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Australian Human Rights Commission Submission to the Australian CUrriculum, Assessment and RepoRting Authority

Strengthening Human Rights Education in the Health and Physical Education Curriculum: Foundation to Year 10

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# [Introduction](http://consultation.australiancurriculum.edu.au/Survey/Welcome/36736fad-68ea-4016-a190-631412064fc7)

The Australian Human Rights Commission welcomes the development of the Australian Curriculum and is pleased to have the opportunity to comment on the draft *Australian Curriculum, Health and Physical Education: Foundation to Year 10*.

The Commission has made a range of recommendations throughout this submission and has highlighted several areas of the health and physical education curriculum in which the human rights content could be strengthened and enhanced. These are identified by a bullet point.

As was stated in our feedback on the *Shape of the Australian Curriculum: Health and Physical Education*, the Commission is pleased to see references to the right to health – including health literacy and access to information and services, the rights to play and freedom of movement, and human rights principles such as respect, empathy and fairness.

The Commission congratulates ACARA on the integration of important human rights considerations such as gender, sexuality, culture, ethnicity, socio-economic status, environments and geographical location into the key ideas, band descriptions, content descriptions and elaborations.

However, it is the Commission’s view that there are several areas throughout the curriculum in which the human rights content can be strengthened and better reflected.

Throughout this submission, the Commission has identified specific changes and suggestions in ***italics and bold****,* any suggested words to be removed have been struck through, and the paragraph references have been included.

## The right to health and children’s rights

All children and young people have the right to grow and develop to their full potential. The right of children and young people to the highest attainable standard of health is recognised in the United Nations Convention on the Rights of the Child (CRC).[[1]](#endnote-1)

A health promoting school environment is vital for the successful implementation of holistic health and physical education learning programs. This also supports the recognition of the importance of children’s right to health within the broader framework of Australia’s international human rights obligations.[[2]](#endnote-2)

* The Commission recommends the inclusion of an explicit reference in the rationale to children and young people’s right to the highest attainable standard of health and the role that the Health and Physical Education Curriculum has in facilitating this.
* The Commission recommends that there be more explicit and frequent links between children and young people’s right to health and nutrition. This requires a stronger focus on the development of practical skills at all levels of schooling to produce healthy and safe food. There is growing evidence showing the link between food literacy and healthy eating behaviour such as the Stephanie Alexander Kitchen Garden Program.[[3]](#endnote-3)

There is also a clear link to the sustainability cross curriculum priority and to a number of general capabilities. This is particularly important considering the significant impact that childhood overweight and obesity has on long-term health and quality of life outcomes.[[4]](#endnote-4)

## The right to health and participation

The Commission believes that there needs to be a stronger focus on the rights of children and young people to participate in decisions that affect their lives. This right to participation is recognised in the CRC and is considered one of the underlying principles of the Convention.[[5]](#endnote-5) In the context of the health and physical education curriculum, children and young people have the right to be consulted on all aspects of health provision.[[6]](#endnote-6) This includes: identifying what services are needed, how and where they are best provided, barriers to accessing or using them and having a say in positively influencing service quality and the attitudes of health professionals.

The Health and Physical Education Curriculum plays a pivotal role in facilitating children’s capacities to take increasing levels of responsibility for their own health and development. This places a positive obligation on education systems to provide a learning environment where children and young people of all ages, backgrounds and abilities can express their views and have them taken seriously in accordance with their maturity.

The Commission is pleased to see aspects of the curriculum that focus on children and young people’s participation in areas such as critiquing the effectiveness and appropriateness of help and support services in year 9 and 10. However, the Commission believes this could be strengthened, particularly in the earlier years.

* The Commission recommends greater integration of children and young people’s participation at all levels of the curriculum.

## Respectful relationships, gender violence and gender stereotypes

The Commission congratulates ACARA on the inclusion of additional content relating to respectful relationships including the benefit of positive bystander behaviour.

Positive bystander behaviour is important to foster respectful relationships and is consistent with the vision of the revised National Safe Schools Framework.[[7]](#endnote-7)

The Commission is engaged in significant work to address the ongoing high rates of gender-based violence and the serious impact that gender stereotyping has on women and girls. The Commission believes that improved early education around gender-based violence and gender stereotyping will result in positive outcomes in these areas.

* The Commission recommends that there should be more explicit content on respectful relationships and gender stereotypes earlier in the curriculum. Suggestions for this have been included in content description for each band and examples have been included in relevant content elaborations.

## The rights of students with a disability

* The Commission recommends a range of ways in which the rights of students with disabilities can be further protected and promoted in the curriculum. This is addressed in the student diversity section on page 10. This includes reinforcing the positive obligation that the Australian Government has to support the full and effective participation of students with disability in all aspects of school life and to foster respect and dignity.[[8]](#endnote-8)
* The Commission also recommends amendments to content descriptions and elaborations to promote inclusion, challenge stereotypes and promote respect from an early age for people with disabilities in the education system.[[9]](#endnote-9)

## The rights of lesbian, gay, bisexual, trans and intersex students

* The Commission recommends a number of amendments to the section on same-sex attracted and gender diverse students and urges ACARA to integrate these changes. These are included in the student diversity section on page 10. This is particularly important due to the high levels of violence and harassment that sex and gender diverse, and same-sex attracted students experience in the education system.

## The rights of Aboriginal and Torres Strait Islander peoples

It is important that the curriculum recognises the diversity of Aboriginal and Torres Strait Islander cultures, experiences, histories and geographical locations. Aboriginal and Torres Strait Islander peoples are not a homogenous population, and this should be reflected in the design, delivery and evaluation of curricula.[[10]](#endnote-10)

* The Commission recommends that there is explicit reference to respecting and promoting the right to health equality for Aboriginal and Torres Strait Islander peoples and an emphasis on the importance of including content that ensures that students have explicit teaching in developing cultural competency.

