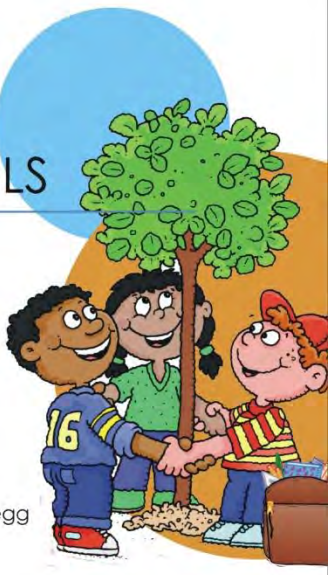
EVERYBODY IN SCHOOLS



ACKNOWLEDGMENTS

University of the Sunshine Coast

Lecturers in Public Health – Lily O'Hara and Jane Gregg

Project Officer – Karen Shelley

Chancellor State College

College Principal – John Lockhart

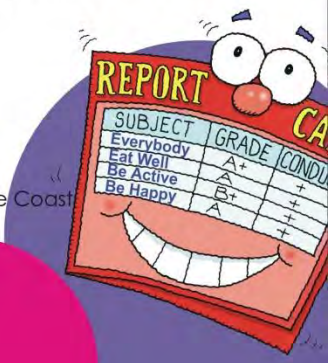
Primary Campus Principal – Althea McLean

Head of Curriculum – Trevor Durbidge

Year 3 Trial Teachers – Therese Otago, Terri O'Sullivan, Helene Barbour & Jan Fuller

The Queensland Government provided $49680 to the University of the Sunshine Coast and Chancellor State College for the Everybody in Schools (Chancellor) Project to get more Queenslanders discovering the lifelong benefits of participating in physical activity and improving eating habits.

Graphic design and printing by *Who! Marketing*, Sunshine Coast



Introduction

Everybody in Schools (Chancellor) was a collaborative project between Chancellor State College and the University of the Sunshine Coast. One of the major outputs from the project was the development of the Everybody in Schools Curriculum Unit Resource Kit. The Resource Kit is based on the Health at Every Size (HAES) principles of valuing body size diversity, fostering self-esteem and resilience, healthy and pleasurable eating and active living.

The Everybody in Schools Curriculum Unit Resource Kit includes the following:

- Background section that outlines information about the **philosophical foundations** of the Everybody in Schools Curriculum Unit Resource Kit, including a slide presentation, HAES manifesto, HAES poster, and journal paper

- Everybody in Schools Curriculum Unit **plan and assessment** based on the Queensland Curriculum, Assessment and Reporting (QCAR) Assessable Elements and Standards, complete with assessment rubrics

- Four **focus investigations** including sequenced learning activities based on the QCAR Essential Learnings and Standards. The focus investigations reflect the Health at Every Size principles:

  Focus Investigation 1: What does it mean to be me? – Self esteem and resilience
  Focus Investigation 2: What movin' makes me feel good? – Active living
  Focus Investigation 3: What can food do for me? – Healthy and pleasurable eating
  Focus Investigation 4: How can we appreciate EVERYBODY? – Valuing body size diversity

- **Photos** available for use in teaching the curriculum unit

- Student Health **Questionnaire** for teachers to administer before and after they have delivered the unit to students to assess changes in values, attitudes and beliefs

- **Instructions** for how to analyze the results of the questionnaire

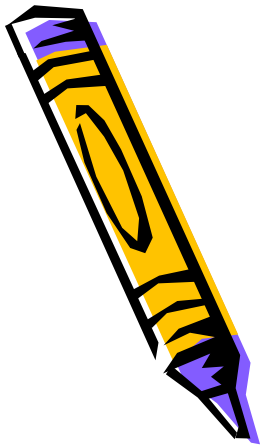
- List of **references** used in the development of the curriculum unit

- Everybody in Schools (Chancellor) **Final Project Report**

- Journal **paper** that reports on the impact on teachers of designing and implementing the curriculum unit

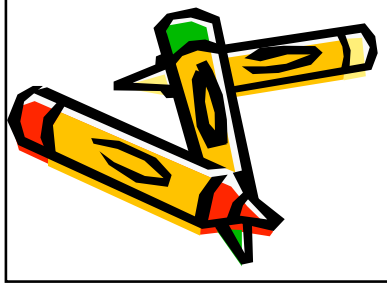
Support resource required: You will need to purchase the book ***Shapesville*** by Andy Mills and Becky Osborn, published in 2003 by Gurze Books, Carlsbad CA, USA.

EVERYBODY in Schools



Welcome
Professional Development Workshop

Karen Shelley, Trevor Durbidge and Lily O'Hara



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Agenda

Time	Focus	Outcome
8.15 am – 8.30 am	Workshop registration	Readiness to engage in the workshop
8.30 am – 10.30 am	Project outline and philosophical foundations	Understanding of the project background, project plan, and technical and philosophical foundations
10.30 am – 10.50 am	Morning tea	Refreshment
10.50 am – 12.50 pm	Core focus lessons	Agreement on 10 core focus lessons
12.50 pm – 1.30 pm	Lunch	Nourishment
1.30 pm – 2.50 pm	Extension lessons and assessment	Generation of a range of potential extension lessons and assessment items
2.50 pm – 3.00 pm	Next steps	Agreement on tasks and timeframe for next steps

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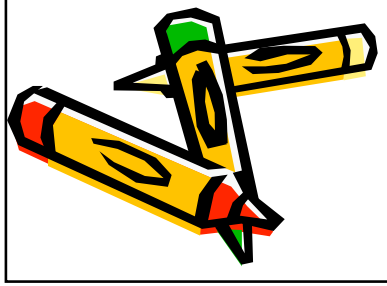
Project background

2003

- Community meeting
- Representatives from range of sectors

2004

- Everybody Program Consortium formed
- Development of principles



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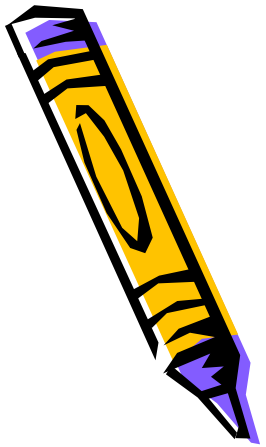


