patterns and relationships in data and use these to identify trends and make predictions.

Information and communication technology (ICT) capability

112. In the Australian Curriculum, students develop information and communication technology (ICT) capability as they learn to use ICT effectively and appropriately to access, create and communicate information and ideas, solve problems and work collaboratively in all learning areas at school, and in their lives beyond school. The capability involves students in learning to make the most of the digital technologies available to them, adapting to new ways of doing things as technologies evolve while limiting the risks to themselves and others in a digital environment.
113. Students use ICTs as key tools for communicating, collaborating, creating content, seeking help, accessing information and analysing performance in the health and physical education field. They use a range of ICTs to analyse, measure and enhance movement performances.
114. The *Australian Curriculum: Health and Physical Education* enhances ICT learning by assisting students to effectively and safely access online health information and services in order to manage their own health and wellbeing. Students further develop their understanding of the role ICTs play in young people's lives and relationships. They will explore the nature of these tools and the implications for establishing and managing relationships in the twenty-first century.

Critical and creative thinking

115. In the Australian Curriculum, students develop capability in critical and creative thinking as they learn to generate and evaluate knowledge, clarify concepts and ideas, seek possibilities, consider alternatives and solve problems. Critical and creative thinking are integral to activities that require students to think broadly and deeply using skills, behaviours and dispositions such as reason, logic, resourcefulness, imagination and innovation in all learning areas at school and in their lives beyond school.
116. The *Australian Curriculum: Health and Physical Education* will develop students' ability to think logically, critically and creatively in response to a range of health and physical education issues, ideas and challenges. Students will learn how to critically evaluate evidence related to the field and the broad range of associated media messages, and creatively generate and explore alternatives and possibilities. This capability will be developed through an emphasis on thinking processes that encourage students to question taken-for-granted assumptions and empower them to create their own interpretations and meanings about health and physical education concepts, based on the evidence available to them and creative problem solving.

-
117. In Health and Physical Education students' critical and creative thinking skills will be developed through learning experiences that encourage the seeking of solutions to health issues through the design of effective and appropriate strategies for promoting personal and community health and wellbeing. The *Australian Curriculum: Health and Physical Education* also provides learning opportunities that support dance making, game creation, and expressive movement activities encouraging creative responses to movement stimuli. Students will learn to respond to emotional and movement challenges through critical and creative problem solving and performance.

Personal and social capability

118. In the Australian Curriculum, students develop personal and social capability as they learn to understand themselves and others, and manage their relationships, lives, work and learning more effectively. The capability involves students in a range of practices, including recognising and regulating emotions, developing empathy for and understanding of others, establishing positive relationships, making responsible decisions, working effectively in teams and handling challenging situations constructively.
119. Students use personal and social capability to work cooperatively with others in movement- and non-movement-based activities, appreciate their own strengths and abilities and those of their peers and develop a range of interpersonal skills such as communication, negotiation, teamwork and leadership. The *Australian Curriculum: Health and Physical Education* is a key contributor in the development of personal and social capability for all students through learning in the two strands of *Personal, social and community health* and *Movement and physical activity*.
120. The *Australian Curriculum: Health and Physical Education* enhances personal and social capability by providing opportunities for students to explore their own personal identity, and to develop an understanding of factors that influence and shape their sense of identity. Students learn how to recognise, describe and understand their own emotions, strengths and values as well as develop the knowledge, understanding and skills to set and monitor personal and academic goals, effectively manage their time and prioritise tasks and responsibilities in order to balance their school, home, work and social commitments.

Ethical behaviour

121. In the Australian Curriculum, students learn how to behave ethically as they identify and investigate the nature of ethical concepts, values, character traits and principles, and understand how reasoning can assist ethical judgment. Ethical behaviour involves students in building a strong personal and socially oriented ethical outlook that helps them to manage context, conflict and uncertainty, and develop an awareness of the influence that their values and behaviour have on others.
122. The *Australian Curriculum: Health and Physical Education* focuses on the importance of treating others with integrity, compassion and respect. Students will value diversity and reflect on ethical principles and codes of practice appropriate to different contexts at school, in relationships, in the community, the workplace and the sporting field, and develop the commitment and capacity to consistently apply these principles. As students explore the concepts and consequences of fair play, equitable participation, empathy

and respect in relationships, they will develop the skills to support them in making ethical decisions and the capacity to apply these skills to every day situations.