## Intercultural understanding

* The Commission recommends that reference to the serious physical and mental health impacts of racism is included in the curriculum. This is addressed in more detail in the diversity section of this submission.

# Rationale

The Commission believes that paragraph 5 on page 1 of the rationale needs to include explicit reference to the social determinants of health. This is consistent with the strong evidence on health equality in Australia and internationally regarding the significant impact that social determinants have on health and wellbeing.[[11]](#endnote-11) The Commission recommends the following changes:

* Health and Physical Education also addresses ***the social determinants of health*** and how personal, social, ***economic,*** ***political,*** cultural, and environmental factors influence the health, wellbeing, and physical activity patterns of individuals, groups, and communities. It provides opportunities for students to develop the skills, self-efficacy and dispositions to ***understand and*** advocate for, and positively influence, their own and others’ wellbeing in creating a sustainable future.

# Organisation

## 3.1 Content structure

The Commission supports the organisation of the content into the two strands of personal, social and community health, and movement and physical activity.

The Commission further supports the use of a strengths based approach in the curriculum. However, we believe that integrating a human rights based approach could enhance the curriculum. This is because using a human rights based approach has the benefit of specifically providing a framework for integrating human rights principles into the design, implementation, monitoring and evaluation of the curriculum.

A human rights based approach addresses many of the aspects that are already in the health and physical education curriculum such as recognising human dignity, the needs and rights of vulnerable groups and an emphasis that health systems are available to everyone. In addition, of particular importance is the principle of equality and freedom from discrimination including on the basis of race, sex and gender and disability status. Further, employing a human rights based approach to the development and implementation of the curriculum also entails empowering children and young people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access.[[12]](#endnote-12) The Commission would be happy to provide further advice on integrating a human rights based approach to the development and implementation of curriculum.

### (a) Relationships between the strands and the content

The Commission recommends that the following amendment be made to the ‘Relationships between the strands and content’ section on page 3:

* The three principles outlined above guide the content in each of the two strands. In doing so, both strands aim to build the skills, capacities, and resources of all students to lead healthy, safe, and active lives, ***which contribute to community health and wellbeing.***

## 3.2 Key Ideas

### (a) Being healthy, safe and active

The Commission believes that referring to the right to health would strengthen the being healthy, safe and active key idea. The United Nations Convention on the Rights of the Child states that all children have the right to be safe and active and have the highest attainable standard of health.[[13]](#endnote-13)

The Commission recommends the following amendment on page 4:

* This key idea recognises ***that*** ***all children and young people have the right to the highest attainable standard of health,***that health comprises physical, social, emotional, mental and spiritual dimensions***,*** and that health status varies across these dimensions and across time and contexts.

### (b) Health contexts for learning

1. Alcohol and drugs

On page 5 the Commission recommends the following amendment:

* alcohol and ***other*** drugs

The Commission believes that it would be beneficial to change alcohol and drugs to alcohol and *other* drugs. Separating alcohol from drugs implies that alcohol is not a drug, which is incorrect. Public health professionals generally use the terminology alcohol and other drugs.[[14]](#endnote-14)

2. Food and nutrition

On page 5, The Commission recommends that:

‘how cultural and contextual factors shape what we eat’ is replaced with:

* ***how personal, social, cultural and environmental factors shape what we eat.***

On page 5, the Commission also recommends the inclusion of:

* ***Understanding how junk food availability and advertising can influence what we eat.***

3. Health benefits of physical activity

The Commission supports the key ideas for the health benefits of physical activity.

4. Mental health and wellbeing

The Commission congratulates ACARA on the inclusion of a specific context for learning on mental health and wellbeing and makes the following recommendations for further enhancing this section.

Research shows that community participation and civic engagement can increase wellbeing and improve mental health outcomes.[[15]](#endnote-15)

The Commission recommends making a strong link between mental and physical health. Poor mental and physical health outcomes are also driving poverty and disadvantage, which can further contribute to mental health problems such as trauma, alcohol and substance abuse. For example, up to 22% of the ten year life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians is related to mental health conditions.[[16]](#endnote-16)

The Commission also recommends including reference to the positive impact that technology can have on mental health. There is growing evidence showing the positive role that technology can have in young people’s lives.[[17]](#endnote-17) This is pertinent considering over 95% of young people in Australia use the internet daily.

On page 5-6 the Commission recommends that the following learning contexts be included:

* ***Community participation and civic engagement***
* ***The link between mental and physical health***
* ***Positive use of technology for health and wellbeing***

5. Relationships and sexuality

The Commission is pleased to see the inclusion of respectful relationships and notes that this connects with the Australian Government’s *National Plan to Reduce Violence Against Women and Children,*[[18]](#endnote-18) particularly *National Outcome 2: Relationships are Respectful*, and *Strategy 2.1: Build on young people’s capacity to develop respectful relationships.*

*Strategy 2:1 Education plays a key role in equipping young people with the knowledge and skills to develop and maintain non‐violent, respectful and equitable relationships. School and community cultures need to support and foster structural and individual change. School‐based approaches that help young people identify inappropriate sexual or violent behaviour, and shape their expectations and capacity to build and sustain respectful relationships, are promising examples of primary prevention that appear to be working internationally*.[[19]](#endnote-19)

The Commission believes that the relationships and sexuality strand could be strengthened by explicitly including reference to the negative impacts of violence.

On page 6 the Commission recommends that the ‘bullying and harassment’ dot point be modified to:

* bullying, harassment and***violence****.*

The reason for this is that women and girls continue to experience high levels of domestic violence and abuse and that survivors of domestic violence face significant long term physical and mental health problems.