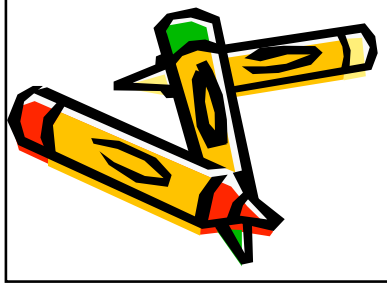
Project background

2004 - 2006

- Numerous research projects
- 9 applications for funding

2006

- Discussions between CSC and USC
- Funding application for Everybody in Schools



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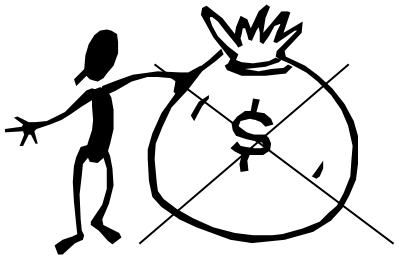
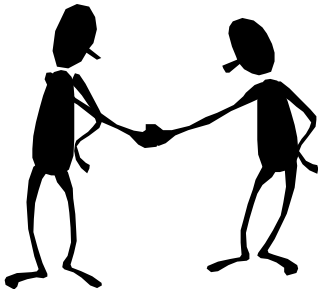
Project background

2007

- Successful application for $49,680
- Months of red tape – still no money
- Project proceeded anyway





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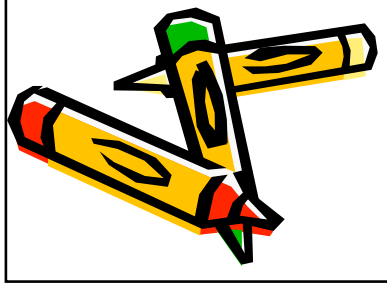
Aim of the project

- Positively influence five determinants of health and well being
- Self-esteem and resilience
- Valuing body size diversity
- Healthy and pleasurable eating
- Active living



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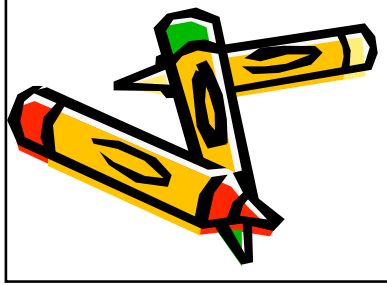
Project team

- Trevor Durbidge: CSC
- Karen Shelley: Project Officer
- Lily O'Hara and Jane Gregg: USC



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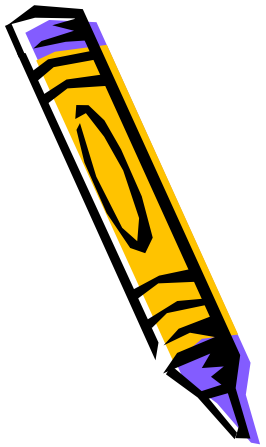
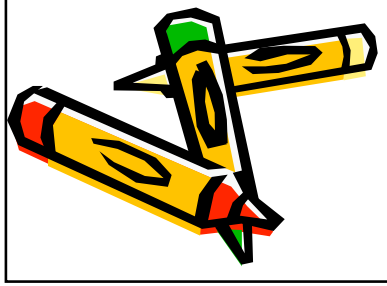


Project strategies

- Curriculum review
  - Identify appropriate unit of excellence for revision
- Classroom strategy
  - Develop and implement revised unit content
- Professional development training
  - Disseminate unit to other schools



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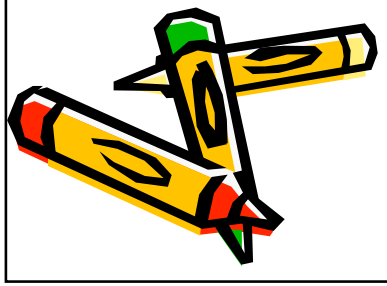
Project strategies

- Curriculum review
  - Undertaken by Trevor
  - Identified "How can I best look after myself?"



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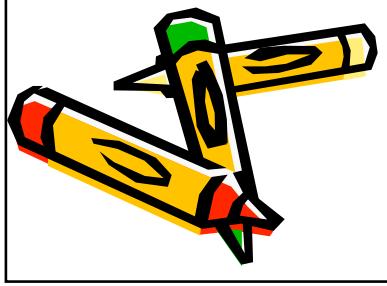
Project strategies

- Classroom strategy
  - To be undertaken by Year 3 teachers in conjunction with project team
  - Develop, implement and evaluate revised unit of excellence



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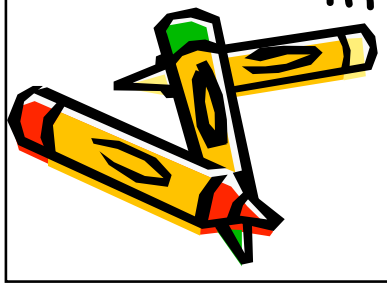
Project strategies

- Professional development training
  - To be undertaken by project team in conjunction with Year 3 teachers if desired
  - Training for local schools on revised unit of excellence
  - Priority given to those wanting to implement unit in Term 4



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Project timeframe

Key task	Estimated date of completion
Identify appropriate unit of excellence for revision	July 2007
Develop revised unit of excellence	December 2007
Review and revise Chancellor State College policies related to project	December 2007
Design and develop evaluation instruments	December 2007
Collect baseline data with students and teachers	March 2008
Implement professional development training at Chancellor	March 2008
Implement revised unit of excellence in Chancellor State College primary campus	June 2008
Collect outcome evaluation data with students and teachers	June 2008
Analyse outcome evaluation data	August 2008
Conduct training for other schools in region	September 2008
Submit final report	September 2008
Communicate results via professional journals, newsletters and a relevant conference	December 2008

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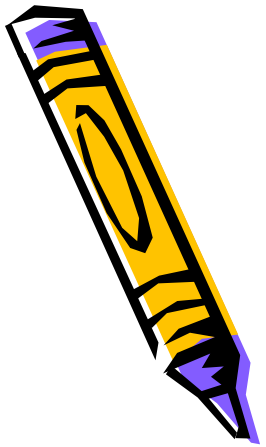
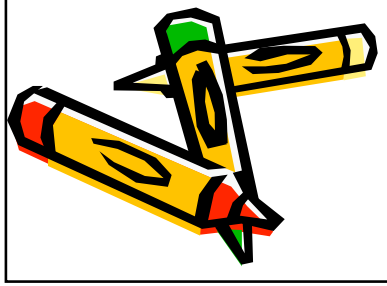