Intercultural understanding

123. In the Australian Curriculum, students develop intercultural understanding as they learn to value their own cultures, languages and beliefs, and those of others. They come to understand how personal, group and national identities are shaped, and the variable and changing nature of culture. The capability involves students in learning about and engaging with diverse cultures in ways that recognise commonalities and differences, create connections with others and cultivate mutual respect.
124. In the *Australian Curriculum: Health and Physical Education* students will become aware that there are culturally different ways of thinking about personal, family and social health issues and about individual, group and intergroup participation in physical activity. They will be able to challenge stereotypical representations of various social and cultural groups in relation to community health issues and concepts of participation, success and failure in physical activity. In doing so, students will develop an understanding of how culture shapes personal and social perspectives and interactions, and about what is valued in terms of health and physical activity within their families, social groups and institutions.
125. Students will understand that differences in beliefs and perspectives may cause tension between individuals and groups and learn to act in ways that maintain individual and group integrity and respect.

Cross-curriculum priorities and Health and Physical Education

Aboriginal and Torres Strait Islander histories and cultures

126. The *Australian Curriculum: Health and Physical Education* incorporates Aboriginal and Torres Strait Islander histories and cultures as a priority for learning. The Aboriginal and Torres Strait Islander histories and cultures priority will allow all young Australians the opportunity to gain a deeper understanding and appreciation of Aboriginal and Torres Strait Islander histories and cultures, their significance for Australia and the impact these have had, and continue to have, on our world.
127. The Aboriginal and Torres Strait Islander priority provides a means of exploring concepts of personal identity and the development of belief systems. It enables students to develop understanding of the importance of connection to place, people and communities and the effects that displacement can have on individual and community health and wellbeing.
128. When investigating the influence of social and cultural factors on health behaviours and the health and wellbeing of population groups, students will come to understand the lived experiences of a range of different population groups, including Aboriginal Peoples and Torres Strait Islander Peoples. In doing so, students will explore a range of practices and strategies used within different communities to manage, maintain and promote the health and wellbeing of members, such as the use of traditional medicines and the links between physical activity, traditional games and culture.
129. Students will examine the similarities and differences of family and kinship structures across a range of cultural groups. The structures of Aboriginal and Torres Strait Islander Peoples will be investigated as a way of developing understanding of their significance for health and wellbeing and compared to the role of family and kinships structures in other cultures in maintaining health and wellbeing.

Asia and Australia's engagement with Asia

130. This priority provides a regional context for learning in all areas of the curriculum. Asian nations are growing rapidly and the power and influence they have in all areas of global endeavour is extensive. An understanding of Asia underpins the capacity of Australian students to be active and informed citizens, working together to build harmonious local, regional and global communities.
131. The *Australian Curriculum: Health and Physical Education* enables students to explore and appreciate the diversity of ethnic backgrounds, cultures and traditions within the nations of the Asian region. In Health and Physical Education, students develop communication and interpersonal skills that reflect cultural understanding, building awareness of and respect for the diverse range of beliefs and customs that play an important role in Asian communities. While exploring the role of family and community in the lives of all young people, students will have opportunities to develop an understanding of the nature of family structures within different cultures, including Asian cultures, and investigate the important role family plays in the lives of young people.
132. Students of Health and Physical Education will also learn about the important and varied roles that movement activities play in the culture and beliefs of Asian peoples, reinforcing

how physical activities are culturally significant and valued differently. Students will participate in a range of activities that are traditional across Asian cultures and explore the link between spirituality and physical wellbeing and the concept of exercising the mind-body-spirit connection through physical activity.

133. In Health and Physical Education students will have opportunities to consider different methods of treatment and health therapies from a range of cultural perspectives. Whilst exploring the range of options for health care, students can examine how Asian cultures frequently draw on traditions of medicine and health care that have long and complex histories and may be positioned as ‘complementary’ in Australia.