A recent United Nations report on violence against women in Australia highlighted that one in three women and girls have experienced physical violence since they turned 15 years old.[[20]](#endnote-20) Three quarters of these assaults occur at home and 85% are carried out by a current or former partner, family, friend or other known male.

Research also shows that domestic and family violence is the leading contributor to death, disability and illness in women and girls aged 15 to 44 years. This is higher than women’s disease from risk factors, such as smoking and obesity.[[21]](#endnote-21)

Within this context, the Commission believes that there should be more explicit content on respectful relationships and gender stereotypes earlier in the curriculum. Suggestions for this have been included in the content descriptions for each band and examples have been included in relevant content elaborations.

The Commission also recommends that a dot point on help seeking strategies is included under ‘Relationships and sexuality’ on page 6:

* ***Help seeking strategies***

The reason that help seeking strategies should be included here is that it addresses the importance of help seeking behaviours in the context of relationships and sexuality including issues around violence in relationships. This is broader than accessing community health services.

6. Safety

The Commission is generally supportive of the health contexts in Safety, however, it believes that this context for learning could be strengthened by specifically addressing violence, harassment, bullying and discrimination.

## 3.3 Student Diversity

The Commission congratulates ACARA on its broad understanding of student diversity and is pleased to see reference to students with a disability, students with an additional language or dialect and same sex attracted and gender diverse students. The Commission recommends that the sections on students with a disability and same sex attracted and gender diverse students be amended.

### (a) Students with a disability

The Commission recommends the following changes on page 17 which need to be reflected in relevant content descriptions and elaborations:

* Adjustments to the practical delivery of movement-based lessons ***and means through which some students demonstrate their learning may*** ~~will~~ be necessary to ensure ***access to the curriculum on the same basis as students without disability. This will ensure the*** ~~some~~ ***inclusion and participation*** of students with physical disability ***in movement-based lessons and allow students with disability to*** ~~can access, participate, and~~ achieve ***educational standards commensurate*** with ~~on the same basis as~~ their peers.

In addition to the *Disability Discrimination Act 1992* and the *Disability Standards for Education 2005* the Commission recommends that the curriculum refer to the *Convention on the Rights of Persons with a Disability (the Disability Convention).* The Disability Convention requires governments to take appropriate measures to ensure that children with disabilities have equal access to participation in play, recreation and sporting activities, including those activities in the school system.[[22]](#endnote-22)

The Commission acknowledges that the curriculum identifies the need for adjustment to the delivery of movement-based lessons in the student diversity section so that all students can participate on the same basis with their peers. In this context, the Commission recommends that more explicit information be provided to teachers to implement inclusive practices when teaching content areas.

The Commission believes this requires the inclusion of inclusive teaching practices, examples and material in each of the content descriptions and elaborations, particularly in the movement-based lessons. This would facilitate teachers’ ability to interpret how lesson adjustments can meet the diverse learning needs of students. The use of links from the Australian curriculum site content descriptions and elaborations to relevant illustrations of adjustments would also be useful.

The Commission is concerned that material in the diversity section of the Australian curriculum website is only available in PDF and is not compliant with the web content accessibility guidelines version 2.0 that all government agencies are required to be compliant with under the *Website Accessibility National Transition Strategy*, *Disability Discrimination Act 1992* and the *Disability Convention*.[[23]](#endnote-23)

### (b) Same sex attracted and gender diverse students

The Commission recommends that the following changes be made to the section on same sex attracted and gender diverse students on page 18:

* Same sex attracted and gender diverse young people ***are part of all school communities*** ~~are becoming increasingly visible in Australian schools~~. The Australian Curriculum: Health and Physical Education is designed to ***ensure*** ~~allow~~ schools ~~flexibility to~~ meet the needs of these young people, particularly in the health context of relationships, ***gender identities*** and sexuality. ***This is particularly important given the health, wellbeing and educational experience of same sex attracted and gender diverse young people is directly impacted upon by homophobia and transphobia in schools. Evidence shows safe and supportive schools reduce these issues.*** As students facing these issues exist in all school communities, ***whether they are visible or not***, it is expected that **~~opportunities will be taken~~** when implementing the Health and Physical Education curriculum, **~~to ensure~~** ***the*** teaching is inclusive and relevant to their lived experiences.

## 3.4 General Capabilities

### (a) Ethical behaviour

The Commission recommends that there is explicit reference to human rights in the ethical behaviour general capability. The following amendment on page 21 is recommended:

* … As students explore the ***human rights*** concepts and consequences of fair play**,** equitable participation, empathy and respect in relationships, they will develop the skills to support them in making ethical decisions and the capacity to apply these skills to everyday situations.

### (b) Intercultural understanding

The Commission recommends that intercultural understanding include reference to the impact that racism and discrimination can have on health outcomes and the evidence that shows that tackling racism is good for health outcomes.[[24]](#endnote-24)

The Commission also recommends that cultural competency be addressed in the context of intercultural understanding. A culturally competent person has the understanding, skills and strategies to effectively and sensitively communicate with people who have different languages, cultures, religions, genders, ethnicities, disabilities, ages and sexualities.[[25]](#endnote-25)

The Commission has addressed this specifically in the content descriptions and elaborations in the diversity section on page 10.

The Commission recommends that the following changes be made to intercultural understanding description on page 21:

* …They [students] recognise occasions when tensions between individuals and groups are based on cultural differences ***or discrimination.*** ~~,~~ **~~and~~ *They develop cultural competency*** and learn to act in ways that maintain individual and group integrity and that respect the rights of all. ***They will also gain an understanding of how racism can impact on mental and physical health and how challenging racism can have a positive health impact on individuals and communities.*** They will be able to examine stereotypical representations of various social and cultural groups in relation to community health issues and concepts of participation, success, and failure in physical activity...