Technical foundations

- HPE Syllabus
- Professional Standards for Queensland Teachers
- Health Promoting Schools framework



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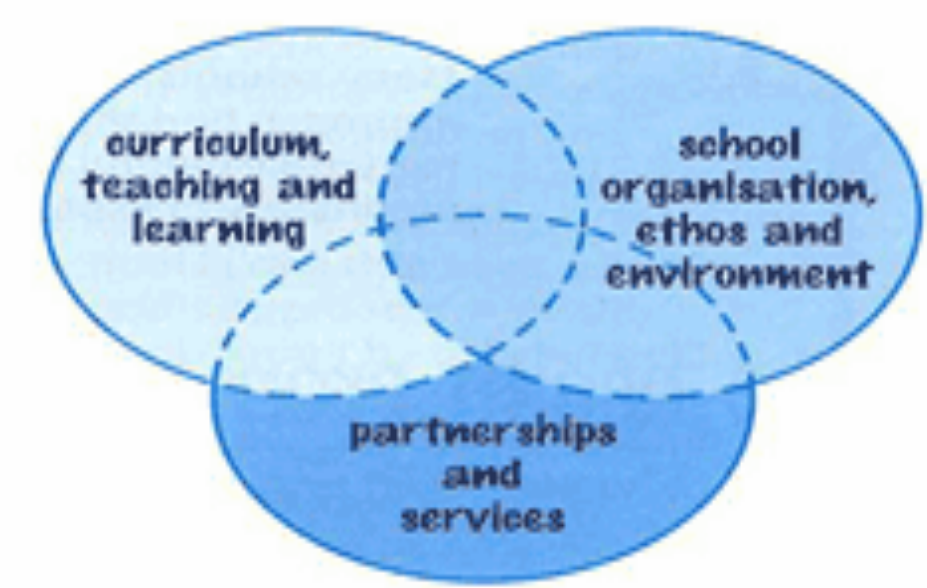
Health Promoting Schools



Promotes holistic, ecological approach that addresses physical, mental, intellectual and spiritual wellbeing

Built on principles of social justice and respect for all

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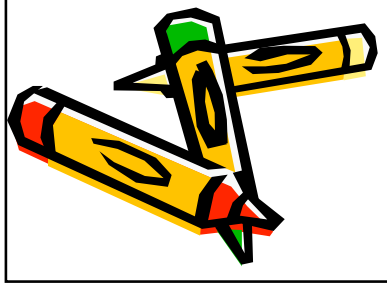
Philosophical foundations

- Values for Australian Schooling
  - www.curriculum.edu.au/values

- Health at Every Size



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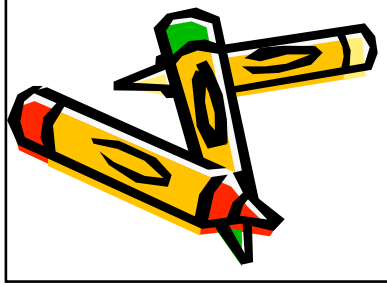
Values for Australian Schooling

1. Care and Compassion: Care for self and others
2. Doing Your Best: Seek to accomplish something worthy and admirable, try hard, pursue excellence
3. Fair Go: Pursue and protect the common good where all people are treated fairly for a just society



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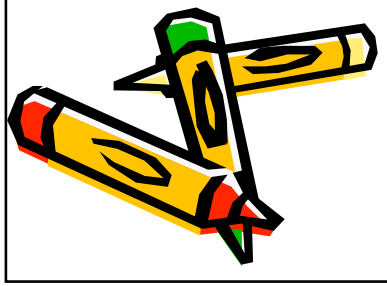
Values for Australian Schooling

4. Freedom: Enjoy all the rights and privileges of Australian citizenship free from unnecessary interference or control, and stand up for the rights of others

5. Honesty and Trustworthiness: Be honest, sincere and seek the truth



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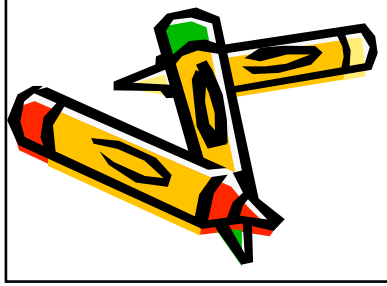
Values for Australian Schooling

6. Integrity: Act in accordance with principles of moral and ethical conduct, ensure consistency between words and deeds

7. Respect: Treat others with consideration and regard, respect another person's point of view



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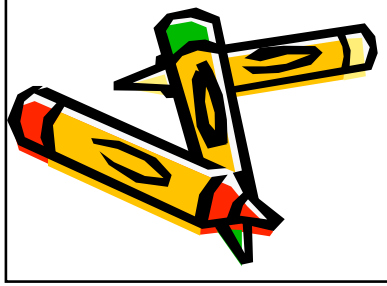
Values for Australian Schooling

8. Responsibility: Be accountable for one's own actions, resolve differences in constructive, non-violent and peaceful ways, contribute to society and to civic life, take care of the environment

9. Understanding, Tolerance and Inclusion: Be aware of others and their cultures, accept diversity within a democratic society, being included and including others



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EVERYBODY in Schools

Health At Every Size

- Weight-neutral approach to health and well being
- International approach
- Broad range of advocates
  - Scientists, nutritionists, exercise physiologists, psychotherapists, social workers, doctors, nurses, health promoters, epidemiologists, teachers, human rights activists, lawyers, sociologists….
- 4 basic principles

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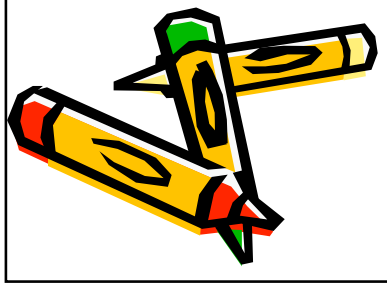
Health At Every Size

Principle 1: Health enhancement

Attention to emotional, physical, psychological, social and spiritual well being, without focus on weight loss or achieving a specific 'ideal weight'