Sustainability

134. Sustainability addresses the ongoing capacity of Earth to maintain all life. Sustainable patterns of living meet the needs of the present population without compromising the ability of future generations to meet their own needs. Actions to improve sustainability are both individual and collective endeavours, often shared across local, regional and global communities. This fact necessitates a renewed and balanced approach to the ways humans have interacted with each other and with their environment.
135. In the *Australian Curriculum: Health and Physical Education* students will explore how they connect and interact with natural and built environments and people in different social groups within their communities. They will consider how these structures and connections play an important role in promoting and supporting the wellbeing of individuals and the community as a whole.
136. Students will develop an understanding of the principles of sustainable practices when creating and protecting environments that support healthy lifestyles, such as spaces for active recreation, active transport options, and growing, sourcing and choosing food products. They will explore concepts of social justice as they relate to promotion and maintenance of health and wellbeing, and the importance of ensuring equitable access and participation for all community members.

Glossary of key terms

Advocacy

137. The process of arguing in support of a cause or position or speaking out and acting on behalf of yourself or another individual to ensure that your's or others' best interests are taken into account.

Dispositions

138. Enduring habits of mind and actions, and tendencies to respond in characteristic ways to situations, for example maintaining an optimistic outlook, being willing to persevere with challenges, actively engaging in regular physical activity.

Embodiment

139. This term captures the notion that people have bodies that they work on (care for, clothe, clean, dress, decorate) and that bodies can be seen as representing the person.

Emotional health

140. The ability to recognise, understand and effectively manage emotions and use this knowledge when they think, feel and act.

Health literacy

141. The ability to selectively access and critically analyse information, and take action to promote their own and others' good health.

Mental health

142. Refers to a person's cognitive and thinking processes, the capacity to think coherently, express thoughts and feelings and respond constructively to situations.

Movement competence

143. The motivation, confidence, physical capability, understanding, knowledge and disposition to maintain physical activity at individually appropriate levels throughout life.

Movement concepts

144. Refers to a variety of knowledge and approaches that help an individual or group to understand, analyse and achieve the ultimate objective of an activity, performance or game.

Physical activity

145. Physical activity is the process of moving the body that results in energy expenditure. Physical activity is a broad term that includes playing sport, fitness activities, activities such as dance, yoga, tai chi, everyday activities such as walking to work, household chores, gardening and many forms of active recreation.

Physical fitness

146. Physical fitness is considered a measure of the body's ability to function efficiently, effectively and without injury in work and leisure activities, to pursue recreational

activities and to cope with emergency situations. It is commonly conceptualised as being made up of: *health-related components* (such as cardiovascular fitness, flexibility, muscular endurance, and strength) and *skill-related components* (such as agility, balance, coordination, reactions, rhythm, power, and speed).

Play-based learning

147. A context of learning through which children organise and make sense of their own social worlds, as they engage actively with people, objects and representations.

Preventive health

148. Preventive health directs resources to the promotion of individual and community health, the prevention of ill-health and the reduction of health inequalities.

Resilience

149. The capacity to deal constructively with change or challenge, allowing the person to maintain or re-establish their social and emotional wellbeing in the face of difficult events. It involves thoughts, feelings and actions.

School sport

150. School sport is an extra-curricular activity that is distinct from the Health and Physical Education curriculum. School sport can include intra- and inter-school sporting competitions and after-hours sports programs.

Sense of self

151. Sense of self refers to an individual's perception of 'self' and how they perceive their place in the world in relation to a range of personal characteristics and cultural norms and expectations.

Sport

152. Sport is defined as 'a human activity capable of achieving a result requiring physical exertion and/or physical skill which, by its nature and organisation, is competitive and is generally accepted as being a sport' (Australian Sports Commission).

Strengths-based approach

153. The strengths-based approach focuses on the capacities, competencies, visions, values and hopes of all students, regardless of their current circumstances, and supports their development of knowledge, understanding and skills to enhance and promote their own and others' health and wellbeing.

