

# Health Education

Senior Syllabus 2010

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Health Education Senior Syllabus 2010

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# 1. Rationale

Health is a quality of life that is influenced by the interactions between individuals and their sociocultural, economic, political and physical environments. The personal qualities that individuals bring to these interactions are constantly changing in response to influences from the context in which they live and work. The focus of Health Education is the understanding of health in the context of society, and the mechanisms necessary to develop and promote health for individuals, groups, communities and nations.

To achieve these goals, this syllabus considers contemporary health promotion theory and practice, and adopts two conceptual frameworks (see Appendix 1):

- the social view of health with an embedded social justice framework
- the Ottawa Charter for Health Promotion.

The social view of health acknowledges the behavioural and environmental determinants of health, and asserts that the health of individuals, groups, communities and nations is constructed in society by society. Health is maintained and promoted by personal and community action and by policies and services at local, state and national levels. The social justice framework provides a perspective to identify health inequities and to gauge the success of interventions. The model for social action and change in Health Education is derived from the Ottawa Charter. The Ottawa Charter for Health Promotion was proclaimed and reaffirmed in the World Health Organization's Jakarta Declaration on Health Promotion into the 21st Century in 1997. This framework articulates three strategies that are necessary for the promotion of health (enabling, mediating and advocating), and five action areas that guide the exploration and action undertaken within Health Education.

Health Education provides a context for exploring health issues. Students first gain an understanding of the biophysical, psychosocial and environmental determinants of relevant health concerns through their analysis of primary and secondary health-related data. Drawing upon their knowledge of the two conceptual frameworks, students analyse the social justice factors that produce inequities for specific individuals or populations. By using an inquiry approach to investigate health issues, students apply the practices and principles that underpin social action and health promotion to devise and justify recommendations and strategies for change. Consequently, Health Education is an action-oriented subject that inspires students to implement and evaluate their own and others' strategies to maximise the health and wellbeing of those in their communities.

Health Education expands and explores more deeply the understandings that students have acquired in their previous experiences with the learning area. Health Education also acknowledges that students' understanding of health needs to be developed from a personal to a wider, more altruistic perspective. This is achieved by sequencing units of study from personal, through community to specific populations, facilitating the investigation of ever increasingly complex health issues. As a consequence of studying Health Education, students can develop a more sophisticated level of knowledge, attitudes, values and skills to address health issues and play an active role in enhancing their own health and that of their community.

Health Education is a subject that would interest students who are concerned about social justice issues and who have a strong commitment to community. Students considering careers in health-related fields including health policy development, health and safety laws and regulations, health advocacy, health information management, counselling, social work, medicine and nursing would find this subject beneficial.

## 1.1 Indigenous perspectives

This syllabus recognises Aboriginal and Torres Strait Islander peoples, their traditions, histories and experiences prior to colonisation through to the present time. To strengthen students' appreciation and understanding of the first peoples of the land, relevant sections of the syllabus identify content and skills that can be drawn upon to encourage engagement with:

- Indigenous frameworks of knowledge and ways of learning
- Indigenous contexts in which Aboriginal and Torres Strait Islander peoples live
- Indigenous contributions to Australian society and culture.

In Health Education, Indigenous health issues can be explored in any of the units of work. Indigenous health issues would be of particular interest in the Health of Specific Populations unit.

## 2. General objectives

The general objectives are those that the school is required to teach and students have the opportunity to learn. The general objectives are grouped in four dimensions, i.e. the salient properties or characteristics of distinctive learning. The first three dimensions are the assessable general objectives. The fourth group of general objectives, *Attitudes and values*, is not directly assessed as it is achieved through the teaching and learning approaches offered to students.

Progress in aspects of any dimension at times may be dependent on the characteristics and skills foregrounded and developed in another. The process of learning through each of the dimensions must be developed in increasing complexity and sophistication over the four- semester course.

Schools must assess how well the students have achieved the general objectives. The standards are described in the same dimensions as the assessable general objectives.

The dimensions for a course in this subject are:

- *Knowledge and understanding*
- *Application and analysis*
- *Synthesis and evaluation*
- *Attitudes and values.*

The dimensions of the course have been formulated in terms of specific knowledge, skills, behaviours and attitudes that are considered desirable for students to acquire. These will be highlighted while the students investigate health issues through inquiry. Investigation means the ability to inquire into issues and study health-related materials. Health Education provides opportunities that encourage students to think critically and to reflect upon their place in the world, and to self-direct this learning in the classroom and in contemporary and future “real-life” learning contexts.

Throughout the course, the students will develop a greater understanding of the social view of health.

### 2.1 Knowledge and understanding

*Knowledge and understanding* involves the retrieval and comprehension of information.

Knowledge is the awareness of relevant information gained by experience of the subject discipline and its particular contexts.

Understanding is the ability to make effective use of knowledge in appropriate contexts.

By the conclusion of the course, students should:

- locate and recall information including primary and secondary data on health issues
- understand health promotion theories, concepts and strategies
- use textual features in the conventions of communication.

## 2.2 Application and analysis

*Application and analysis* manipulates and refines the initial information gained in *Knowledge and understanding*.

Application means the ability to show deeper understanding by using learned materials in new or different contexts from those in which they were acquired.

Analysis includes the ability to dissect materials by ascertaining and examining their constituent parts and/or their relationships.

By the conclusion of the course, students should:

- select and analyse data and information on health issues
- analyse health issues by applying health theories, concepts and strategies to ascertain the barriers and facilitators that influence health outcomes
- apply genre conventions.

## 2.3 Synthesis and evaluation

*Synthesis and evaluation* uses information gained, including the application of concepts and theories, to make decisions, reach conclusions, solve problems and justify solutions and/or actions.

Synthesis is the creation of meaning and coherence from a wide variety of sources.

Evaluation involves the ability to use criteria and evidence to appraise the extent to which alternative ideas, proposals or solutions to a problem are appropriate, effective or satisfying.

By the conclusion of the course, students should:

- synthesise information on health issues to make decisions, formulate actions and solutions
- evaluate data and justify recommendations, conclusions, strategies and actions
- make decisions about strategies to communicate ideas.

## 2.4 Attitudes and values

*Attitudes and values* refer to an individual's examination of the importance of their actions and the potential effect of those actions. They encompass the individual's feelings, motivation and sense of power to sustain what is equitable and good in the context of change.

Health Education is designed to assist students to:

- appreciate the interactions between personal health, community health and the state of the environment
- value the maintenance of a healthy lifestyle
- appreciate that all members of the community can contribute, in varying degrees, to improving their own health, health standards in the community and the state of the environment
- appreciate that they can act individually and collectively to achieve better health for themselves and others
- value the rights of all people to improve the health of individuals, groups and communities.

## 3. Course organisation

### 3.1 Time requirement

The minimum number of hours of timetabled school time, including assessment, for a course of study developed from this syllabus is 55 hours per semester. A course of study will usually be completed over four semesters (220 hours).

### 3.2 Organising principles

There are four organising principles underpinning the development and organisation of the Health Education course of study and units of work. These principles emerge from the conceptual frameworks and shape the development of students' knowledge, skills and attitudes in relation to Health Education. The organising principles are:

- increasing complexity of challenge and independence
- breadth of perspective
- focus on health issues
- process of inquiry.

Schools apply the four principles to develop a balanced course of study that recognises local health concerns, the needs and interests of students and the specific learning environments within which the course is undertaken.

#### ***3.2.1 Principle 1: Increasing complexity of challenge and independence***

Increasing challenge means that the four semester course of Health Education is developmental. In the first unit of work, students are introduced to the major concepts of the course. These concepts are further developed in subsequent units of work. Units of work are sequenced so that students expand their view of health in society from personal empowerment to social advocacy and action.

Initial units focus on issues related to Personal Health, targeting students' own experiences, understandings and health. Development continues as students study broader groups with which they have direct links (Peer Health, Family Health). Students progress to larger populations or groups within Australian society (Community Health). Health Education culminates with the study of specific populations in which students combine their developed understanding of previous units to undertake an advocacy role for a group outside those previously studied.

Increasing independence is developed as students begin to accept responsibility for their own learning across the four-semester course. They learn to evaluate their own work and identify ways to improve it by:

- selecting and making strategic use of resources (both material and human)
- making selective use of feedback
- negotiating instruments and/or conditions
- becoming less dependent on their teacher as a source of feedback.