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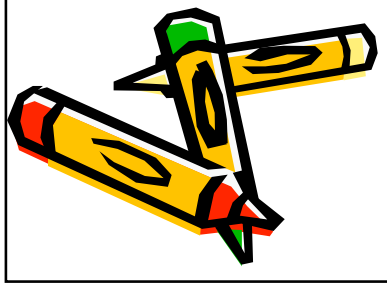
Health At Every Size

Principle 2: Size and self-acceptance

Respect and appreciation for the rich diversity of body shapes and sizes (including one's own), rather than the pursuit of an idealised weight or shape



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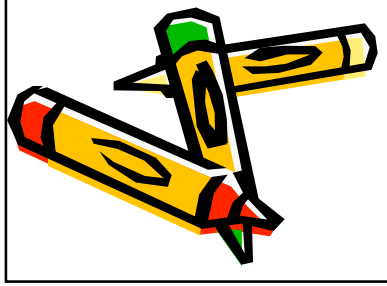
Health At Every Size

Principle 3: The pleasure of eating well

Encouraging eating based on internal cues of hunger, satiety, pleasure, appetite and individual nutritional needs rather than on external food plans or diets for weight loss



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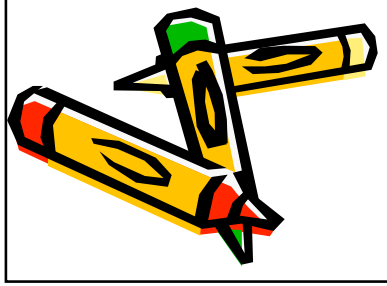
Health At Every Size

Principle 4: The joy of movement

Encouraging appropriate, enjoyable, life-enhancing physical activity, rather than following a specific routine of regimented exercise for the primary purpose of weight loss



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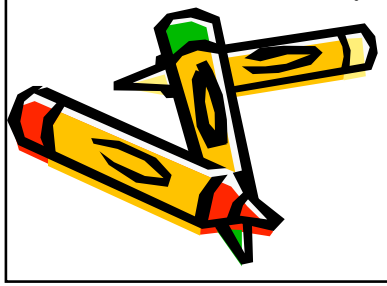
Health At Every Size does not support

Ideal weight

- Indiscriminate use of the standardised 'ideal' weight category as a measure of a person's health status

Weight loss

- Dieting, drugs, programs, products or surgery for the primary purpose of weight loss



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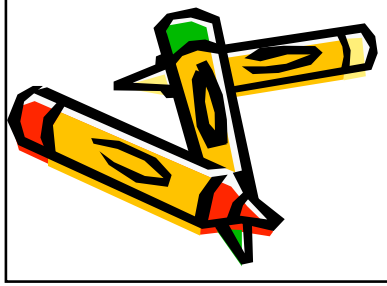
Health At Every Size does not support

Body assumptions

- That a person's body size, weight or body mass index is evidence of a particular way of eating, physical activity level, personality, psychological state, moral character or health status



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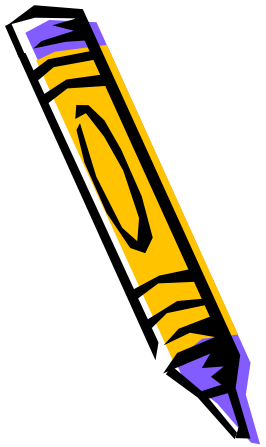
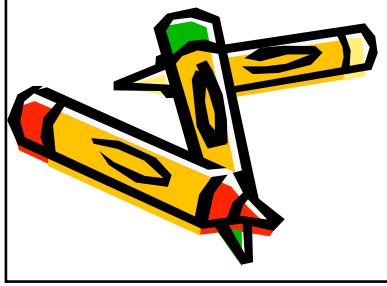


Body size oppression

- Any form of oppression based on people's body image, body size or weight
- Any approach to health, eating or exercise, the provision of products, services or amenities which perpetuates body size oppression
- Includes exploitation, marginalisation, discrimination, powerlessness, cultural imperialism, harassment or violence



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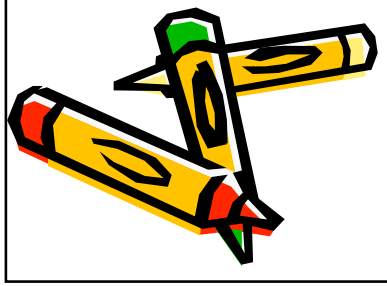
Health At Every Size programs

- Healthy Measures
- Your Kids Are Listening
- WIN the Rockies
- Healthy Body Image