The Commission also recommends that the curriculum refer to Australia’s multicultural policy and national anti-racism strategy.[[26]](#endnote-26) The national anti-racism strategy provides a useful point of reference to inform the Health and Physical Education Curriculum as one of its priority settings is schools.

## 3.5 Cross-Curriculum Priorities

### (a) Aboriginal and Torres Strait Islander histories and cultures

It is important that the curriculum recognises the diversity of Aboriginal and Torres Strait Islander cultures, experiences, histories and geographical locations. Aboriginal and Torres Strait Islander peoples are not a homogenous population, and this should be reflected in the design, delivery and evaluation of curricula.[[27]](#endnote-27)

The development of cultural competency from the foundation years is an essential skill for students to communicate and engage sensitively and effectively with Aboriginal and Torres Strait Islander peoples in a range of contexts. For young people who choose a career in health, cultural competency is vital in order for them to provide accessible and appropriate health care.

The Commission recommends that this section include explicit reference to respecting and promoting the right to health equality for Aboriginal and Torres Strait Islander peoples. Educating students about the importance of available, appropriate, accessible, affordable and quality health services for Aboriginal and Torres Strait Islander peoples is an important component of this.

The Commission recommends that the following changes be made to the Aboriginal and Torres Strait Islander Cultures and Histories section on page 22:

* In the *Australian Curriculum: Health and Physical Education*, the Aboriginal and Torres Strait Islander histories and cultures priority will allow all young ***people in*** Australia~~ns~~ to gain a deeper understanding…

Between paragraphs two and three in this section, insert:

* ***Students*** ***develop cultural competency and an understanding of the different social, economic, cultural and environmental factors that influence Aboriginal and Torres Strait Islander peoples’ health and wellbeing.*** ***Students will also gain an understanding of the relationship between human rights and Aboriginal and Torres Strait Islander health and wellbeing.***

### (b) Sustainability

The Commission congratulates ACARA on linking social justice and sustainability. There is substantial evidence to make an explicit link between climate change and human health in the curriculum.

The effects of climate change impact a broad range of human rights, including the rights to an adequate standard of health.[[28]](#endnote-28) Additionally, those most affected by climate change are often the most poor and marginalised, exacerbating existing social inequity at both the local and international level. [[29]](#endnote-29) Education about the effects of climate change on human health provides children and young with the information and knowledge to make positive and informed choices in their lives and in their communities. As a recent report from UNICEF states:

Today’s children and future generations bear the greatest burden of climate change impacts. But while children are among the greatest victims of climate change, they are *not only* victims. In many well-documented cases it is seen that empowered and well-educated children can influence the adults in their lives, bringing about meaningful and sustainable change. To this end, it is critically important to consider a participatory and skills-based approach that will educate today’s children and young people to be proactive and prepared citizens, empowered to adapt and respond to rapidly changing environments.[[30]](#endnote-30)

## 3.6 Links to other Learning Areas

### (a) History

The Commission recommends that the second paragraph of history on page 24 be amended to:

* In both History and Health and Physical Education, students learn about their own social context of family, friends, ~~and~~ school, ***community* *and broader society.*** They also explore concepts related to the history of sport and physical activity and their place in Australian society.

### (b) Geography

The Commission recommends that the first paragraph of Geography on page 25 be amended to:

* Students are curious about their personal world and are interested in exploring it. Through Health and Physical Education, as in Geography, students explore their immediate experience and their own sense of place, space, and environment in relation to their identities and physical activity participation. Learning about their own place, and building a connection with it, contributes to their sense of identity and belonging. ***Students will also learn about concepts of social justice and environmental sustainability and the impact they can have on access to appropriate health care and other services that support health and wellbeing.[[31]](#endnote-31)***

# Foundation to Year 10

## 4.1 Content Descriptions and Content Elaborations

The Commission has made a range of specific recommendations to enhance content descriptions and elaborations. The general recommendations that the Commission has made earlier in the submission should also be applied to the content descriptions and elaborations.

**Foundation**

|  |  |
| --- | --- |
| **Content description** | **Commission recommendations** |
| 1.6 Identify simple actions they can take to support classmates to be healthy and active | • recognising ***that all people are equal*** and that being kind, fair, and respectful to others can support the health and wellbeing of the class.  •***Recognising the needs and rights of others.[[32]](#endnote-32)*** |

**Year 1 and 2**

|  |  |
| --- | --- |
| **Content description** | **Commission recommendations** |
| 2.2 Recognise differences in individuals and groups and explore how these differences can be celebrated and respected | 2.2 Recognise differences ***and similarities*** in individuals and groups and explore how these differences can be celebrated and respected  • Examining a variety of images of different families ***(including same-sex families)***, communities and cultural groups to identify the features that make them similar to others and unique such as physical features, fingerprints, traditional dress, food choices, and activities they participate in as a family |
| 2.3 Compare different physical and social changes children go through as they grow and describe ways that their family and community acknowledge these changes | • ***identify how all people are equal regardless of their sex or gender.***  • ***accepting the diversity of sex and gender characteristics in people including that some children are biologically born intersex (neither wholly male or female) and some children may be questioning their gender identity.*** |
| 2.8 Examine simple health messages and how they relate to their own health decisions and behaviours | • ~~suggesting~~ ***identifying*** how messages in the media may influence health decision making, including what food products to eat and drink, what to do in play time, and whether to wear protective equipment such as bike helmets, rash shirts, wrist protection |
| 2.9 Explore actions they can take as individuals to help make the classroom a healthy and more sustainable place | 2.9 Explore actions they can take as individuals ***and collectively*** to help make the classroom a healthy and more sustainable place  • ~~exploring~~ ***developing*** sustainable practices they can undertake in the school environment for example recycling projects, kitchen gardens or green space restoration |