### **3.2.2 Principle 2: Breadth of perspective**

Engaging in units of work within Health Education provides opportunities for students to adopt a broad health-promoting perspective — from the personal to the global. Health issues must therefore be considered in light of their capacity to facilitate students' investigation of local issues whilst developing their understanding of how these operate within local, state, national or global contexts. A key feature of this principle is the selection of health issues that can provide students with a diverse range of methods and resources to collect and analyse primary and secondary data.

### **3.2.3 Principle 3: Focus on health issues**

A requirement of the Health Education syllabus is that each unit of work engages students in the investigation of specific health issue/s. These issues are the focus for the process of inquiry undertaken from a socially critical perspective. Health issues are articulated in a health issue statement which is written and phrased to provide the focus for the unit of work (see Appendix 2).

### **3.2.4 Principle 4: Process of inquiry**

Students explore, analyse and devise strategies to address health issues within particular social contexts employing an investigative lens that comprises the five Action Areas of the Ottawa Charter and the principles of social justice (See Appendix 1). This lens facilitates students' capacity to identify problems and barriers and subsequently consider changes needed to achieve and/or maintain socially just health outcomes for themselves and their communities. This lens also provides a foundation on which strategies for action can be based and implemented.

The inquiry process requires students to define and explore the issues and to reflect on the impact of their explorations, on the actions they take, their beliefs, values and attitudes. The inquiry process also requires students to reflect on their ability to use the strategies of problem solving and decision making in future investigations.

In the investigation of each health issue, all five Ottawa Charter Action Areas must be explored; however, it is not anticipated that the action areas themselves will become the sole focus of investigation or that each will receive equal attention. In each inquiry the five areas will be applicable to some degree, but teachers and students will decide on the emphasis given to particular action areas in light of their exploration of the parameters of the issues under investigation.

The inquiry process involves:

- defining the issue — this phase introduces students to the unit's health issue and develops their understanding of the determinants of the health concern (biophysical, psychological, social and environmental), the stakeholders and the social justice factors that result in inequities, barriers and challenges for sections of the population
- exploring the issue — this phase involves an exploration of the health issue by employing the investigative lens of the Ottawa Charter Action Areas and social justice principles. This phase establishes the barriers and facilitators of health-related outcomes and engages students in problem identification and prioritisation of objectives for strategies for actions
- planning maintenance and/or change — in this phase, students examine data from the previous phase and the outcomes of other approaches to design and propose strategies for improving health outcomes. These strategies could be responses to questions such as: "What has been done before?", "What can be done?" or "What needs to be continued?" Here, the Ottawa Charter Action Areas and health promotion theories and practices are used as intersecting lenses to provide strategies and possible solutions for

promoting health outcomes of the stakeholders in the context of the issue in focus. In some instances, this phase of the inquiry process will also include the following:

- implementation of action strategies. Students’ active exploration of a health issue is a major emphasis of Health Education. In this phase, students are provided with opportunities to implement their proposed strategies. Students should focus on realistic strategy proposals and implementation in their local communities and articulate methods for the collection of data during implementation for the purpose of evaluation
- evaluation of the action strategy. Drawing on the students’ experiences and data collected in the implementation phase, the process of evaluation requires students to identify the progress of the proposed strategy. Evaluation encompasses an exploration of the barriers and facilitators of implementation, critical analysis of the chosen action strategy, possible implications of action on the health concern, and the formulation of recommendations for future action
- reflection on the issue. The final phase in the inquiry should be used to link the understandings gained from the study of this issue to the study of future health issues. It should further seek to consolidate the students’ understandings of the conceptual frameworks and their commitment to health promotion initiatives.

It is anticipated that the full inquiry process, in which students undertake all phases, will be conducted at least once a year during the course of study and within the context of an integrated task or action research project.

### 3.3 Core and elective areas of study

The core elements in Health Education are:

- the contexts used for the units of work (see table below)
- the social view of health and the social justice framework/principles (see Appendix 1)
- the Ottawa Charter for Health Promotion as it applies to each inquiry.

#### Core contexts

Core contexts, the suggested order for units of work and the number of issues		
<b>Year 11</b>	<b>Semester 1</b>	<b>Semester 2</b>
<ul style="list-style-type: none"> <li>• each context used at least once and in the suggested order</li> <li>• minimum of three and maximum of five health issues to be investigated</li> </ul>	<ul style="list-style-type: none"> <li>• Personal Health</li> <li>• Peer Health</li> <li>• Family Health</li> </ul>	
<b>Year 12</b>	<b>Semester 3</b>	<b>Semester 4</b>
<ul style="list-style-type: none"> <li>• each context used at least once and in the suggested order</li> <li>• minimum of two and maximum of four health issues to be investigated</li> </ul>	<ul style="list-style-type: none"> <li>• Community Health</li> <li>• Health of Specific Populations</li> </ul>	

## ***Core theories, concepts and strategies***

Specific knowledge and understandings will be developed through the health issues schools choose to study in the compulsory contexts (see above). The underpinning theories, concepts and strategies explored in the compulsory contexts in this course are:

- social view of health
- dimensions of holistic health and the ways in which the health dimensions interact or influence health outcomes
- social determinants of health
  - biophysical
  - psychosocial
  - environmental
- influences that the sociocultural, physical, political and economic environments have on health
- health of populations
- ways individuals and communities can improve their health
- social capital
- health literacy
- health barriers and facilitators, including socioeconomic status and education
- other health models e.g. biomedical
- principles of social justice as they are applied to health issues
  - equity
  - diversity
  - supportive environments
- relationship between the principles of social justice and the health of
  - individuals
  - groups
  - communities
  - specific populations
- health inequity
- health promotion and health promotion strategies
- the Ottawa Charter, including the Ottawa Action Areas
- relationship between the Action Areas of the Ottawa Charter, social view of health and social justice principles
- concepts of enabling, mediating and advocating.

## ***Elective elements***

The elective elements of Health Education are the issues that are chosen by schools to develop units of work (see Appendix 2).

## 3.4 Composite classes

This syllabus enables teachers to develop a course that caters for a variety of circumstances, such as combined Year 11 and 12 classes, combined campuses, or modes of delivery involving periods of student-managed study.

The flexibility of the syllabus can support teaching and learning for composite classes by enabling teachers to:

- structure learning experiences and assessment that allow students to access the key concepts and ideas suited to their needs in each year level
- provide opportunities for multilevel group work, peer teaching and independent work on appropriate occasions.

The following guidelines may prove helpful in designing a course of study for a composite class:

- The course of study could be written in a Year A / Year B format, if the school intends to teach the same topics to both cohorts.
- A topic that will allow Year 11 students ease of entry into the course should be placed at the beginning of each year.
- A bridging study could cater for students who enter the course later than the rest of the class. The bridging study would introduce key terms and concepts for independent study or supplement core and elective elements already covered in the course. Advice on designing a bridging study could be sought from the relevant QSA personnel.
- Learning experiences and assessment instruments need to cater for both year levels throughout the course. Even though tasks may be similar for both year levels, it is recommended that more extended and/or complex tasks be used with Year 12 students.

## 3.5 Work program requirements

A work program is the school's plan of how the course will be delivered and assessed, based on the school's interpretation of the syllabus. It allows for the special characteristics of the individual school and its students.

The school's work program must meet all syllabus requirements and must demonstrate that there will be sufficient scope and depth of student learning to meet the general objectives and the exit standards.

The requirements for online work program approval can be accessed on the Queensland Studies Authority's website at <[www.qsa.qld.edu.au](http://www.qsa.qld.edu.au)> select Years 10–12 > Years 11–12 subjects. This information should be consulted before writing a work program. The requirements for work program approval may be updated periodically.

# 4. Learning experiences

Learning experiences are activities and/or tasks, conducted within appropriate contexts, that contribute to student learning as outlined in the general objectives. See the QSA website for examples of learning experiences.

## 5. Assessment

Assessment is an integral part of the teaching and learning process. For Years 11 and 12 it is the purposeful, systematic and ongoing collection of information about student learning outlined in the senior syllabuses.

In Queensland, assessment is standards based. The standards for each subject are described in dimensions, which identify the valued features of the subject about which evidence of student learning is collected and assessed. The standards describe the characteristics of student work.