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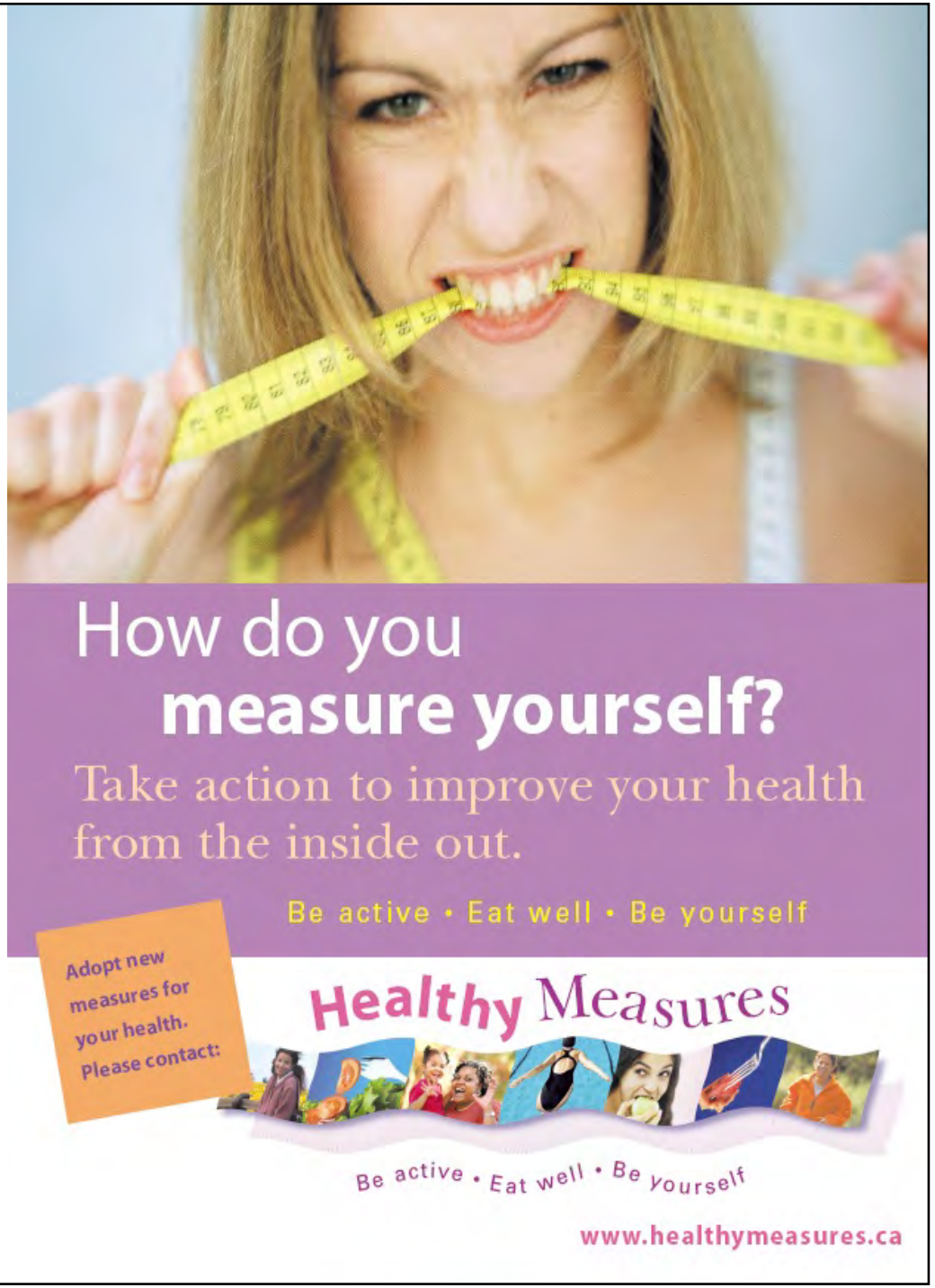
- Healthy Measures
- Health Department, Canada
    - o Be active
    - o Eat well
    - o Be yourself

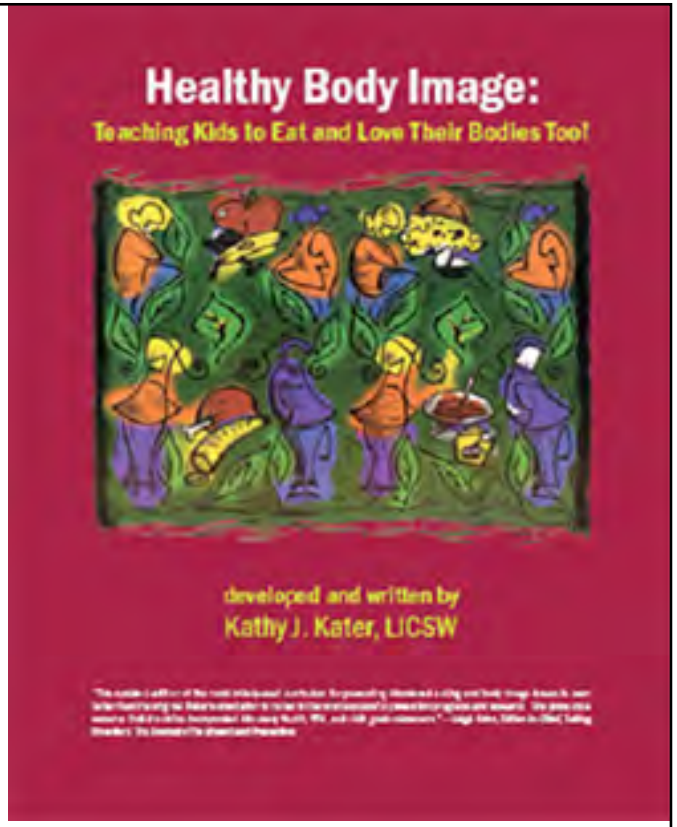


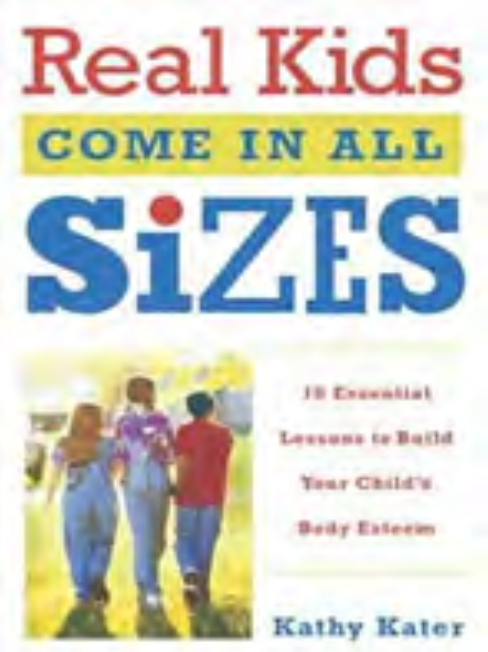
- Your Kids Are Listening
- Toronto Public Health Unit, Canada
  - Healthy eating
  - Physical activity
  - Self esteem

A community-based research, intervention and outreach project to improve health in Idaho, Montana and Wyoming.

- Wellness IN the Rockies
- Universities and Health Departments in 3 Rocky Mountain states, USA
  - Value health
  - Respect body-size differences
  - Enjoy the benefits of self-acceptance
  - Enjoy physically active living
  - Enjoy healthful and pleasurable eating

- Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!
- Private health educator, USA
  - Healthy body image
  - Eating and nutrition
  - Fitness



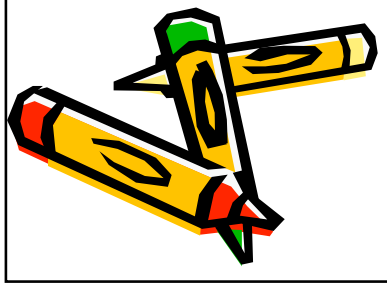


- Companion book to curriculum
  - Parents
  - Educators
  - Health care providers