**Year 3 and 4**

|  |  |
| --- | --- |
| **Content description** | **Commission recommendations** |
| 3.1 Explore factors that support and contribute to personal identities and sense of place, and how identities change in relation to different contexts and situations | • investigating how their sense of place has developed and what factors may influence their sense of place ***such as connection to the natural environment and community***  • identifying personal qualities that contribute to identity such as ***respecting the rights of others,*** honesty, trust, fairness, and compassion. |
| 3.2 Research their own heritage, cultural identities and values and identify strategies to celebrate and respect diversity within their class and school community | • visiting others in the community to explore health and physical activities ~~other~~ ***different*** cultures engage in, and reflecting on how they are the same or different to their own ***(for example visiting an Aboriginal health centre)*** |
| 3.4 Explain how emotional responses vary in depth and strength, and describe how to react appropriately in a variety of familiar and unfamiliar situations | This elaboration is making a generalisation and does not reflect the diversity of Aboriginal and Torres Strait Islander Peoples.  • explain that emotional responses vary across cultures and differ between people~~.~~ **~~(for example, exploring the non-verbal behaviour of Aboriginal and Torres Strait Islander Peoples in order to show respect)~~** |
| 3.6 Describe how respect, empathy and valuing difference can have a positive influence on relationships, personal health and community wellbeing | • creating an online connection with a class in another ***suburb,*** state or country to explore and celebrate similarities and learn about differences  • ***reading stories that show characters in non-gender stereotype roles.***  • ***exploring texts that show characters from a range of backgrounds including people with a disability and diverse family structures*** |
| 3.7 Practise and apply a range of skills they can use if they find themselves in a situation that makes them feel uncomfortable or unsafe | • ***role playing positive and safe bystander behaviour in a situation of bullying such as telling a teacher or comforting someone who is upset*** |
| 3.9 Describe the roles they can play and strategies they can use to make their classroom and playground healthy, sustainable and active spaces | This elaboration needs to be broader than a poster, as a poster is not inclusive and is of little relevance to students with visual disabilities.  • creating promotional ~~posters~~ ***materials such as a poster, audio clip or PowerPoint to promote*** ~~to display around the school containing~~ health and physical activity messages ***at school*** (for example, wash your hands, get up and get active, put your rubbish in the bin, and talk to a teacher if you feel unsafe) |

**Year 5 and 6**

|  |  |
| --- | --- |
| **Content description** | **Commission recommendations** |
| 4.1 Examine ways to respond effectively to successes, challenges and failures that strengthen personal identities and sense of self | • examining the factors that support personal achievement and how they enhance success, such as the impacts of family, friends, ~~and~~ school ***and community*** |
| 4.2 Recognise instances of discrimination, harassment and bullying based on a person’s physical or intellectual abilities, gender, sexuality, race or religion and propose actions to counteract these behaviours | 4.2 Recognise instances of discrimination, harassment and bullying based on a person’s disability, gender **or *gender identity***, sexuality, race or religion and propose actions to counteract these behaviours  • exploring contemporary musical lyrics to identify discriminatory language ***(including sexist, homophobic and racist language)***, and suggesting harmonious language to show respect for difference  • ***recognise instances of gender based and homophobic violence and identify appropriate strategies to address it*** |
| 4.5 Examine the influences on individual health decisions and behaviours, and discuss strategies that support them to take action to enhance health, safety and physical activity levels | • ***Recognise the social, economic and cultural factors that can influence health and wellbeing. Propose strategies for addressing and managing these factors such as accessing culturally appropriate or youth health services (eg Indigenous community health centres, a youth mental health service).***  • exploring the impact of cultural practices and behaviours in health and wellbeing and proposing strategies for addressing and managing these impacts (for example, ***the benefits of culturally appropriate health services or*** managing nutrition and physical activity needs during Ramadan). |
| 4.6 Examine different types of relationships and develop skills to establish and manage a range of relationships that enhance their health and wellbeing | • ***Explore the diversity of family structures (including same sex parents, single parent households, adoption, foster and kinship care and extended family structures) in our community and how respect for diversity can enhance health and wellbeing*** |
| 4.7 Research a range of health information sources and places where they can seek help if they are concerned about their health or safety and prioritise those that are reliable and trustworthy | • investigating an appropriate community health service or agency that can provide current and reliable information and support for issues such as mental health and wellbeing, alcohol and ***other*** drugs, relationships and sexuality, ***gender identity*,** relationship issues, ***domestic violence,*** food and nutrition advice. |
| 4.8 Recognise the influence of media and important people in the community on personal attitudes, beliefs, norms, and behaviours | • ***identify product placement and celebrity endorsement (such as smoking in films) and how this influences consumer behaviour*** |
| 4.11 Investigate and reflect on how strategies for valuing diversity can positively influence the wellbeing of the school community and its environment | • proposing ***and implementing*** strategies that can be used in the classroom or broader school community to help students understand points of view that differ from their own, and that invite further discussion about individual and cultural differences  • ***implementing strategies that demonstrate respect for the human rights of others and help create a more inclusive classroom (for example challenging gender stereotypes, and recognising the strengths of people with a disability)***  • identifying ways people can co-exist in diverse groups, ***respect the rights*** ***of others,*** and resist stereotypes and the use of language that promotes prejudice. |
| 4.12 Explore how connections to the natural and built environment can support personal and community health and wellbeing through participation in a range of outdoor activities | • ***participating in bush regeneration and gardening and explore the benefits to the health and wellbeing of individuals and the community***  • ***preparing and growing food from a school, home or community garden*** |
| 4.16 Demonstrate ethical behaviour and fair play that aligns with the rules when participating in a range of physical activities | • ***identify how to respond appropriately to incidents of discrimination, harassment or bullying that occur during sport*** |

