



Aligning MS and SS curriculum



Learning intent

1

Understand the need for change

2

Share ideas and examples

3

Outline process undertaken



Disclaimer

This is just the PBC story.

This is not endorsed by EQ, QCAA or ACHPER.

This is not promoted as best practice.





1

**Why did
we
change?**



External forces

- New QCE subjects
- New terminology
- New underpinning pedagogies
- Loss of middle school curriculum time
- Reduced exposure to students





Driving forces

- Prepare students for transition into new QCE subjects
- Familiarise teachers with new QCE processes and practices



The old and the new.

2018

- 7 – 9 with two 70 minute lessons per week for the year.
- 10HPE and 10 Health as year long electives

2019

- 7 – 9 with three 70 minute lessons for a semester.
- 10HPE and 10 Health & Psychology as year long electives

The image features a large white circle centered on a black background. To the left of this circle, there is a smaller, semi-transparent grey circle that overlaps the white one. To the right, there is a series of four concentric white circles of decreasing size, also overlapping the main white circle. The text 'The process' is centered within the white circle in a bold, black, sans-serif font.

The process



**Begin by disengaging with
pre-packaged curriculum**





Target development

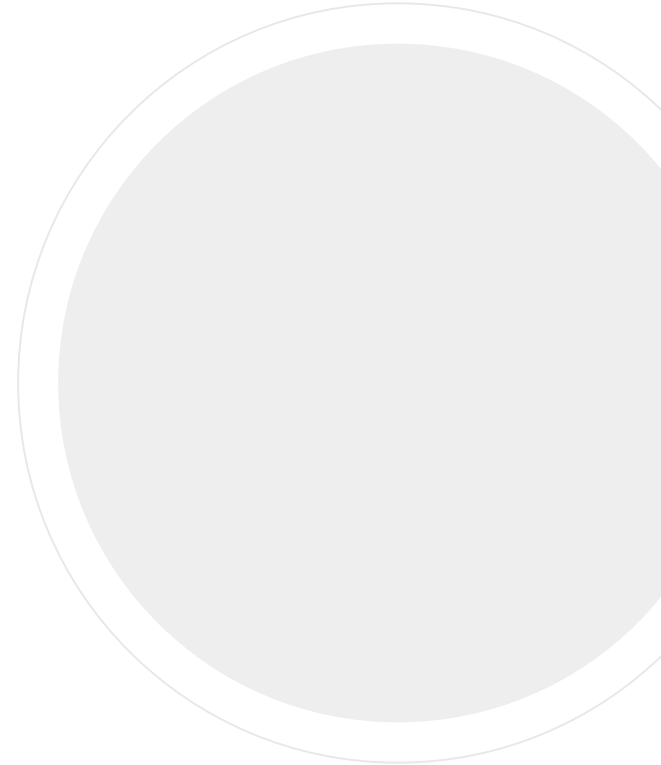
- Restructure middle school
- Refine year 10





Restructure:

- What were the important aspects of new QCE subjects?
- What was the research telling us?





Senior school drivers

Health
Physical Education
Psychology
Certificate III/IV Fitness
Certificate III Health Services Assistance
Sport and Recreation

Three distinct units per year (7 – 9)

Physical Education

Health

Sport and Recreation



Key concepts:

Constraints

Determinants of
health

Interpersonal
skills

Body and
movement
concepts

Tactical
awareness

River of life

Physical activity
as a health
pursuit

Movement
sequences and
strategies

Inclusivity and
fair play

Salutogenesis

Language in HPE

- Does how we communicate about our learning area negatively influence student enrolment?
- Do we communicate a single, cohesive message?
- Did I own the communication?