EVERYBODY in Schools

Health at Every Size

- Evidence based response to weight-concerns



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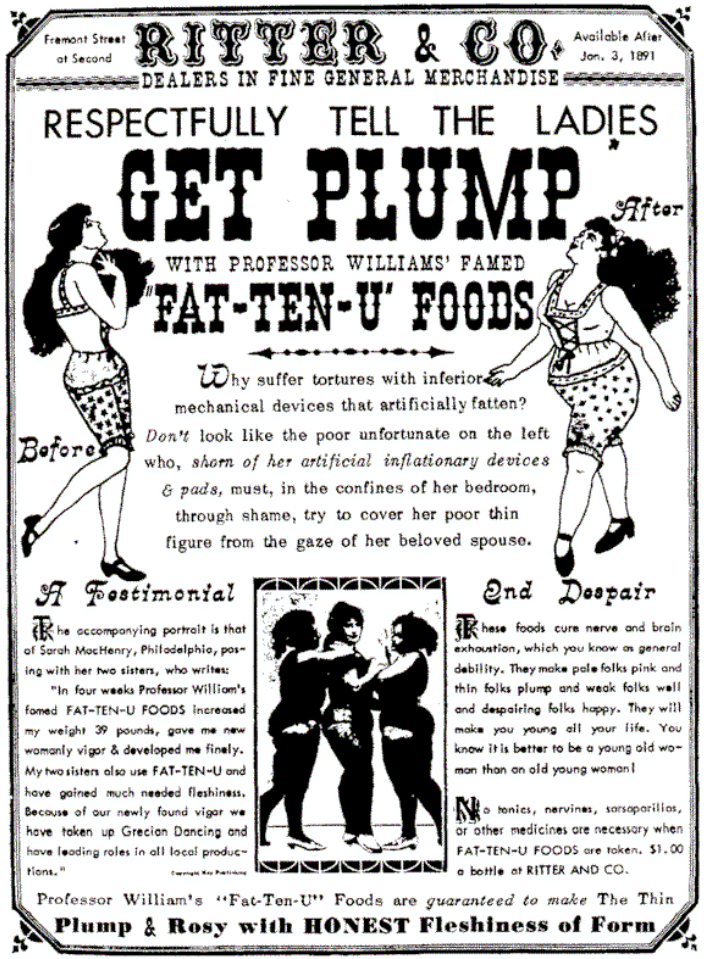
EVERYBODY in Schools

100 year history of weight focus



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Available After Jan. 3, 1891

DEALERS IN FINE GENERAL MERCHANDISE

RESPECTFULLY TELL THE LADIES

GET PLUMP

After

WITH PROFESSOR WILLIAMS' FAMED

"FAT-TEN-U' FOODS

Before

Why suffer tortures with inferior mechanical devices that artificially fatten? *Don't* look like the poor unfortunate on the left who, *shorn of her artificial inflationary devices & pads,* must, in the confines of her bedroom, through shame, try to cover her poor thin figure from the gaze of her beloved spouse.

A Testimonial

The accompanying portrait is that of Sarah MacHenry, Philadelphia, posing with her two sisters, who writes:

"In four weeks Professor William's famed FAT-TEN-U FOODS increased my weight 39 pounds, gave me new womanly vigor & developed me finely. My two sisters also use FAT-TEN-U and have gained much needed fleshiness. Because of our newly found vigor we have taken up Grecian Dancing and have leading roles in all local productions."

And Despair

These foods cure nerve and brain exhaustion, which you know as general debility. They make pale folks pink and thin folks plump and weak folks well and despairing folks happy. They will make you young all your life. You know it is better to be a young old woman than an old young woman!

No tonics, nervines, sarsaparillas, or other medicines are necessary when FAT-TEN-U FOODS are taken. $1.00 a bottle at RITTER AND CO.

Professor William's "Fat-Ten-U" Foods are *guaranteed to make* The Thin **Plump & Rosy with HONEST Fleshiness of Form**

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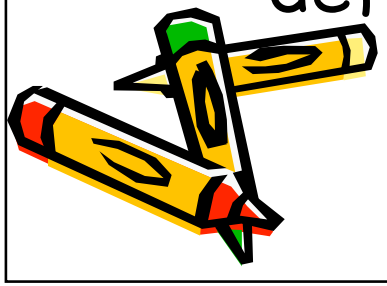
EVERYBODY in Schools

Since 1970s: lean 'ideal'

- Extremely narrow 'ideal' for men and women
- 'Ideal' defined by aesthetics
- Perpetuated by visual media, commercial interests and life experiences
- Health science now contributing to definition of 'ideal'



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EVERYBODY in Schools

Weight-focused messages

For women

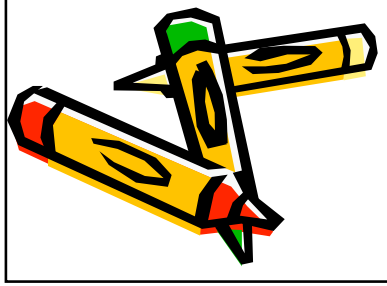
Thin and lean is desirable

Fat is undesirable

For men

Muscular and lean is desirable

Fat is undesirable



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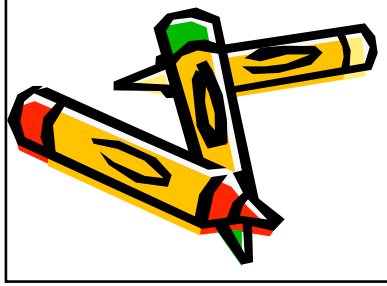
EVERYBODY in Schools

Weight-focused messages

- ✶ Not just an aesthetic issue
- ✶ Fat is unhealthy
- ✶ Body Mass Index as measure of health



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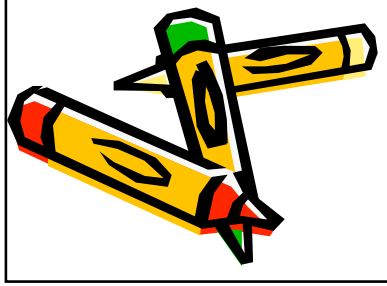
Impact of current focus

- Framing of 'weight' as independent cause of disease and death
- Use of terms such as 'epidemic'