The major purposes of assessment in senior Authority subjects are to:

- promote, assist and improve learning
- inform programs of teaching and learning
  - advise students about their own progress to help them achieve as well as they are able
  - give information to parents and teachers about the progress and achievements of individual students to help them achieve as well as they are able
- provide comparable levels of achievement in each Authority subject to be recorded in students' learning accounts. The comparable levels of achievement may contribute to the award of a Queensland Certificate of Education
- serve as the base data for tertiary entrance purposes
- provide information about how well groups of students are achieving for school authorities and the State Education and Training Minister.

### 5.1 Principles of exit assessment

All the principles of exit assessment must be used when planning an assessment program and must be applied when making decisions about exit levels of achievement.

A standards-based assessment program for the four-semester course of study requires application of the following interdependent principles.

- Information is gathered through a process of continuous assessment.
- Balance of assessment is a balance over the course of study and not necessarily a balance over a semester or between semesters.
- Exit achievement levels are devised from student achievement in all areas identified in the syllabus as being mandatory.
- Assessment of a student's achievement is in the significant aspects of the course of study identified in the syllabus and the school's work program.
- Selective updating of a student's profile of achievement is undertaken over the course of study.
- Exit assessment is devised to provide the fullest and latest information on a student's achievement in the course of study.

While most students will exit a course of study after four semesters, some will exit after one, two or three semesters.

## Continuous assessment

Judgments about student achievement made at exit from a course of study must be based on an assessment program of continuous assessment.

Continuous assessment involves gathering information on student achievement using assessment instruments administered at suitable intervals over the developmental four-semester course of study.

In continuous assessment, all assessment instruments have a formative purpose. The major purpose of **formative assessment** is to improve teaching and student learning and achievement.

When students exit the course of study, teachers make a **summative** judgment about their levels of achievement in accordance with the standards matrix.

The process of continuous assessment provides the framework in which the other five principles of exit assessment operate: balance, mandatory aspects of the syllabus, significant aspects of the course, selective updating, and fullest and latest information.

## Balance

Judgments about student achievement made at exit from a course of study must be based on a balance of assessments over the course of study.

Balance of assessments is a balance over the course of study and not a balance within a semester or between semesters.

Balance of assessment means judgments about students' achievements of all the assessable general objectives are made a *number of times* using a *variety of assessment techniques* and a *range of assessment conditions* over the developmental four-semester course.

See also Section 5.6 Requirements for verification folio.

## Mandatory aspects of the syllabus

Judgments about student achievement made at exit from a course of study must be based on mandatory aspects of the syllabus.

The mandatory aspects are:

- the dimensions of *Knowledge and understanding, Application and analysis, Synthesis and evaluation*
- the Ottawa Charter for Health Promotion and the social view of health with an embedded social justice framework in the context of health issues.

To ensure that the judgment of student achievement at exit from a four-semester course of study is based on the mandatory aspects, *the exit standards for the dimensions stated in the standards matrix (see Section 5.8.1) must be used.*

## Significant aspects of the course of study

Judgments about student achievement made at exit from a course of study must be based on significant aspects of the course of study.

Significant aspects are those areas described in the school's work program that have been selected from the choices permitted by the syllabus to meet local needs.

The significant aspects must be consistent with the general objectives of the syllabus and complement the developmental nature of learning in the course over four semesters.

## **Selective updating**

Judgments about student achievement made at exit from a course of study must be selectively updated throughout the course.

Selective updating is related to the developmental nature of the course of study and works in conjunction with the principle of fullest and latest information.

As subject matter is treated at increasing levels of complexity, assessment information gathered at earlier stages of the course may no longer be representative of student achievement. Therefore, the information should be selectively and continually updated (not averaged) to accurately represent student achievement.

Schools may apply the principle of selective updating to the whole subject group or to individual students.

### **Whole subject group**

A school develops an assessment program so that, in accordance with the developmental nature of the course, later assessment information based on the same groups of objectives replaces earlier assessment information.

### **Individual students**

A school determines the assessment folio for verification or exit (post-verification). The student's assessment folio must be representative of the student's achievements over the course of study. The assessment folio does not have to be the same for all students; however, the folio must conform to the syllabus requirements and the school's approved work program.

Selective updating must not involve students reworking and resubmitting previously graded responses to assessment instruments.

## **Fullest and latest information**

Judgments about student achievement made at exit from a course of study must be based on the fullest and latest information available.

- "Fullest" refers to information about student achievement gathered across the range of general objectives.
- "Latest" refers to information about student achievement gathered from the most recent period in which achievement of the general objectives is assessed.

As the assessment program is developmental, fullest and latest information will most likely come from Year 12 for those students who complete four semesters of the course.

The fullest and latest assessment data on mandatory and significant aspects of the course of study is recorded on a student profile.

## 5.2 Planning an assessment program

To achieve the purposes of assessment listed at the beginning of this section, schools must consider the following when planning a standards-based assessment program:

- general objectives (see Section 2)
- learning experiences (see Section 4)
- principles of exit assessment (see Section 5.1)
- variety in assessment techniques over the four-semester course (see Section 5.5)
- conditions in which assessment instruments are undertaken (see Section 5.5)
- verification folio requirements, that is, the range and mix of assessment instruments necessary to reach valid judgments of students' standards of achievement (see Section 5.6)
- post-verification assessment (see Section 5.6)
- exit standards (see Section 5.7).

In keeping with the principle of continuous assessment, students should have opportunities to become familiar with the assessment techniques that will be used to make summative judgments.

Further information can be found at <[www.qsa.qld.edu.au](http://www.qsa.qld.edu.au)> select Years 10–12 > Years 11–12 subjects.

## 5.3 Special provisions

Guidance about the nature and appropriateness of special provisions for particular students may be found in the Authority's *Policy on Special Provisions for School-based Assessments in Authority and Authority-registered subjects* (2009), available from <[www.qsa.qld.edu.au](http://www.qsa.qld.edu.au)> select Years 10–12 > Moderation and quality assurance.

This statement provides guidance on responsibilities, principles and strategies that schools may need to consider in their school settings.

To enable special provisions to be effective for students, it is important that schools plan and implement strategies in the early stages of an assessment program and not at the point of deciding levels of achievement. The special provisions might involve alternative teaching approaches, assessment plans and learning experiences.

## 5.4 Authentication of student work

It is essential that judgments of student achievement are made on accurate and genuine student assessment responses. Teachers should ensure that students' work is their own, particularly where students have access to electronic resources or when they are preparing collaborative tasks.

The QSA information statement *Strategies for authenticating student work for learning and assessment* is available from <[www.qsa.qld.edu.au](http://www.qsa.qld.edu.au)> (search for "authenticating"). This statement provides information about various methods teachers can use to monitor that students' work is their own. Particular methods outlined include:

- students planning production of drafts and final responses
- teachers seeing plans and drafts of student work
- maintaining documentation of the development of responses

- students acknowledging resources used.

Teachers must ensure students use consistent accepted conventions of in-text citation and referencing, where appropriate.

### 5.4.1 Advice on drafting

The purpose of viewing student drafts is to provide them with feedback so that they may improve their responses. Drafting is a consultative process, not a marking process. Teachers should not award a notional result or level of achievement. Drafting feedback should ask the student to reflect on strategies they might use to refine their work. Instrument-specific standards should be used to help the students identify the areas they need to review. Schools should consider the principle of increasing independence when constructing drafting policies.

#### What is a draft?

A draft is a response that is nearly good enough to submit for assessment — it is likely to be the student’s second or third attempt at the task. Prior to submitting a draft, students may be required to submit a written outline or to discuss their approach to the task with their teacher.

#### What sort of feedback will be provided?

Through feedback, teachers will indicate aspects of the response that need to be improved or developed in order to meet required standards. Students are often advised to consider other aspects of the text; to work on their role as a writer/speaker to show more awareness of the audience; and to give priority to the most important points by rearranging the sequence and structure of ideas. Teachers may indicate some textual errors and whether the draft requires more careful editing. They may not correct or edit all the textual errors in a draft. Teachers may provide some written feedback on drafts submitted by the due date for the draft; often, teachers provide a summary of their feedback and advice to the whole class.