Wellbeing

154. Wellbeing relates to a sense of satisfaction and happiness, effective social functioning and the dispositions of optimism, openness, curiosity and resilience.

Bibliography

The research and evidence base that has informed the development of the *Shape of the Australian Curriculum: Health and Physical Education* has been drawn from the following journal articles, research reports, texts and websites.

Antonovsky, A 1996, 'The salutogenic model as a theory to guide health promotion', *Health Promotion International*, vol. 11, no. 1, pp. 11-18.

American Psychological Association (website), *Research in Brain Function and Learning: Teacher Modules*, <http://www.apa.org/education/k12/brain-function.aspx> (accessed 4 October 2011).

Apple, M 2003, 'Creating difference: Neo-liberalism, neo-conservatism and the politics of educational reform', in J Freeman-Moir & A Scott (eds), *Yesterday's dreams*, Canterbury University Press, Christchurch.

Arnold, P 1988, *Education, movement and the curriculum*, Falmer Press, London.

Arnold, P 1992, 'Sport as a valued human practice: a basis for the consideration of some moral issues in sport', *Journal of Philosophy of Education*, vol. 26, no. 1, pp. 237-255.

Australian Bureau of Statistics 2006 (website), *Adult Literacy and Life Skills Survey, Summary Results*, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4228.0> (accessed 25 Aug 2010).

Australian Bureau of Statistics 2009, *Schools, Australia*, Australian Bureau of Statistics, Canberra.

Australian Catholic University National & Erebus International 2008, *Scoping study into approaches to student wellbeing: Final report*, Department of Education, Employment and Workplace Relations, Canberra.

Australian Institute of Health and Welfare 2011, *Headline indicators for children's health, development and wellbeing*, AIHW, Canberra.

Australian Institute of Health and Welfare 2011, *Young Australians: their health and wellbeing*, AIHW, Canberra.

Australian Sports Commission (website), *ASC Recognition: Supporting Sport*, http://www.ausport.gov.au/supporting/nso/asc_recognition (accessed 4 October 2011).

Bailey, R, Armour, K, Kirk, D, Jess, M, Pickup, I, Sandford, R & the BERA Physical Education and Sport Special Interest Group 2006, 'The educational benefits claimed for physical education and school sport: An academic review', *Research papers in Education*, vol. 24, no.1, pp. 1- 27.

Bain, L 1990, 'A critical analysis of the hidden curriculum in physical education', in D Kirk & R Tinning (eds), *Physical education, curriculum and culture: Critical issues in the contemporary crisis*, The Falmer Press, London.

Bannon, F & Sanderson, P 2000, 'Experience every moment: aesthetically significant dance education', *Research in Dance Education*, 191, pp. 9-26.

Basch, CE 2010, *Healthier students are better learners: A missing link in school reforms to close the achievement gap*, Columbia University, New York.