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EVERYBODY in Schools

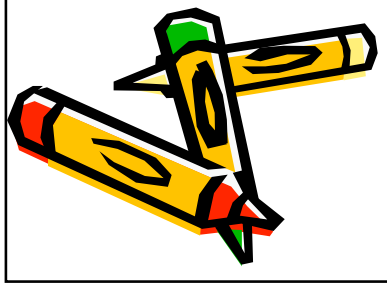
Creating an epidemic

Step 1: Dramatically increase numbers of people affected

Step 2: Create link between condition and as many negative outcomes as possible

Step 3: Find a few easy culprits to blame

Step 4: Repeat until universally accepted



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Creating an epidemic: Step 1

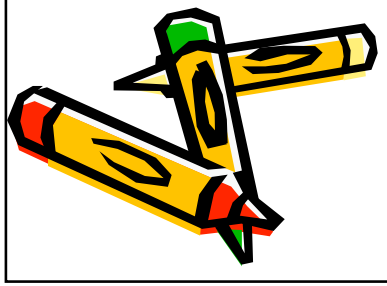
USA: Tuesday June 16, 1998

Overweight =

- BMI ≥ 27.3 for women
- BMI ≥ 27.8 for men

Wednesday June 17, 1998

- Overweight = BMI ≥ 25 for everyone



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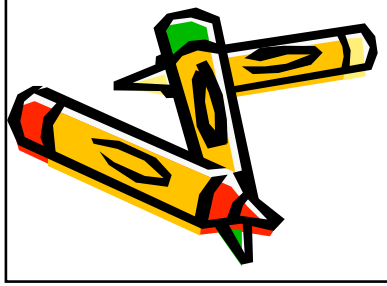
Creating an epidemic: Step 1

- 30.5 million people went to sleep on Tuesday with a 'healthy weight'
- Woke up on Wednesday as 'overweight'
- 43% increase in number of 'overweight' people – overnight



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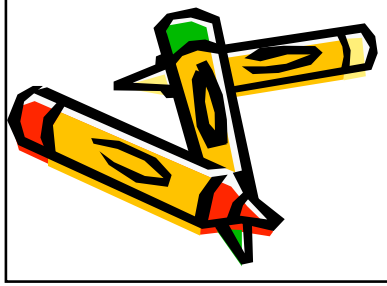
Creating an epidemic: Step 1

- Actual increase in average body weight of about 8 kilos over past 20 years
- Not uniformly distributed – not everyone has gained weight
- Increases seen in those more genetically susceptible to weight gain – canaries in the coal mine



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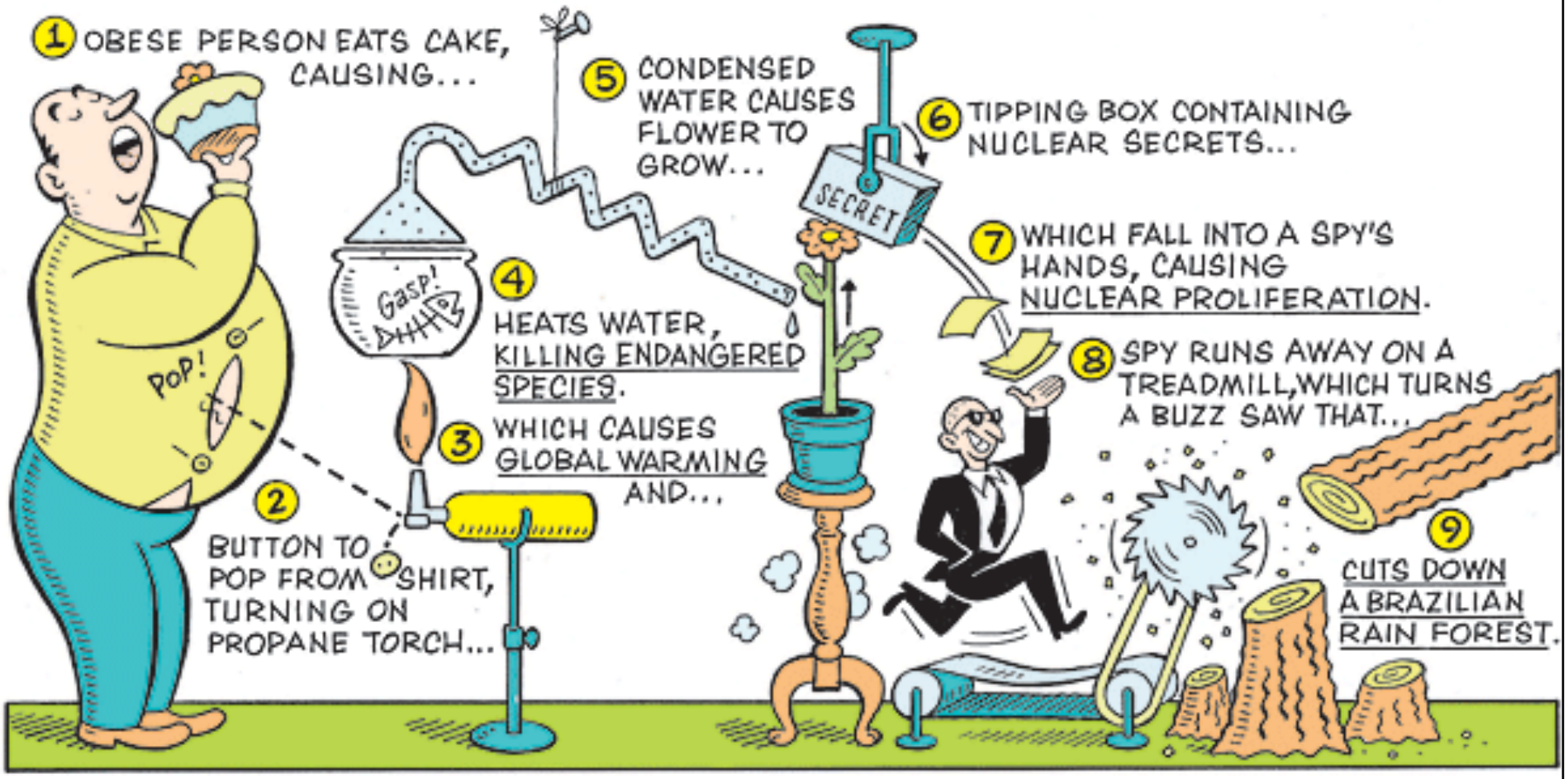
HOW OBESE PEOPLE ARE RESPONSIBLE FOR EVERYTHING BAD