Suggested drafting strategy demonstrating incorporation of the planning principle of increasing independence		
Instruments	Year 11	Year 12
<b>Written</b>	<ul style="list-style-type: none"> <li>• teacher consultation allowed</li> <li>• outline submitted</li> <li>• maximum two drafts submitted</li> </ul>	<ul style="list-style-type: none"> <li>• teacher consultation allowed</li> <li>• one draft or outline submitted</li> </ul>
<b>Spoken</b>	<ul style="list-style-type: none"> <li>• teacher consultation allowed</li> <li>• maximum of two drafts submitted</li> <li>• feedback provided during rehearsal</li> </ul>	<ul style="list-style-type: none"> <li>• teacher consultation allowed</li> <li>• one draft or outline submitted</li> <li>• feedback provided during rehearsal</li> </ul>

## 5.5 Assessment techniques

The techniques and associated conditions of assessment most suited to the judgment of student achievement in this subject are described below. The general objectives and dimensions to which each technique is best suited are also indicated.

For each dimension, standards are described. These standards descriptors are used to determine the properties or characteristics to be assessed by individual assessment instruments. The properties or characteristics for each instrument determined by a school are termed criteria. Therefore, the criteria for an assessment instrument are drawn from the syllabus standards descriptors for relevant dimensions (see Section 5.8.1 Standards matrix).

Schools decide the instruments to be used for assessment. For each assessment instrument, schools develop a criteria sheet: a tool for making judgments about the quality of students' responses to an assessment instrument. It lists the properties or characteristics used to assess students' achievements. Students must be given a criteria sheet for each assessment instrument.

Where students undertake assessment in a group or team, instruments must be designed so that teachers can validly assess the work of individual students and not apply a judgment of the group product and processes to all individuals.

Assessment techniques in Health Education include:

- research assessment
- supervised written assessment.

### 5.5.1 Research assessment

#### Research techniques

**Purpose:**

These techniques are used to assess the research abilities of students and the outcomes of the application of that research.

**A brief description:**

These techniques are based on research practices, which include locating and using information that goes beyond the data that students have been given and the knowledge they currently have. They also include the generation of primary data and/or the use of secondary data. The research process is iterative. It is based on the exploration of a research purpose (problem, question or issue). A research assessment may be presented in a variety of modes. Regardless of the mode of presentation, research conventions (e.g. referencing) must be adhered to. These assessments occur over a period of time and use both class and students' own time. Within this category, instruments are developed to investigate and redress an investigated health issue.

Most research assessments will follow an inquiry approach and include:

- establishment of a hypothesis / research question / design problem
- generation and/or collection of primary and/or secondary data/information
- independent collection of information/data from a variety of sources
- sorting and analysis of data/information — examination and evaluation of validity and value
- synthesis of data/information
- development of research outcomes with justifications.

It may also include:

- creation of product
- completion of action or strategy
- evaluation of post-product/action.

Research techniques common and applicable to this subject include:

- action research project
- research report
- analytical exposition  
essay  
article  
research assignment
- journal.

#### **What dimensions will be assessed through these techniques?**

Each assessment instrument using any of these techniques will assess all of the assessable dimensions.

#### **Specific guidance to techniques:**

When research assessments are presented in spoken or multimodal formats, they are considered to be the additional task for verification requirements. Although the following advice is referring to the written mode, it is also applicable for the development of spoken or multimodal instruments.

#### **Action research projects**

Action research projects are process-driven and can provide opportunity for:

- primary intervention strategies
- local area projects
- community awareness, health promotion and health advocacy campaigns.

Action research projects are process-driven and provide the opportunity for students to work through practical approaches to health issues. These tasks may provide a useful way for students to demonstrate enabling, mediating and advocating skills. These instruments are closely aligned to Organising Principle 4 as they are suited to all the phases of the inquiry approach.

The outcomes from these instruments may be presented in a variety of modes, including multimodal formats. The assessment instrument should detail the mode of presentation that will be assessed. The assessment instrument must include a critical evaluation of the processes undertaken, including evidence of implementation, validation and evaluation of methods, recommendations, conclusions or suggestions for modifications based on evidence.

Instruments developed in this category may be of long- or short-term duration, may complement other investigations or may form a discrete approach to the investigation of an issue.

In completing an action research project a student should:

- develop a planned course of action
- articulate clearly the health inequity, providing a statement of purpose for pursuing the integrated task / action research project (e.g. the why, what and how of a health promotion campaign)
- provide evidence of primary and secondary data collection and analysis
- implement the campaign / action research project
- state the intended target population and health outcomes/behaviours
- evaluate critically the process of design and implementation (e.g. barriers, successes, sustainability, provide suggestions for modifications etc.)
- evaluate and justify recommendations/conclusions/modifications
- present/communicate relevant information in a suitable method.

### **Research report (written)**

Research reports are developed in response to a health issue and are the result of student investigations. Analysis and evaluation of secondary data will often be the focus. The management of the research report should be mostly the responsibility of the student. Supervision by the teacher may be necessary at times and students should be asked to submit draft work as evidence of their research and to help ensure authenticity of authorship. Research questions or hypotheses should target synthesis and evaluation.

In the report, the student should come to some form of decision regarding the question or issue under investigation and support the decision with logical argument. The report may be a response to observations made, conclusions drawn from a case study or studies, or field trips. Information and data can be obtained through observation, interview or questionnaire in addition to the traditional primary and secondary written sources. A report will normally be presented with section headings. It will often include tables, graphs or diagrams and the analysis of statistical data.

In completing a research report students should:

- use data from a variety of sources
- interpret, analyse and synthesise data to demonstrate understanding of the task in relation to the stimulus material and health issue
- explain relationships between concepts, theories and data to address the task, data and health issue
- provide evidence of primary and secondary data collection through bibliography and referencing
- evaluate information and justify conclusions
- communicate ideas with appropriate referencing.

### **Analytical exposition (written)**

- **Assignment:** In an extended piece of writing students provide a response to a specific question, hypothesis or issue. The response should be supported by appropriate primary and secondary data. The assignment could be a persuasive argument or informative text.
- **Article:** In the article students create an extended piece of writing suitable for a health magazine or publication targeting the health issue under investigation. Documentation of findings should be enhanced by the use of graphics, tables and pictures. The findings (or conclusions) should be supported by primary and secondary data.

### **Journals**

Journals present reflections and reasoning and are typically used to support action research projects, but can be used independently. A journal can be in the form of writing, blogs, audiotapes and/or e-portfolios. What must be included is supportive evidence. This evidence may be derived from in-class activities and research. Journals must involve more than a description of actions that have occurred or repositories of information that have not been analysed or synthesised. Journals require careful structuring if they are to be used as assessment instruments.

Journals are effective tools for monitoring the progress of the learner and can form part of the research and reflective thinking processes. The technique can be used to document a variety of information, ideas and working processes. Journal entries include:

- personal writings, points of view
- interpretations of relevant research findings, articles, references, news clippings
- charts of personal ideas and responses to an issue as an aid to reflection
- media files
- drawings, photographs, videos, audiotapes
- records of reflections on conversations, interviews, discussions.

In completing a journal students should:

- articulate clearly the health inequity and provide a statement of purpose for the evaluation, reasoning and/or advocacy
- provide evidence of primary and secondary data collection and analysis

- respond to a range of stimulus questions/statements
- present relevant information in a suitable method.

**What do teachers do when planning, implementing and supporting a research assessment?**

Teachers should:

- suggest topics/issues and/or provide some stimulus to trigger student interest
- provide the research question. To demonstrate increasing complexity as students progress through the course of study it may be appropriate for an individual to design and instigate their own research question. This should be done in consultation with the teacher to ensure appropriateness to the health issue and the likelihood of success
- allow class time and provide supervision for students to be able to effectively undertake each component of the research. Teachers may allow elements of the research to be conducted in small groups or pairs. However, independent student time will be required to complete the research task
- implement strategies to ensure authentication of student work. Some strategies are annotated notes in response to issues that emerged during research (e.g. journals), teacher observation sheets, research checklists, and referencing. These materials could also form part of the evidence for making judgments
- consult, negotiate and provide feedback before and during the process to help ensure occupational health and safety requirements are followed, to provide ethical guidance and to monitor student work. Feedback and assistance should be provided judiciously, gradually being reduced with the development of student experience and confidence
- provide levels of scaffolding appropriate to the stages of the course. When a research technique is undertaken for the first time, the scaffolding should help students to become familiar with the research genre expectations and to complete the assessment through modelling. The scaffolding should not specify the health issue, or lead the student through a series of steps dictating the conclusions. Scaffolding should be reduced from Year 11 to Year 12 to allow the students to better demonstrate independence in the research process. When a research task is revisited (most likely in Year 12) the scaffolding should be reduced and become, for example, a series of generic questions.