-
- Beare, H 2001, *Creating the Future School*, Routledge Falmer, London.
- Becker, C, Glascoff, MA & Felts, WM 2010, 'Salutogenesis 30 years later: Where do we go from here?', *International Electronic Journal of Health Education*, 13, pp. 25-32.
- Begoray, D, Wharf-Higgins, J & MacDonald, M 2009, 'High school health education curriculum and health literacy: Canadian student voices', *Global Health Promotion*, vol. 16, no. 4, pp. 35-42.
- Bengel, J, Strittmatter, R & Willman, H 1999, *What keeps people healthy? The current state of discussion and the relevance of Antonovsky's salutogenic model of health*, Federal Centre for Health Education, Cologne.
- Board of Studies NSW 1999, *Personal Development, Health and Physical Education Stage 6 Syllabus*, Board of Studies NSW, Sydney.
- Brown, T & Payne, P 2009, 'Conceptualizing the phenomenology of movement in Physical Education: Implications for pedagogical inquiry and development', *Quest*, vol. 61, pp. 418-441.
- Burrows, L, Wright, J & Jungersen-Smith, J 2002 (website), '*Measure your belly*': *New Zealand children's constructions of health and fitness*, <http://ro.uow.edu.au/edupapers/11> (accessed 11 May 2011).
- Bush, R, Boyle, F, Ostini, R, Ozolins, I, Brabant, M, Soto, E & Erikson, L 2010, *Advancing health literacy through primary health care systems*, Australian Primary Health Care Research Institute & Health Communities Research Centre, The University of Queensland, St Lucia.
- Cale, L & Harris, J 2009, 'Fitness testing in physical education: a misdirected effort in promoting healthy lifestyles and physical activity?', *Physical Education and Sport Pedagogy*, vol. 14, no. 1, pp. 89-108.
- Centers for Disease Control and Prevention 2010, *The association between school-based physical activity, including physical education, and academic performance*, US Department of Health and Human Services, Atlanta.
- Centers for Disease Control and Prevention (website), *BMI Executive Summary*, www.cdc.gov/HealthyYouth/obesity/BMI/pdf/BMI_execsumm.pdf (accessed 20 September 2011).
- Carvalho, GS 2007, 'Health education approaches in school textbooks of 14 countries: Biomedical model versus Health promotion', in proceedings of IOSTE conference *Critical analysis of school science textbooks*, Tunisia, 7-10 February 2007.
- Charles, JM 1979, 'Technocratic ideology in physical education', *Quest*, vol. 31, no. 2, pp. 277-284.
- Cliff, K, Wright, J & Clarke, D 2009 (website), *What does a "sociocultural perspective" mean in health and physical education?* <http://ro.uow.edu.au/edupapers/96> (accessed 11 May 2011).
- Cosgriff, M 2011, 'Learning from leisure: Developing nature connectedness in outdoor education', *Asia-Pacific Journal of Health, Sport and Physical Education*, vol. 2, no. 1, pp. 51-65.

Cote, J 2007, 'Opportunities and pathways for beginners to elite to ensure optimum and lifelong involvement in sport', in S.Hooper, D. Macdonald & M. Phillips (eds), *Junior Sport Matters*, Australian Sports Commission, Canberra, pp. 20-28.

Culpan, I 2000, 'Getting what you got: Harnessing the potential', *Journal of Physical Education New Zealand*, vol. 33, no. 2, pp. 16-29.

Culpan, I & Bruce, J 2007, 'New Zealand physical education and critical pedagogy: Refocusing the curriculum', *International Journal of Sport and Health Science*, vol. 5, pp. 1-11.

Definitionofwellness.com (website), *Definition of Health Promotion*, <http://www.definitionofwellness.com/dictionary/health-promotion.html> (accessed 12 November 2010).

Department of Education and Children's Services (2010), *Thriving at our place: Findings from the wellbeing for learning inquiry*, Government of South Australia, Adelaide.

Department of Education, Employment and Workplace Relations 2009 (website), *Belonging, being and becoming: The early years learning framework for Australia*, http://www.deewr.gov.au/Earlychildhood/Policy_Agenda/Quality/Documents/Final%20EYLF%20Framework%20Report%20-%20WEB.pdf (accessed 15 September 2011).

Department of Health and Ageing 2011, *A review of the evidence to address targeted questions to inform the revision of the Australian Dietary Guidelines*, National Health and Medical Research Council, Australian Government, Canberra.

Department of Health and Ageing 2010, *Taking preventative action: A response to Australia: The healthiest country by 2020: The report of the National Preventative Health Taskforce*, DOHA, Canberra.

Department of Health and Ageing 2009, *Australia: The healthiest country by 2020: National Preventative Health Strategy: The roadmap for action*, DOHA, Canberra.

Department of Health and Ageing 2005 (website), *National Physical Activity Guidelines*, <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines> (accessed 1 October 2011).

Department of Sport and Recreation (website), *Improved learning through physical activity*, <http://www.dsr.wa.gov.au/471> (accessed 12 January 2012).

Ennis, R 1993, 'Critical thinking assessment', *Theory into practice*, vol. 32, no. 3, pp. 179.

Evans, E & Sonnevile, K 2009, 'BMI report cards: will they pass or fail in the fight against pediatric obesity?', *Current Opinion in Pediatrics*, vol. 21, pp. 431-436.