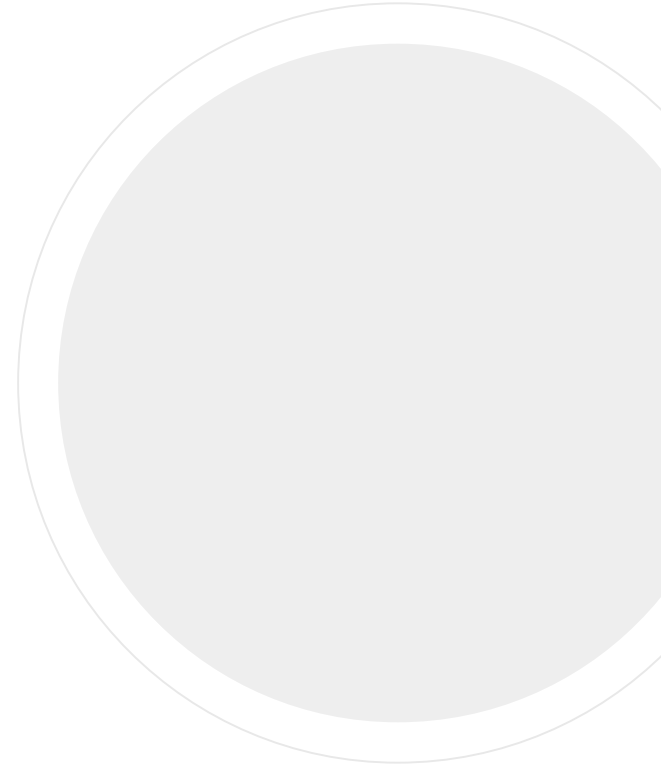
prac and theory





QCE alignment

- **One** assessment task per unit





Research

Evidence based (Australia):

- Life expectancy is increasing in Australia (premature death rates are falling)
- Disability free life expectancy is increasing
- Cancer causes more death than cardio vascular diseases
- From age 15 to 24, suicide is the leading cause of death
- From age 25 to 54, 18% of death is due to suicide
- Burden of disease is falling
- Adolescents are smoking and drinking less, and starting later (18% smoke – 7% of 12 year olds progresses to 37% of 17 year olds) (less than 10% of 15 year olds consume alcohol – mostly at home, jumps to 30% of 16 year olds – mostly at parties)
- 18% have used an illicit drug at least once (9% of 12 year olds progressing to 36% of 17 year olds)

Evidence based (Australia):

- Leading cause of hospitalisation due to injury for females aged 15-24 is intentional self harm
- Males are twice as likely to be hospitalised due to injury, however injury is due to traffic accidents and other mechanical forces
- 14% of 12-17 year olds have a diagnosed mental health disorder
- Self harm at its greatest for 16-17 year old females
- Teenage pregnancy is falling
- STI notifications are increasing

Evidence based (Australia):

- Mental health concerns increase if;
 - Family is blended, single parent or second marriage
 - Below the poverty line
 - Parent/s are unemployed
- 95% of Australians do not eat the recommended amount of fruit and vegetables (vegetables main problem)
- (in 2011) 35% daily energy intake is from discretionary foods – high in saturated fat or sugar
- 72% 12-14 year olds participate in organised recreation or sport

Evidence based (Australia):

- Young people value relationships (family and friends) over physical and mental health
- Young people believe academic ability, financial difficulty and mental health are the three largest barriers to personal success
- Concerns shared by over 30% of young people include;
 - Bullying (32.1)
 - Safety (32.6)
 - Family conflict (38.3)
 - Depression (41.2)
 - Body image (57.7)
 - School / study (63.2)
 - Coping with stress (70.6)

Evidence based (Australia):

- Biggest issues facing Australian youth;
 - Mental health (33.7%)
 - Alcohol and drugs (32%)
 - Equity and discrimination (27.3%)
- Youth seek help from (in order);
 - Friends
 - Parents
 - Relative or family friend
 - Sibling
 - Internet
 - Health professional

My interpretation of the evidence:

- Coping and resilience are a significant concern – youth want strategies
- Decision making is a context that can transfer across health issues
- Relationships have a significant impact on adolescent health
- Youth tend to prefer non-professional avenues for health advice
- Focus time for alcohol and drugs is year 10



Which way did we go?



Middle school (7-9)

1. Decided on unit intent

	Year 7	Year 8	Year 9
Physical Education	Functional anatomy of track and field.	Fitness for touch.	Biomechanics of softball.
Health	Building relationships.	Coping with pressure.	Protecting myself.
Sport and recreation	Teamwork in ball sports.	Swimming and survival.	Fair play in minor games.

2. Mapped to AC:HPE

3. Developed assessment criteria

4. Developed assessment tasks

5. Developed TLAPs

Year 10

HPE = 2 x PE, 1 x Health, 1 x Sport & rec

HPS = 1 x combined, 1 x Health, 2 x Psychology



ISMGs

External exam

Confirmation

Still to be done:

Cognitive verbs

Decide what is important.

Map across the units.

Review

Ensuring AC:HPE is addressed as intended in PBC plan.

Assessment

Align response types.

Confirmation of physical performance (collection of evidence)



Any questions?





**Email me for many, many
resources:**

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Thanks!