**Year 11**

- analytical exposition, essay, 800–1000 words or 3–5 minutes for spoken/multimodal presentation
- report, 800–1000 words (data analysis, discussion, recommendations and conclusions) or 3–5 minutes for spoken/multimodal presentation
- folio, 800–1000 words (data analysis, discussion, recommendations and conclusions)
- action research, 800–1000 words (data analysis, discussion, recommendations and conclusions) or 3–5 minutes for spoken/multimodal presentation.

**Year 12**

- analytical exposition, essay, 1000–1500 words or 5–8 minutes for spoken/multimodal presentation
- report, minimum 1000–1500 words (data analysis, discussion, recommendations and conclusions) or 5–8 minutes for spoken/multimodal presentation
- folio, 1000–1500 words (data analysis, discussion, recommendations and conclusions)
- action research, 1000–1500 words (data analysis, discussion, recommendations and conclusions) or 5–8 minutes for spoken/multimodal presentation.

## 5.5.2 Supervised written assessment

### Supervised written assessment

**Purpose:**

This technique is used to assess student responses that are produced independently, under supervision and in a set time frame. There is no question of student authorship in this technique.

**A brief description:**

In Health Education, supervised written assessment is an essay (written by hand or on a computer) and conducted under supervised conditions.

**What dimensions will be assessed through this instrument?**

All dimensions will be assessed using this technique.

**Specific guidance for a supervised written assessment**

A supervised written assessment might be a response to seen or unseen stimulus materials or to questions which should be unseen prior to the administration of the assessment. When using seen materials/questions, schools must ensure the integrity of this technique is maintained. The assessment conditions must be explained on the assessment instrument. "Unseen" means that the students have not previously seen the material or question. Unseen materials or questions should not be copied from information or texts that students have previously been exposed to or have directly used in class. Stimulus materials should be succinct enough to allow students sufficient time to engage with them. If the stimulus materials are lengthy, complex or large in number they may need to be shared with students prior to the administration of the assessment.

Stimuli could include:

- case studies
- health statistics
- newspaper/magazine articles, reports, novels, song lyrics
- tables, graphs, charts, brochures
- slides, videos, tapes, photographs, films, television programs
- cartoons
- computer software
- advertisements
- legislative acts, legal regulations, policies
- official forms
- blogs, wikis, forums.

Appropriate essay questions invite a variety of perspectives, and questions should deal with specific issues rather than broad general topics. An essay is a useful technique for assessing how well students use evidence to reach a conclusion and develop a logical supporting argument. Essays can be used to explain, inform or persuade the reader. Teachers should pose questions that require the students to use synthesis and evaluation.

Questions requiring students to produce content only are inappropriate. In Year 12, essays should be based on unseen questions. Schools should make sure that word requirements match time constraints.

A supervised written assessment:

- requires sustained analysis, synthesis and evaluation to fully answer a problem, question or hypothesis
- generally follows analytical exposition format/genre
- responds to a seen/unseen question or statement, or seen/unseen supplied sources/stimuli
- is 500–800 words long.

Year 11	Year 12
<ul style="list-style-type: none"> <li>• recommended time: 1–1½hours</li> <li>• perusal time may be required</li> <li>• teachers must ensure that the purpose of this instrument is maintained when computers/word processors are used; and should consider which general objectives are most appropriate for the task</li> <li>• open books or notes may be allowed — these conditions must be clearly outlined on the assessment task sheet</li> <li>• extended written response seen or unseen questions/materials 500–700 words.</li> </ul>	<ul style="list-style-type: none"> <li>• recommended time: 1½–2 hours</li> <li>• perusal time may be required</li> <li>• teachers must ensure that the purpose of this instrument is maintained when computers/word processing are used; and should consider which general objectives are most appropriate for the task</li> <li>• open books or notes may be allowed — these conditions must be clearly outlined on the assessment task sheet</li> <li>• extended written response seen or unseen questions/materials 600–800 words.</li> </ul>
<p><b>What must students do to complete a supervised written assessment?</b></p>	
<p>Students should:</p> <ul style="list-style-type: none"> <li>• use data from a variety of sources</li> <li>• interpret, analyse and synthesise data to demonstrate an understanding of the task in relation to the stimulus material and health issue</li> <li>• explain relationships between concepts, theories and data to address the task, stimulus and health issue</li> <li>• evaluate information and justify conclusions using information from primary and secondary data (including the stimulus)</li> <li>• communicate ideas with appropriate referencing.</li> </ul>	
<p><b>What do teachers do when planning and implementing a supervised written assessment?</b></p>	
<p>Teachers should:</p> <ul style="list-style-type: none"> <li>• develop learning experiences that build skills, knowledge and understanding of the health issue so students can respond to the stimulus and task</li> <li>• select stimuli that are engaging, are related to the health issue, and provide for a variety of responses</li> <li>• select stimuli that are succinct enough to allow students to engage with them in the time provided for the supervised exam, or if the stimulus materials are lengthy, share them with students before the administration of the written task</li> <li>• consider the increased complexity that is required of stimuli or questions for verification purposes</li> <li>• allow class time and provide supervision for students to be able to effectively undertake the supervised written assessment</li> <li>• construct questions that are unambiguous</li> <li>• format to allow for ease of reading and responding</li> <li>• consider the language needs of the students when selecting the stimulus and constructing the task</li> <li>• construct tasks that address all three dimensions within the word and time limits</li> <li>• decide on how to demonstrate increasing complexity either through the type of stimulus, limiting the amount of information allowed into the exam, or limiting the amount of time students have to engage with the stimulus.</li> </ul>	

## 5.6 Requirements for verification folio

A verification folio is a collection of a student's responses to assessment instruments on which the level of achievement is based. For students who are to exit with four semesters of credit, each folio must contain the range and mix of assessment techniques for making the summative judgments set out below.

Students' verification folios for Health Education must contain all summative assessments, including:

- a minimum of four and a maximum of five assessment instruments
- at least one instrument from Community Health
- at least one instrument from Specific Populations.

Each sample student folio must contain:

- one action research project
- one other written research instrument
- one supervised written assessment (essay response to an unseen question)
- one additional instrument, which may be a repeat of one of the above techniques
- a student profile, which is a summary of the student's performance on those instruments included in the folio.

Verification submissions must also contain:

- a copy of the school's approved work program
- assessment instrument requirements as outlined in Sections 5.4.2 and 5.5 for each assessment instrument

Accompanying the submission should be the following additional visual evidence of standards for any non-written presentations:

- visual evidence of the presentations of two students from the current cohort representing a typical A and a typical C standard respectively. If there is no A standard available for the instrument then the next highest standard of work in the cohort should be supplied. This evidence does not have to come from the work of the students represented in the sample folios
- teacher notes or commentary to assist review panellists to identify or locate the sample A and C standards.

For information about preparing monitoring and verification submissions schools should refer to <[www.qsa.qld.edu.au](http://www.qsa.qld.edu.au)> select Years 10–12 > Moderation and quality assurance > Forms and procedures.

### 5.6.1 Post-verification assessment

Schools must use assessment information gathered after verification in making judgments about exit levels of achievement for those students who are completing the fourth semester of the course of study. For this syllabus, students are to complete one assessment instrument from each of the three dimensions reflecting the stage of the course from which it comes.

## 5.6.2 Student profile

The purpose of the student profile is to record student achievement over the four-semester course of study. Key elements on the profile include:

- semester units/themes/topics
- assessment instruments in each semester
- standard achieved in each dimension for each instrument
- instruments used for summative judgments
- interim level of achievement at monitoring and verification.

Schools design their own profile.

## 5.7 Exit standards

The purpose of standards is to make judgments about students' levels of achievement at exit from a course of study. The standards are described in the same dimensions as the assessable general objectives of the syllabus. The standards describe how well students have achieved the general objectives and are stated in the standards matrix.