Evans, J 2004, 'Making a difference? Education and "ability" in physical education', *European Physical Education Review*, vol. 10, no. 1, pp. 95-108.

Evans, J, Rich, E & Davies, B 2004, 'The emperor's new clothes: Fat, thin and overweight. the social fabrication of risk and ill-health', *Journal of Teaching in Physical Education*, vol. 23, no. 4, pp. 372-391.

Fernandez-Balboa, JM 1997, 'The human movement profession: From modernism to postmodernism', in JM Fernandez-Balboa (ed.), *Critical postmodernism in human movement, physical education and sport*, State University of New York Press, New York.

Fetro, JV 2010, 'Health literate youth: evolving challenges for health educators', *American Journal of Health Education*, vol. 41, no. 5, pp. 258-264.

Giedd, JN 2009 (website), *The teen brain: Primed to learn, primed to take risks*, <http://www.dana.org/news/cerebrum/detail.aspx?id=19620> (accessed on 3 October 2011).

Goldman, JDG 2011, 'An exploration in health education of an integrated theoretical basis for sexuality education pedagogies for young people', *Health Education Research*, vol. 26, no. 3, pp. 526-541.

Green, L W, Richard, L & Potvin, L 1996, 'Ecological Foundations of Health Promotion', *American Journal of Health Promotion*, vol. 10, no. 4, pp. 270-281.

Haywood, K & Getchell, N 2005, *Life span motor development*, Human Kinetics, Champaign, Ill.

Home Economics Institute of Australia 2010, 'Position paper: Home economics and the Australian curriculum', *Journal of the HEIA*, vol. 17, no. 3.

Independent Sport Panel 2009, *The Future of Sport in Australia*, Commonwealth of Australia, Canberra.

International Federation for Home Economics (IFHE) 2008, *IFHE Position Statement*, IFHE, Bonn.

Kemmis, S 1986, 'Mapping Utopia: Towards a socially critical curriculum', *Interchange*, vol. 14, no. 5, pp. 11-30.

Kickbusch, I, Wait, S & Maag, D 2005, *Navigating health: the role of health literacy*, Alliance for Health and the Future, London.

Kirk, D & Tinning, R 1990, *Physical education, curriculum and culture: Critical issues in the contemporary crisis*, The Falmer Press, London.

Kirk, D 1996, 'The crisis in school physical education: An argument against the tide', *Healthy Lifestyles Journal*, vol. 43, no. 4, pp. 25-28.

Kirk, D 2009, 'A physical education for the future or, A future for physical education?', in L Housner, M Metzler, P Schempp & T Templin (eds), *Historic traditions and future directions of research on teaching and teacher education in physical education*, Fitness Information Technology, Morgantown, USA.

Kurzweil, R 1999, *The age of spiritual machines*, Allen and Unwin, Sydney.

Lindstrom, B & Eriksson, M 2010, *The hitchhiker's guide to salutogenesis: Salutogenic pathways to health promotion*, Folkhälsan Research Centre, Helsinki.

Macdonald, D, Abbott, R, Knez, K & Nelson, A 2009, 'Taking exercise: Cultural diversity and physically active lifestyles', *Sport, Education and Society*, vol. 1, pp. 1-19.

Macdonald, D 2011, 'Like a fish in water: Physical education policy and practice in the era of neoliberal globalization', *Quest*, vol. 63, pp. 36-45.

Marks, R 2010, 'Healthy schools and colleges: what works, what is needed, and why?', *Health Education*, vol. 110, no. 4, pp. 421-426.

Martin, P & McCullagh, J 2011, 'Physical education and outdoor education: complementary but discrete disciplines', *Asia-Pacific Journal of Health, Sport and Physical Education*, vol. 2, no. 1, pp. 67-78.

Martin, K 2010, *Brain Boost: Sport and physical activity enhance children's learning*, Department of Sport and Recreation, Government of Western Australia.

McBride, R 1995, 'Critical thinking: An idea whose time has come', *Journal of Physical Education, Recreation and Dance*, vol. 66, no. 6, pp. 22-23.