**Year 7 and 8**

|  |  |
| --- | --- |
| **Content description** | **Commission recommendations** |
| 5.1 Investigate the impact of life transitions and changes on young people’s sense of  belonging, relationships, and personal identities and apply strategies to manage these transitions | • understanding that individuals experience the changes associated with puberty at different times with differing levels of intensity, and with different responses, ***giving consideration to young people who may be questioning their gender and sexual orientation*** |
| 5.2 Examine the benefits to individuals and communities of valuing diversity and promoting inclusiveness | • critically analysing the plot and themes in contemporary film and media that explore diversity and inclusiveness, ***including challenging stereotypes about gender and people with a disability***  • evaluating strategies to overcome discrimination, inequity, and diversity ~~(such as identifying school policies that support inclusive practices in the school community).~~ ***(including identifying school policies that support inclusive practices in the school community, such as support for students from same sex attracted and gender diverse backgrounds and students with disabilities)*** |
| 5.4 Analyse influences on their emotions and devise responses to a range of situations that demonstrate sensitivity to the needs, feelings, rights and efforts of others | • ***develop positive solutions to a scenario where human rights are not being respected such as being excluded from a group because of a disability, race, sexual orientation or gender identity*** |
| 5.5 Evaluate personal, environmental and social factors that can influence decisions people make about their health and wellbeing, and propose and apply strategies to make and implement healthy, active, and safe choices | • ***researching the different social determinants that can influence an individual or communities’ health such as the Close the Gap initiative for Indigenous Health Equality***[[33]](#endnote-33)  • ***researching and analysing school policies about the provision of healthy food to students. Develop recommendations to improve school or government policies to support students to eat healthy food at school*** |
| 5.6 Investigate the nature and benefits of a range of relationships and examine the impact these relationships can have on their own and others’ health and wellbeing | • examining the positive and negative influence their participation in relationships can have on others (such as being a passive bystander when watching someone being bullied ***or discriminated against***, or providing support and advice when a friend is experiencing a difficult time)  • ***explore the impact that gender stereotypes can have on relationships, health and wellbeing*** |
| 5.7 Practise and apply a range of strategies to situations where they might need to seek help for themselves or someone else | • justifying decisions to preserve their own and others’ health over peer acceptance in critical situations (such as not overloading a vehicle, standing up to someone who is bullying others, ***challenging sexist, racist or homophobic behaviour,*** and seeking medical attention for an unconscious person)  • exploring a range of scenarios young people may encounter in relation to mental health and wellbeing, alcohol and ***other*** drugs, ***questioning their gender identity****,* relationships and sexuality, or personal safety, and discussing realistic options and strategies for dealing with these situations |
| 5.8 Develop skills to identify and evaluate health information and health concerns, and how to provide support and how to access sources of support in the community | • ***analysing how culturally appropriate and inclusive different health information and support services are for people from diverse backgrounds, including identifying if Aboriginal and Torres Strait Islander Peoples, and people from diverse cultural backgrounds are able to participate as partners in decision making about their health***  • exploring the changing roles and responsibilities of children and parents in relation to their health and health care (for example, students taking more responsibility ***and participating in decision making about their health,*** ***including*** ~~for~~ identifying symptoms of illness and seeking medical treatment and ensuring regular check ups). |
| 5.9 Investigate how individuals, family and peer groups can affect people’s behaviours, beliefs, decisions, opportunities and actions | • ***exploring how an individual or peer group can take positive action to intervene to challenge an incidence of racist, sexist or homophobic behaviour***  • respecting the rights of others to act differently and change their mind in relation to health issues and situations (such as deciding to leave a party early because someone has brought alcohol, or deciding to end a relationship that involved bullying, ***violence or other forms of*** disrespect) |
| 5.10 Plan for positive health practices, behaviours and use of support resources to enhance the health and wellbeing of their communities | • ***exploring Indigenous perspectives of wellbeing and health, including the benefits of caring for the environment to enhance physical health and wellbeing***  • designing a health promotion campaign aimed at improving the health and wellbeing of young people in their community (such as increasing physical activity through active transport, travelling safely home from parties, supporting friends who might be going through a tough time, making healthy and safe choices in relation to their relationships and sexuality, ***eating healthy food and*** reducing the consumption of soft drinks and energy drinks and choosing water as an alternative) |
| 5.11 Question how attitudes, beliefs and perceptions about difference influence people’s interactions with others and the sense of connection within communities | • reflecting on the influence of stereotypes and prejudice in a range of situations related to mental health and wellbeing, cultural diversity and health practices, sexuality, **gender identities and expression**, alcohol and ***other*** drugs and personal safety. |
| 5.12 Investigate the importance of natural, community and built environments to personal and community health and wellbeing and propose and implement ways to build a healthier, more sustainable school community | • ***developing a campaign to encourage the school to implement a healthier, more sustainable school community, this might include identifying an issue of concern by consulting with stakeholders and researching the problem, developing a solution to the problem, communicating with people at school about the problem, having meetings to engage students, writing persuasive letters to decision makers and developing petitions*** |