The following dimensions must be used:

- Dimension 1: *Knowledge and understanding*
- Dimension 2: *Application and analysis*
- Dimension 3: *Synthesis and evaluation.*

Each dimension must be assessed in each semester, and each dimension is to make an equal contribution to the determination of exit levels of achievement.

## 5.8 Determining exit levels of achievement

When students exit the course of study, the school is required to award each student an exit level of achievement from one of the five levels:

- Very High Achievement (VHA)
- High Achievement (HA)
- Sound Achievement (SA)
- Limited Achievement (LA)
- Very Limited Achievement (VLA).

Exit levels of achievement are summative judgments made when students exit the course of study. For most students this will be after four semesters. For these students, judgments are based on exit folios providing evidence of achievement in relation to all general objectives of the syllabus and the standards.

All the principles of exit assessment must be applied when making decisions about exit levels of achievement.

### 5.8.1 Determining a standard

The standard awarded is an *on-balance judgment* about how the qualities of the student's work match the standards descriptors overall in each dimension. This means that it is not necessary for the student to have met every descriptor for a particular standard in each dimension.

When standards have been determined in each of the dimensions for this subject, the following table is used to award exit levels of achievement, where *A* represents the highest standard and *E* the lowest. The table indicates the *minimum combination of standards* across the dimensions for each level.

### Awarding exit levels of achievement

<b>VHA</b>	Standard A in any two dimensions and no less than a B in the remaining dimension
<b>HA</b>	Standard B in any two dimensions and no less than a C in the remaining dimension
<b>SA</b>	Standard C in any two dimensions and no less than a D in the remaining dimension
<b>LA</b>	At least Standard D in any two dimensions
<b>VLA</b>	Standard E in the three dimensions

Some students will exit after one, two or three semesters. For these students, judgments are based on folios providing evidence of achievement in relation to the general objectives of the syllabus covered to that point in time. The particular standards descriptors related to those objectives are used to make the judgment.

Further information can be found at <[www.qsa.qld.edu.au](http://www.qsa.qld.edu.au)> select Years 10–12 > Moderation and quality assurance > Forms and procedures > scroll to Additional guidelines and procedures.

## Standards matrix

Dimension	A	B	C	D	E
<b>Knowledge and understanding</b>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>description of relevant and significant facts, concepts and information, including primary and secondary data from a variety of provided and independent sources</li> <li>accurate description of the relevant theories, concepts and frameworks and the significant relationships in health issues</li> <li>sustained and accurate use of appropriate textual features.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>description of relevant facts, concepts and information, including primary and secondary data from a variety of provided and independent sources</li> <li>accurate description of the relevant theories, concepts and frameworks and their relationships in health issues</li> <li>accurate use of appropriate textual features.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>description of facts, concepts and information, including primary and secondary data from a variety of provided and some independent sources</li> <li>description of theories, concepts and frameworks and their relationships in health issues</li> <li>use of appropriate textual features.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>description of simple facts, concepts and information from provided sources</li> <li>description of aspects of theories, concepts and frameworks in health issues</li> <li>use of textual features.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>states some simple facts or information from provided sources</li> <li>states aspects of theories, concepts or frameworks</li> <li>use of basic textual features.</li> </ul>
<b>Application and analysis</b>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>discerning and thorough analysis of relevant information, including primary and secondary data on health issues</li> <li>insightful interpretation and application of theories, concepts and strategies that ascertain the significant barriers and facilitators</li> <li>purposeful and effective selection, sequencing and organisation of relevant and substantial subject matter.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>effective analysis of relevant information, including primary and secondary data on health issues</li> <li>accurate interpretation and appropriate application of theories, concepts and strategies that ascertain the significant barriers and facilitators</li> <li>purposeful selection, sequencing and organisation of relevant and substantial subject matter.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>analysis of information, including primary and secondary data on health issues</li> <li>interpretation and application of theories, concepts and strategies that ascertain barriers and facilitators</li> <li>suitable selection, sequencing and organisation of relevant subject matter.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>simple analysis of provided information, including primary or secondary data on health issues</li> <li>simple interpretation and application of basic theories, concepts and strategies that suggest barriers and facilitators</li> <li>selection and sequencing of subject matter.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>simple analysis of aspects of provided data or information on health issues</li> <li>simple interpretation and application of aspects of basic theories, concepts and strategies</li> <li>selection of basic subject matter.</li> </ul>

Dimension	A	B	C	D	E
<b>Synthesis and evaluation</b>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>insightful synthesis of significant information and ideas providing discerning decisions, actions or solutions</li> <li>critical evaluation that comprehensively justifies recommendations, conclusions, strategies and actions</li> <li>discerning and effective choice of communication strategies that enhance meaning and impact.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>effective synthesis of information and ideas providing apt decisions, actions or solutions</li> <li>evaluation and effective justification of recommendations, conclusions, strategies and actions</li> <li>effective choice of communication strategies that clarify meaning.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>synthesis of information and ideas providing decisions, actions or solutions</li> <li>evaluation and brief justifications of recommendations, conclusions, strategies and actions</li> <li>suitable choice of communication strategies that convey meaning.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>synthesis of information and ideas providing simplistic decisions, actions or solutions</li> <li>simplistic evaluation that supports some recommendations, conclusions, strategies or actions</li> <li>communication strategies that convey meaning.</li> </ul>	<p>The student work has the following characteristics:</p> <ul style="list-style-type: none"> <li>some simplistic decisions, actions or solutions</li> <li>simplistic evaluation that supports aspects of some recommendations, conclusions, strategies or actions</li> <li>communication of some meaning.</li> </ul>

## 6. Language education

Teachers of Senior English have a special responsibility for language education. However, it is the responsibility of all teachers to develop and monitor students' abilities to use the forms of language appropriate to their own subject areas. Their responsibility entails developing the following skills:

- ability in the selection and sequencing of information required in the various forms (such as reports, essays, interviews and seminar presentations)
- the use of technical terms and their definitions
- the use of correct grammar, spelling, punctuation and layout.

Assessment in Health Education needs to take into consideration appropriate use of language.

## 7. Quantitative concepts and skills

Success in dealing with issues and situations in life and work depends on the development and integration of a range of abilities, such as being able to:

- comprehend basic concepts and terms underpinning the areas of number, space, probability and statistics, measurement and algebra
- extract, convert or translate information given in numerical or algebraic forms, diagrams, maps, graphs or tables
- calculate, apply algebraic procedures, implement algorithms
- use calculators and computers
- use skills or apply concepts from one problem or one subject domain to another.

Some subjects focus on the development and application of numerical and other mathematical concepts and skills. These subjects may provide a basis for the general development of such quantitative skills or have a distinct aim, such as to prepare students to cope with the quantitative demands of their personal lives or to participate in a specific workplace environment.

Nevertheless, in Health Education, students are to be encouraged to develop their understanding and to learn through the incorporation — to varying degrees — of mathematical strategies and approaches to tasks. Similarly, students should be presented with experiences that stimulate their mathematical interest and hone those quantitative skills that contribute to operating successfully within each of their subject domains.

The distinctive nature of a subject may require that new mathematical concepts be introduced and new skills be developed. In many cases, however, it will be a matter of teachers, in the context of their own subjects, encouraging the use of quantitative skills and understandings that were developed previously by their students. Within appropriate learning contexts and experiences in the subject, opportunities are to be provided for the revision, maintenance, and extension of such skills and understandings.

## 8. Educational equity

Equity means fair treatment of all. In developing work programs from this syllabus, schools should incorporate the following concepts of equity.

All young people in Queensland have a right to gain an education that meets their needs and prepares them for active participation in creating a socially just, equitable and democratic global society. Schools need to provide opportunities for all students to demonstrate what they know and can do. All students, therefore, should have equitable access to educational programs and human and physical resources. Teachers should ensure that particular needs of the following groups of students are met: female students; male students; Aboriginal students; Torres Strait Islander students; students from non-English-speaking backgrounds; students with disabilities; students with gifts and talents; geographically isolated students; and students from low socioeconomic backgrounds.