McKenzie, TL & Kahan, D 2008, 'Physical activity, public health, and elementary schools', *The Elementary School Journal*, vol. 108, no. 3, pp. 171-180.

McKenzie, T & Lounsbury, M 2009, 'School Physical Education: The pill not taken', *American Journal of Lifestyle Medicine*, vol. 3, no. 3, pp. 219-225.

Mental Health Europe 2001, *Mental health promotion of adolescents and young people: A directory of projects in Europe*, Mental Health Europe, Brussels.

Ministerial Council for Education, Early Childhood Development and Youth Affairs 2008, *Melbourne Declaration on Educational Goals for Young Australians*, MCEECDYA, Canberra.

Mission Australia 2010, *Insights into the concerns of young Australians: Making sense of the numbers*, Mission Australia, Sydney.

National Health and Hospitals Reform Commission 2009, *A healthier future for all Australians*, Commonwealth of Australia, Canberra.

Naylor, J 2000, *Inquiry approaches in secondary studies of society and environment key learning area*, Queensland School Curriculum Council, Brisbane.

Nutbeam, D & Kickbusch, I 2000, 'Advancing health literacy: a global challenge for the 21st century', *Health Promotion International*, vol. 15, pp. 183-184.

Nutbeam, D 2008, 'The evolving concept of health literacy', *Social Science and Medicine*, vol. 67, pp. 272-278.

Peerson, A & Saunders, M 2009, 'Health literacy revisited: what do we mean and why does it matter?', *Health Promotion International*, vol. 24, no. 3, pp. 285-296.

Penney, D, Hay, P, Brown, T, Morgan, P, Brown, R, Quelch, G & Emmel, J 2009, *The ACHPER national statement on the curriculum future of Health and Physical Education in Australia*, Australian Council for Health, Physical Education and Recreation, Hindmarsh.

Queensland Studies Authority 2004, *Queensland Senior Health Education Syllabus*, Queensland Studies Authority, South Brisbane.

Renson, R 2001, 'Messages from the future: significance of sport and exercise in the third millennium', *European Journal of Sport Science*, vol. 1, no. 1, pp. 1-17.

Rowling, L 2009, 'Strengthening "school" in school mental health promotion', *Health Education*, vol. 109, no. 4, pp. 357-368.

Rowling, L, Booth, L & Nutbeam, D 1998, 'Health education curriculum and teaching: progress and problems', *Curriculum Perspectives*, vol. 18, no. 1, pp. 46-52.

Rutter, M, Maughan, B, Mortimore, P & Ouston, J 1979, *Fifteen thousand hours: secondary schools and their effects on children*, Harvard University Press, Cambridge, MA.

Sallis, JF & Owen, N 1999, *Physical Activity and Behavioural Medicine*, Sage Publications, Thousand Oaks, California.

Sedentary Behaviour and Obesity Expert Working Group 2011 (website), *Sedentary behaviour and obesity: Review of the current scientific evidence*, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128225.pdf (accessed 3 October 2011).

Shilling, C 1993, *The body and social theory*, Sage Publications, London.

Sibley, B and Etnier, J 2003, 'The relationship between physical activity and cognition in children: a meta-analysis', *Pediatric Exercise Science*, vol. 15, pp. 243-256.

Simovska, V 2004, 'Student participation: a democratic education perspective: experience from the health-promoting schools in Macedonia', *Health Education Research*, vol. 19, no. 2, pp. 198-207.

Singh, A, Uijtdewilligen, L, Twisk, J, van Mechelen & Chinapaw, M, 2012, 'Physical activity and performance at school', *Archives of Pediatrics and Adolescent Medicine*, vol. 166, no. 1, pp. 49-55.

Slaughter, R and Beare, H 2011, *Education for the 21st century revisited*, Foresight International, Brisbane.

Smith, A, Agius, P, Mitchell, A, Barrett, C, & Pitts, M (2009), *Secondary Schools and Sexual Health 2008*, Monograph Series Number 70, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

South Australian Department of Education and Training 2001 (website), *South Australian Health and Physical Education syllabus for the middle years*, <http://www.sacsa.sa.edu.au/link.asp?ID=FRAMEWORK:B3.4C:TAG> (accessed 28 November 2011).