**Year 9 and 10**

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| **Content description** | **Commission recommendations** |
| 6.2 Analyse the implications of behaviours such as prejudice, marginalisation, homophobia, discrimination, harassment and exclusion on the health and wellbeing of the community and propose counter-measures to alleviate this behaviour | • investigating a range of community health resources ***and services*** to evaluate how inclusive they are of marginalised groups, and proposing changes to support the inclusion of all members of the community  • designing and implementing actions to celebrate diversity within the school and wider community (such as Harmony Day, cultural feasts***, international day against homophobia, international women’s day,*** cultural games competitions, and photo exhibitions of family history and heritage) |
| 6.5 Plan, practice and prioritise responses to a range of situations where external influences may impact on their ability to make healthy, active and/or safe choices | • exploring external influences on sexuality and sexual health behaviour, and recognising the impact decisions and actions in response can have on health and wellbeing, ***including recognition of issues around same sex attracted sexual health*** |
| 6.6 Explore the role that empathy, ethical decision making and personal safety play in maintaining respectful relationships and enjoying participation in physical activity | • analysing a range of scenarios where empathy, ethical decision making and personal safety must be applied to maintain respectful relationships (such as becoming sexual***ly*** active, ***dealing with violence or abuse in an intimate relationship,*** using alcohol or ***other*** drugs, seeking help for others, and driving others home from a party)  • **~~devising~~** ***implementing*** modifications for games and sports that increase inclusivity and enjoyment  • demonstrating fair play and empathy for varying levels of skill when participating in games and sports (such as encouraging others, and ensuring others are able to participate fully ***including being inclusive and respectful of people with disabilities)***  • exploring cultural differences in beliefs and attitudes when analysing health decisions and actions (for example, influence of gender on relationships, help seeking, ~~and~~ participation in physical activity, ***and the importance of culturally appropriate services to help increase help seeking behaviour and participation***). |
| 6.7 Critique the effectiveness and appropriateness of help and support services that are available in the local community for young people that provide support | • ***identifying how help and support services respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality***  • ***identifying how help and support services can best engage children and young people in their development and delivery***  • identifying and assessing barriers to, and personal rights, when accessing support services (including confidentiality, location, gender,***sexuality*,** culture, and affordability) and proposing strategies that will increase the likelihood of young people using support services (for example, sexual health services maintaining confidentiality, or costs of gym memberships made affordable for students)  • designing their own youth neighbourhood centre outlining the services they see necessary to support the health and wellbeing of young people from ***diverse social, economic and cultural backgrounds*** in their area. |
| 6.8 Evaluate and apply health information from a range of sources to health decisions and situations likely to be experienced | • suggesting the most suitable sources of information according to the health decision that needs to be made (for example, seeing a counsellor about mental health and wellbeing, accessing a community health service in regards to sexual health, ***accessing a youth, women’s or Indigenous health service for support***, or accessing the *Australian Guide to Healthy Eating* or health professional for nutrition advice) |

1. *Convention on the Rights of the Child (CRC),* 1989, art 24. [↑](#endnote-ref-1)
2. United Nations Committee on the Rights of the Child*, The right of the child to the enjoyment of the highest attainable standard of health (Article. 24)*. General comment No. 15, UN Doc CRC/C/GC/15 (2013). At <http://www2.ohchr.org/english/bodies/crc/comments.htm> (viewed 2 April 2013). [↑](#endnote-ref-2)
3. See for example, Centre for Health Service Development, *Stephanie Alexander Kitchen Garden National Program Evaluation: Final Report,* University of Wollongong, February 2013. At <http://www.kitchengardenfoundation.org.au/about-the-program/proving-it-works> (viewed 5 April 2013). [↑](#endnote-ref-3)
4. Australian Bureau of Statistics, *Children who are Overweight or Obese,* Feature Article, 1301.0 - Year Book Australia, 2009–10. At <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1301.0Chapter11062009%E2%80%9310> (viewed 5 April 2013). [↑](#endnote-ref-4)
5. *CRC*, note 1, art 12. [↑](#endnote-ref-5)
6. United Nations Committee on the Rights of the Child*,* note 2, para 19. [↑](#endnote-ref-6)
7. Ministerial Council for Education Early Childhood Development and Youth Affairs, *Revised National Safe Schools Framework* (2011). At [http://deewr.gov.au/national-safe-schools-framework-0](http://deewr.gov.au/national-safe-schools-framework-0%20) (viewed 12 April 2013). [↑](#endnote-ref-7)
8. *Convention on the Rights of Persons with Disabilities*, 2006, art 3. At <http://www.un.org/disabilities/convention/conventionfull.shtml> (viewed 18 March 2012). [↑](#endnote-ref-8)
9. *Convention on the Rights of Persons with Disabilities*, above, art 8. [↑](#endnote-ref-9)
10. Gregory Phillips, *Committee of Deans of Australian Medical Schools Indigenous Health Curriculum Framework* (2004), p 7. At <http://www.limenetwork.net.au/files/lime/cdamsframeworkreport.pdf> (viewed 4 April 2013). [↑](#endnote-ref-10)
11. World Health Organisation, Commission on Social Determinants of Health, *Closing*