Subject matter chosen should include, whenever possible, the contributions and experiences of all groups of people. Learning contexts and community needs and aspirations should also be considered. In choosing appropriate learning experiences teachers can introduce and reinforce non-racist, non-sexist, culturally sensitive and unprejudiced attitudes and behaviour. Learning experiences should encourage the participation of students with disabilities and accommodate different learning styles.

Resource materials used should recognise and value the contributions of both females and males to society and include social experiences of both genders. Resource materials should also reflect cultural diversity within the community and draw from the experiences of the range of cultural groups in the community.

To allow students to demonstrate achievement, barriers to equal opportunity need to be identified, investigated and removed. This may involve being proactive in finding the best ways to meet the diverse range of learning and assessment needs of students. The variety of assessment techniques in the work program should allow students of *all* backgrounds to demonstrate their knowledge and skills related to the dimensions and standards stated in this syllabus. Syllabus dimensions and standards should be applied in the same way to all students.

Teachers should consider equity policies of individual schools and schooling authorities, and may find the following resources useful for devising an inclusive work program:

ACACA 1995, *Guidelines for Assessment Quality and Equity*, available from [www.acaca.org.au](http://www.acaca.org.au).

ANTA 2004, *A guide to equity and the AQTF*, available from Australian Training Products Ltd [www.atpl.net.au](http://www.atpl.net.au).

EQ 2005, *Inclusive education statement*, and 2005, *Education Policy and Procedures Register: Inclusive education*, available from <http://education.qld.gov.au/strategic/eppr>.

QCEC 2009, *Inclusive practices in Catholic schools in Queensland*, available from [www.qcec.qld.catholic.edu.au](http://www.qcec.qld.catholic.edu.au).

QSA 2009, *Policy on Special Provisions for School-based Assessments in Authority and Authority-registered subjects*; and 2006, *QSA Equity Statement*, available from [www.qsa.qld.edu.au](http://www.qsa.qld.edu.au).

QSCC 2001, *Equity considerations for the development of curriculum and test material*, available from [www.qsa.qld.edu.au](http://www.qsa.qld.edu.au).

## 9. Resources

See the QSA website <[www.qsa.qld.edu.au](http://www.qsa.qld.edu.au)> for resources.

## 10. Glossary

### **Conventions of communication**

Rules that govern the way we write and speak, suitable to the purpose of the text and the audience it is intended for (e.g. formal or informal language)

### **Genre**

Accepted patterns and conventions for presenting texts (e.g. the format for a written report)

### **Texts**

A written (e.g. essay), spoken (e.g. speech), visual (e.g. sign) or multimodal (e.g. PowerPoint) artefact that has a particular and intended function and purpose

### **Textual features**

The micro features of text (e.g. spelling)

# Appendix 1: Concepts of Health Education

## *The social view of health*

The social view of health is the foundation of public approaches for improving health for individuals and communities. Australia's national health promotion initiatives became focused following the establishment of the Better Health Commission in 1985.

It stated that:

Good health implies the achievement of a dynamic balance between individuals or groups and their environment. To the individual, good health means improved quality of life, less sickness and disability, a happier personal, family and social existence, and the opportunity to make choices in work and recreation. To the community, good health means a higher standard of living, greater participation in making and implementing community health policies, and a reduction in health care costs. (Better Health Commission, *Looking Forward to Better Health*, vol. 1, Australian Government Publishing Service, Canberra, 1986, p.2).

Even though the World Health Organization's definitions of health from 1946 and 1978 have underpinned Australian health policy, the Ottawa Charter for Health Promotion (1986) and the Jakarta Declaration on Health Promotion into the 21st Century (1997), highlight

that there are new challenges in relation to addressing the determinants with poverty posing the greatest threat to health; [that] the importance of particular settings such as schools, workplaces and cities for health promotion [require] new responses such as the creation of new partnerships for health to address the emerging threats to health.

A social view of health builds on the increasing evidence that the health of individuals, groups and communities is influenced by economic, social, geographic, cultural, political and environmental circumstances. These factors have been identified as the social determinants of health. For example, there is undisputed evidence that poverty is linked to poor health, that hazardous work and living conditions have an impact on individual health, and social capital and cultural beliefs can have an impact on access to health care and opportunity.

Health is ultimately influenced by human biology, but the social view implies that we must intervene to change environmental aspects that promote ill health, rather than continue to simply deal medically with illness and disease after they appear.

Similarly, we cannot continue to exhort individuals, groups and communities to change their attitudes and lifestyles when, in fact, the environment in which they live and work gives them little choice or support for making changes (adapted from Cornwall, 1988, quoted in *Planning Health Communities: A Guide to Doing Community Needs Assessment*, 1991).

A social view of health is the lens through which we understand the dynamics that have an impact on people's health. It acts as a foundation for the development of strategies and actions that can improve and enhance personal, peer and family, community and environmental health, including the health of specific populations when assessing the interplay of a myriad of influences.

As previously stated in the Rationale, the social justice framework is embedded in the social view of health. The three interrelated social justice principles of diversity, equity and supportive environments together with the five Action Areas of the Ottawa Charter provide the pathways for student inquiry and learning experiences.

## *The social justice framework*

Social justice is a concept that is not unique to Health Education. The ideology of social justice in Health Education provides a critical eye for the examination of the consistency, fairness and appropriateness of health outcomes for individuals, groups and communities.

Three interrelated principles form the social justice framework in Health Education: diversity, equity, and supportive environments. When selecting an issue, these principles establish the authenticity of that issue as they direct attention to inequities in health status and access to health resources, and help to determine solutions. They are used in conjunction with the Action Areas of the Ottawa Charter to assist in the investigation and inquiry of each issue.

### **Diversity**

In the context of this syllabus, diversity encompasses the variety of characteristics, circumstances and experiences of the full range of stakeholders who are affected by, or who affect, the health outcomes of the issue under scrutiny.

Learning experiences that acknowledge diversity can be developed by:

- recognising the cultural and social diversity of society and examining and evaluating diverse values, beliefs and attitudes; for example, when examining case studies, considering points of view, identifying and clarifying value positions, and evaluating the impact of recommended courses of action
- recognising the contribution of social, cultural, economic and biological factors to individual values, attitudes and behaviours through looking at the issues from the viewpoints of other groups
- exploring different views about issues such as sex roles, physical activity, peer group relationships, sexuality, and cultural beliefs on what constitutes a healthy environment; for example, when defining issues in terms of the stakeholders' values, gathering and analysing information and distinguishing fact from opinion
- exploring conflicting values, morals and ethics and the importance of considering options and the consequences of actions when making decisions
- developing skills in negotiation, assertiveness, active listening, questioning
- presenting points of view.

### **Equity**

In the context of this syllabus, equity means fairness. It is used to examine the access that stakeholders have to resources and to determine if health outcomes are indeed fair and just.

Learning experiences that acknowledge equity can be developed by:

- demonstrating concern for the welfare, rights and dignity of all people, for example by working collectively, identifying, evaluating and planning strategies, and taking action over forms of inequity which affect health, including individual and community mediation and advocacy
- understanding how structures and practices affect equity at personal, local and international levels; for example when considering the applicability of the five Action Areas within a selected issue
- developing personal skills through recognising the disadvantages experienced by some individuals or groups (e.g. remote communities or people with disabilities) and taking

actions that can redress them; for example, by developing the skills needed to locate and analyse information upon which to make informed decisions

- understanding how decisions are made and priorities established and how these affect individual, group and community wellbeing; for example, by developing mediating and advocacy skills needed for taking part in decision making in public forums.

### **Supportive environments**

In the context of this syllabus, supportive environments refers to the sociocultural, physical, political, emotional, cultural, educational, economic and social capital surroundings in which positive health outcomes are supported, maintained or promoted.

Learning experiences that acknowledge supportive environments can be developed by:

- recognising the home, school and community as settings for promoting healthy practices; for example, using the skills of enabling, mediating and advocating in these environments
- being involved in consultation, interaction and cooperation between the home, school and community, and participation of parents and caregivers in the development of school programs and approaches to teaching and learning; for example, becoming members of organisations that promote health
- establishing health-promoting schools
- displaying sensitivity to personal and cultural beliefs in dealing with health issues; for example, developing knowledge of differing cultural needs and proposing changes in the supportive environment that acknowledge these differences
- demonstrating the crucial role that supportive environments play in enhancing personal growth and development, effective relationships, and safety; for example by developing supportive and preventive strategies rather than curative ones; by encouraging young people to accept themselves as they grow and change, and to value themselves as members of various groups
- understanding the responsibilities of communities to ensure the wellbeing and safety of individuals and groups and the responsibilities of individuals and groups to the community; for example by developing the knowledge, skills, attitudes and values needed to achieve effective relationships, promoting health for themselves, friends, family, diverse groups, the community and the environment
- assessing changes in structures and practices such as group and community behaviours, technology, work patterns, leisure, urbanisation and food consumption, and the impact of these on the wellbeing of individuals and groups.