Sparkes, A 1996, *Research in physical education and sport: Exploring alternative visions*, Falmer Press, London.

Suicide Prevention Australia 2010, *Youth Suicide Prevention Position Statement*, Suicide Prevention Australia, Leichhardt NSW.

St Leger, L 2004, 'What's the place of schools in promoting health? Are we too optimistic?', *Health Promotion International*, vol. 19, no. 4, pp. 405-408.

St Leger, L and Young, I 2009, 'Creating the document "Promoting health in schools: from evidence to action"', *Global Health Promotion*, vol. 16, no. 4, pp. 69-71.

Tinning, R (2000), 'Seeking a realistic contribution: Considering physical education within HPE in New Zealand and Australia', *Journal of Physical Education New Zealand*, vol. 33, no. 3, pp. 8-21.

Tinning, R 2008, 'Aliens in the gym: Considering the learner in physical education', *Healthy Lifestyles Journal*, vol. 54, no. 2, pp. 13-19.

Tompsonski, PD, Davis, CL, Miller, PH & Naglieri, JA 2007, 'Exercise and children's intelligence, cognition and academic achievement', *Educational Psychology Review*, vol. 20, pp. 111–131.

Tremblay, MS, LeBlanc, AG, Kho, MG, Saunders, TJ, Larouche, R, Colley, RC, Goldfield, G & Gorber, S 2011 (website), 'Systematic review of sedentary behaviour and health indicators in school-aged children and youth', *International Journal of Behavioral Nutrition and Physical Activity*, <http://www.ijbnpa.org/content/8/1/98> (accessed 28 November 2011).

Trudeau, F, & Shepherd, RJ 2008, 'Physical education, school physical activity, school sports and academic performance', *International Journal of Behavioral Nutrition and Physical Activity*, vol. 5, no. 10.

UNESCO 1999, *Recommendations for the third international conference of ministers and senior officials responsible for physical education and sport*, UNESCO.

Victorian Curriculum and Assessment Authority (2008), *Victorian essential learning standards: Physical, personal and social learning strand: Health and physical education (revised edition)*, VCAA, East Melbourne.

Watkins, SC 2009, *The young and the digital*, Beacon Press, Boston.

White, R, and Wyn, J 2008, *Youth and society*, Oxford University Press, Melbourne.

Whitehead, M, and Murdoch, E 2006, 'Physical literacy and Physical Education: Conceptual mapping', *Physical Education Matters*, vol. 1, no. 1, pp. 6-9.

Whitehead, M 2006 (website), 'Developing the concept of physical literacy', *International Council of Sports Science and Physical Education Newsletter*, <http://www.physical-literacy.org.uk/icsspe2006.php> (accessed 18 November 2011).

World Health Organization 1986, *The Ottawa Charter for Health Promotion*, WHO, Geneva.

World Health Organization 1997, *Jakarta Declaration on Leading Health Promotion into the 21st Century*, WHO, Geneva.

World Health Organization 2005, *The Bangkok Charter for Health Promotion in a Globalized World*, WHO, Geneva.

World Health Organization 2011 (website), *School and Youth Health: What is a health promoting school?*, http://www.who.int/school_youth_health/gshi/hps/en/index.html (accessed 20 January 2011).

Wright, J 2000, 'Disciplining the body: power, knowledge and subjectivity in a physical education lesson', in Lee, A & Poynton, C (eds), *Culture and Text*, Allen and Unwin, Sydney.

Wright, J & Harwood, V 2009 (eds), *Biopolitics and the 'obesity epidemic'*, Routledge, London.

Wright, J & Macdonald, D 2010 (eds), *Young people, physical activity and the everyday*, Routledge, London.

Wyn, J 2009, *Youth health and welfare: the cultural politics of education and wellbeing*, Oxford University Press, Melbourne.

Young, M 1998, *The curriculum of the future: From a 'new sociology of education' to a critical theory of learning*, Falmer Press, London.