    *the gap in a generation: Health equity through action on the social determinants of health (2008). At* [*http://www.who.int/social\_determinants/thecommission/finalreport/en/index.html*](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html)(viewed 5 April 2013);Australian Human Rights Commission et al. *Close the Gap Community Guide,* Campaign for Aboriginal and Torres Strait Islander health equality by 2030. At <http://www.humanrights.gov.au/social_justice/health/ctg_community.html> (viewed 5 April 2013). [↑](#endnote-ref-11)
12. World Health Organisation, *Human Rights Based Approach to Health* (2013). At <http://www.who.int/trade/glossary/story054/en/> (viewed 27 March 2013). [↑](#endnote-ref-12)
13. CRC*, note 1,*art 24. [↑](#endnote-ref-13)
14. See for example, the terminology used by the Australian Institute of Health and Welfare, AIHW, *Alcohol and other drugs publications*. At [http://www.aihw.gov.au/alcohol-and-other-drugs-publications/ (viewed](http://www.aihw.gov.au/alcohol-and-other-drugs-publications/%20(viewed) 27 March 2013). [↑](#endnote-ref-14)
15. See for example, Metcalf, A., Blanchard, M., McCarthy, T., Phillips, L., Hartup, M., & Burns, J. *Bridging the Digital Divide: Engaging young people in programs that use information communication technology to promote civic participation and social connectedness.* Report for the Inspire Foundation and Orygen Youth Health Research Centre, University of Melbourne, Sydney.(2010) At <http://www.yawcrc.org.au/knowledge-hub/publications> (viewed 18 March 2013). [↑](#endnote-ref-15)
16. T Vos, B Barker, L Stanley, AD Lopez, *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003* (2007), p 2. At <http://www.lowitja.org.au/sites/default/files/docs/Indigenous-BoD-Policy-Brief.pdf> (viewed 10 April 2013). [↑](#endnote-ref-16)
17. See for example, Young and Well Cooperative Research Centre, Understanding the Young and Well Cooperative Research Centre. At <http://www.yawcrc.org.au/about/young-and-well> (viewed 8 March 2013) [↑](#endnote-ref-17)
18. Department of Families, Housing, Community Services and Indigenous Affairs, *National Plan to Reduce Violence against Women and Their Children 2010-2022* (2012), p 18. At <http://www.fahcsia.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children/national-plan-to-reduce-violence-against-women-and-their-children> (viewed 11 March 2013). [↑](#endnote-ref-18)
19. Department of Families, Housing, Community Services and Indigenous Affairs, above. [↑](#endnote-ref-19)
20. Australian Human Rights Commission, *Australian study tour report: Visit of the UN Special Rapporteur on violence against women**2012, Special Rapporteur on Violence Against Women,* 2012, p 15. At [http://www.humanrights.gov.au/sex\_discrimination/publication/UNSRVAW%20report%202012/index.html](http://www.humanrights.gov.au/sex_discrimination/publication/UNSRVAW%20report%202012/index.html%20) (viewed 8 March 2013). [↑](#endnote-ref-20)
21. VicHealth, *The health costs of violence. Measuring the burden of disease caused by intimate partner violence, a summary of findings* (2004), p 8. At <http://www.vichealth.vic.gov.au/Publications/Freedom-from-violence/The-Health-Costs-of-Violence.aspx> (viewed 9 April 2013). [↑](#endnote-ref-21)
22. Convention on the Rights of Persons with a Disability, note 8, art 30 5 (d). [↑](#endnote-ref-22)
23. Department of Finance and Deregulation, *Web Accessibility National Transition Strategy: Introduction* <http://agimo.gov.au/policy-guides-procurement/web-accessibility-national-transition-strategy/wcag-introduction/> (viewed 5 April 2013); Australian Government, *Web Content Accessibility Guidelines 2.0* (2008). At <http://webguide.gov.au/accessibility-usability/accessibility/> (viewed 18 March 2013). [↑](#endnote-ref-23)
24. See for example; VicHealth, *Mental health impacts of racial discrimination in Victorian CALD communities*(2012). At <http://www.vichealth.vic.gov.au/Publications/Freedom-from-discrimination/Mental-health-impacts-of-racial-discrimination-in-culturally-and-linguistically-diverse-communities.aspx> (viewed 4 April 2013); M Sweet, ‘Tackling discrimination is good for health’ (2007), Issue 30, Winter Vic Health Letter, p4-7. At <http://www.vichealth.vic.gov.au/en/Publications/VicHealth-Letter/Making-the-link-between-cultural-discrimination-and-health.aspx>; See Y Paradies, ‘A systematic review of empirical research on self-reported racism and health’ (2006) International Journal of Epidemiology 35(4) p 1. At <http://ije.oxfordjournals.org/cgi/reprint/dyl056v1>. (viewed 11 April 2013). [↑](#endnote-ref-24)
25. NSW Department of Health South East Sydney and Illawarra, *Cultural Competence* (2010). At <http://www.sesiahs.health.nsw.gov.au/multicultural_health_service/culturalcomp.asp> (viewed 19 March 2013). [↑](#endnote-ref-25)
26. See Australian Government, *National Anti-Racism Strategy*, July 2012. At <http://itstopswithme.humanrights.gov.au/it-stops-with-me/strategy> (viewed 27 March 2013); Australian Government; *The People of Australia: Australia’s Multicultural Policy,* February 2011. At <http://www.immi.gov.au/living-in-australia/a-multicultural-australia/multicultural-policy/> (viewed 27 March 2013) [↑](#endnote-ref-26)
27. Gregory Phillips, *Committee of Deans of Australian Medical Schools Indigenous Health Curriculum Framework* (2004), p 7. At <http://www.limenetwork.net.au/files/lime/cdamsframeworkreport.pdf> (viewed 4 April 2013). [↑](#endnote-ref-27)
28. Australian Human Rights Commission, *Climate Change and Human Rights,* at<http://www.humanrights.gov.au/human_rights/climate_change/index.html> (viewed 22 March 2013). [↑](#endnote-ref-28)
29. World Health Organisation, *Protecting Health from Climate Change*, World Health Day, 2008,p 16. At <http://www.who.int/globalchange/publications/reports/9789241598880/en/index.html> (viewed 25 March 2013). [↑](#endnote-ref-29)
30. UNICEF Innocenti Research Centre, *Climate Change and Children: A Human Security Challenge* (Florence: UNICEF Innocenti Research Centre, 2008), p. 2. At [www.unicef-irc.org/publications/pdf/climate\_change.pdf](http://www.unicef-irc.org/publications/pdf/climate_change.pdf) (viewed 7 April 2013). [↑](#endnote-ref-30)
31. See for example, ACARA, Draft F-12 *Australian Curriculum: Geography*, October 2011, p 123. [↑](#endnote-ref-31)
32. Department of Education, Employment and Workplace Relations, *Belonging, Being and Becoming The Early Years Learning Framework for Australia*, Outcome 1, pg 21 at <http://deewr.gov.au/early-years-learning-framework> (viewed 25 March 2013). [↑](#endnote-ref-32)
33. See Australian Human Rights Commission et al, note 11. [↑](#endnote-ref-33)