## The Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion developed by the World Health Organization in 1986 in Ottawa includes three strategies necessary for the promotion of health: enabling, mediating and advocating. Health must be actively promoted by individuals and communities using knowledge and skills for change (enabling), working to bring about consensus and to manage conflict (mediating), and speaking up for specific groups, concerns or strategies (advocating).

The model for social action and change in Health Education is derived from the Ottawa Charter. Social action suggests that students can play an active role in enhancing their own health and that of their community. It proposes ways to advocate for conditions favourable to health, ways to mediate between various interests in society for the pursuit of health, and actions to reduce differences in health status. It promotes equal opportunities and resources to enable all people to achieve their full health potential. Each of the five Action Areas of this model contributes to the context and to the content base for Health Education.

The strategies of the Ottawa Charter for Health Promotion were affirmed in the World Health Organization's Jakarta Declaration on Health Promotion into the 21st Century (1997). This declaration stated that the strategies are the core elements for promoting health within various settings, including schools.

The Ottawa Charter Health Promotion Action Areas are used to help explore the issue, plan for change, evaluate that change by reflecting on the issue and guide the learning experiences through these sections of the inquiry.

### The five Action Areas of the Ottawa Charter

1	Building Healthy Public Policy provides students with an understanding of how coordinated action can lead to health, income and social policies that foster greater equity, ensure safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.
2	Creating Supportive Environments provides students with knowledge about the impact of sociocultural, physical, political and economic environments on their health and about the active role they can play in fostering change in their living and working environments and in maintaining the physical environment.
3	Strengthening Community Action assists students to realise the importance of existing human and material resources in the community in enhancing self-help and social support and of developing flexible systems for strengthening public participation and direction of health matters to increase a community's ownership and control of their own endeavours and desires in achieving better health.
4	Developing Personal Skills allows students to study how providing information, education for health, and enhancing life skills can increase the options available to individuals, groups and communities so they can exercise more control over their own health and their environments, and make choices conducive to health.
5	Reorienting Health Services emphasises for students the role that health services play in meeting an expanded mandate which is sensitive and respects cultural needs, which supports the needs of individuals and communities beyond clinical and curative services, and opens channels between the health sector and broader social, political, economic and physical environmental components.

## *Ottawa Charter for Health Promotion*

### **First International Conference on Health Promotion Ottawa, 21 November 1986 — WHO/HPR/HEP/95.1**

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on inter-sectoral action for health.

#### **Health promotion**

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.

#### **Prerequisites for health**

The fundamental conditions and resources for health are:

- peace
- shelter
- education
- food
- income
- a stable ecosystem
- sustainable resources
- social justice and equity.

Improvement in health requires a secure foundation in these basic prerequisites.

#### ***Advocate***

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

#### ***Enable***

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health

potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

### ***Mediate***

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between various interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions and take into account various social, cultural and economic systems.

### **Health promotion action means:**

#### ***Build healthy public policy***

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must also be to make the healthier choice the easier choice for policy makers.

#### ***Create supportive environments***

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socioecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance — to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment — particularly in areas of technology, work, energy production and urbanization — is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

#### ***Strengthen community actions***

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities — their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in, and direction of, health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

### ***Develop personal skills***

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare themselves for all life's stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

### ***Reorient health services***

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive to, and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organisation?? of health services that will focus on the total needs of the individual as a whole person.

### ***Move into the future***

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Care, holism and ecology are essential issues in developing strategies for health promotion.

Therefore, those involved should take as their guiding principle that women and men should become equal partners in each phase of planning, implementation and evaluation of health promotion activities.

### **Commitment to health promotion**

The participants in this Conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements

- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies
- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and wellbeing
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves
- to recognise health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The Conference urges all concerned to join them in their commitment to a strong public health alliance.

### **Call for international action**

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, non-governmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.

### **CHARTER ADOPTED AT AN INTERNATIONAL CONFERENCE ON HEALTH PROMOTION\***

The move towards a new public health, November 17-21, 1986 Ottawa, Ontario, Canada

\* Co-sponsored by the Canadian Public Health Association, Health and Welfare Canada, and the World Health Organization

## Appendix 2: Issue development

This syllabus mandates an inquiry approach to investigate health issues from a socially critical perspective. This approach helps students develop problem-solving and decision-making strategies. These strategies reflect the dimensions of *Knowledge and understanding*, *Application and analysis*, *Synthesis and evaluation*, and *Attitudes and values*.

### **Guidelines for developing health issues**

A requirement of the Health Education syllabus is that each context be investigated by identifying specific health issues. These issues then become the focus for the process of inquiry. In the investigation of each issue, all five Ottawa Charter Action Areas must be represented; however, the level of emphasis given to each action area may vary.

#### **What is a health issue?**

Health issues are sourced from broad health-related topics.

#### ***An example of a topic is obesity***

Topics are then further refined as health concerns. Health concerns can be identified or observed (e.g. data on rates of obesity). Health concerns are expressed in the context of a social injustice.

#### ***An example of a concern is rising obesity in adolescents***

A health issue is developed from establishing what is unfair for a section of the population that exacerbates a health concern. Health issues are relevant to the students' interests and needs. The term "health issue", as used in the syllabus, encompasses questions, debates, contentions and problems that highlight health inequities and are particular to the area under investigation. The health issue is written and phrased with the focus relating to the unit of work being studied.

Health issues cover one or more of these questions:

- How is the population placed at risk?
- How is health perceived?
- How is health sustained?

The health issue is then articulated in a health issue statement, which may be a single question, a series of questions, or a single statement, depending on the intent or focus of the unit of work.

An example of an issue articulated in a statement is — Rising obesity levels, fuelled by media images, are negatively affecting the health outcomes of young people.

#### **Determining a health issue**

This is a process used by teachers, based on the knowledge of the student cohort, for selecting health issues for students to explore. Issue selection may also be done in conjunction with students.

Teachers should investigate a range of health concerns relevant to students' interests and needs by considering each concern in relation to the following questions:

- What data are available to identify the significance of the health concern?

- Who are the direct stakeholders of this health concern and what values, attitudes, knowledge, understandings and control do they have?
- What are the health outcomes for individuals and groups with reference to this health concern?
- What predictions can be made about the health outcomes if social justice aspects of equity, diversity and supportive environments involving health promotion, prevention and treatment are not covered?
- What are the relevant social determinants for this issue?
- How do the stakeholders influence their and others' health outcomes, and are their rights being met?
- What level of importance do the community, government and health professionals attribute to the health concern?

Based on an evaluation of the answers to these questions, teachers will select the most appropriate concerns and then refine them as health issues for their context.

Before finalising the health issue, teachers should be conscious of cultural or religious sensitivities or customs operating within a specific population that need to be observed. Teachers need to be aware that these sensitivities could become a barrier to the development of the issue.

### **Constructing a health issue statement**

An issue statement is constructed by drawing together the essence of the above questions: the health concern, the stakeholders involved with this health concern, social justice concerns, and policy response.

An example of a health issue statement articulated as a series of questions, based on the topic of obesity with a concern of “rising obesity in adolescence” and contextualised in the context, Peer Health, is:

Why and how is obesity affecting the health outcomes of my peer group? What role can my peer group have in improving the health outcomes for its members? What role, as a member of this peer group, can I play in promoting good health outcomes?

### **Using the issue statement**

A deconstruction of the issue statement occurs at the start of the inquiry process to help students establish an understanding of the nature and scope of the health issue to be investigated.

This is approached through a series of inquiry questions that represent the components of the issue statement and the relationship between those components.

### **Constructing the introductory statement for a specific unit of work**

This is a half-page to one-page outline of the intent of the unit and the purpose for inclusion of the chosen issue in the course of study.

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