EVERYBODY in Schools

Creating an epidemic

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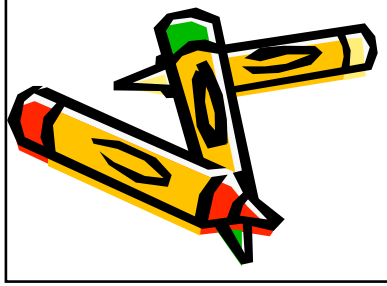

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Too much fast food

EVERYBODY in Schools

Too much fast food

EVERYBODY in Schools

Increasing portion sizes

EVERYBODY in Schools

Junk food advertising

EVERYBODY in Schools

Too little physical activity

EVERYBODY in Schools

Too little physical activity

EVERYBODY in Schools

Too much screen time

EVERYBODY in Schools

Pathetic parents

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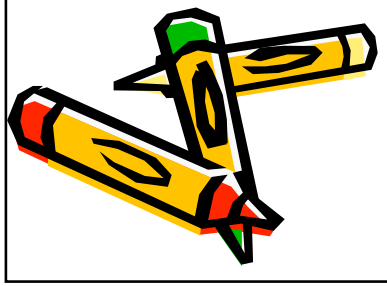
Find a few easy culprits

- Too much fast food
- Increasing portion sizes
- Junk food advertising
- Too little physical activity
- Too much screen time
- Pathetic parents



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Creating an epidemic

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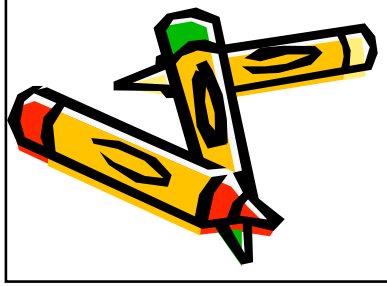

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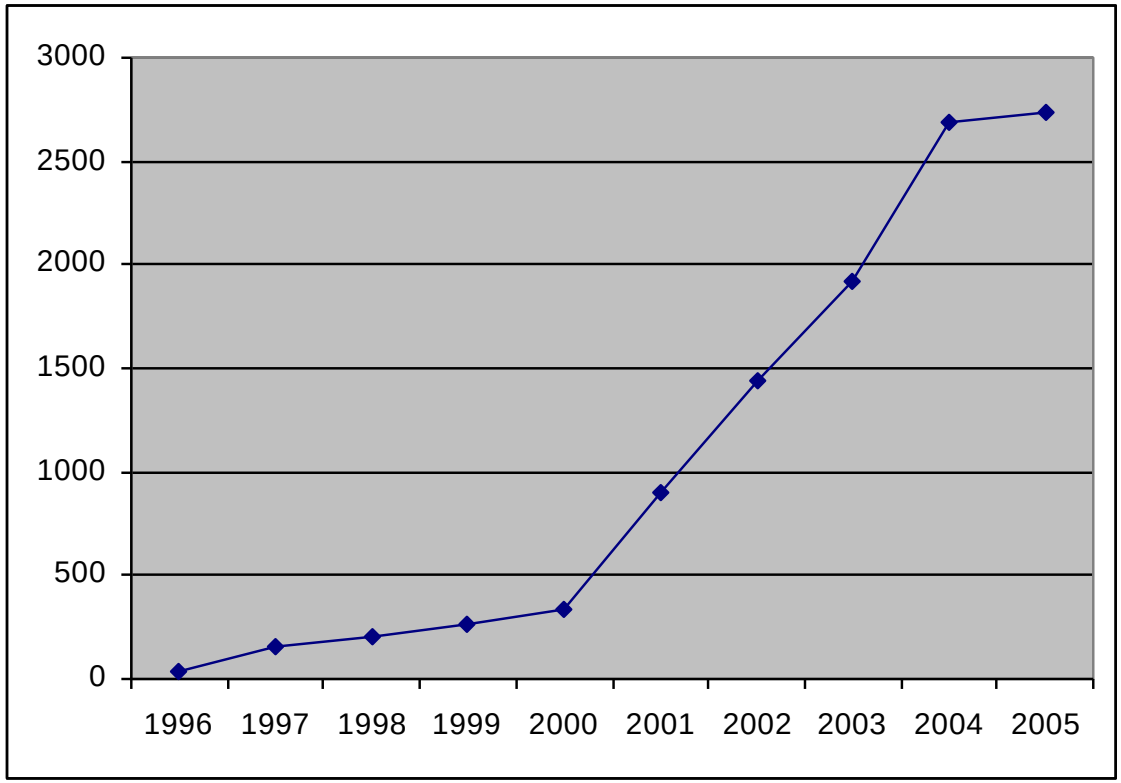
Keep repeating the message



Number of times 'obesity' mentioned in Australian and New Zealand newspaper articles 1996 – 2005

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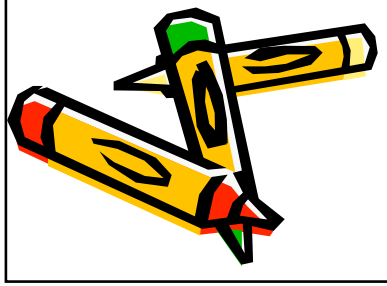
Keep repeating the message

1996: 1 article mentioning 'obesity' every 9 days

2005: 7.5 articles every day

Little chance of not hearing the message



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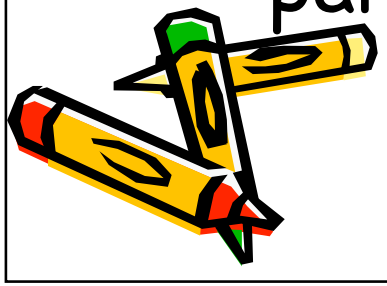
Impact of epidemic

- International, national and state obesity summits and taskforces
- International, national and state policies and programs on 'obesity' or 'healthy weight'
- Dominance of weight-centred health paradigm



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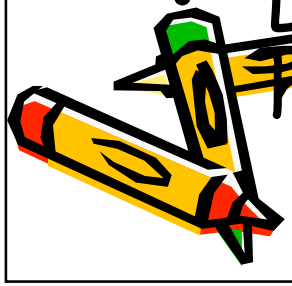
Tenets of the weight-centred health paradigm

- Body weight is caused by simple energy imbalance
- Being 'overweight' or 'obese' results in increased disease risk factors, morbidity and premature death
- Losing weight results in improved health outcomes



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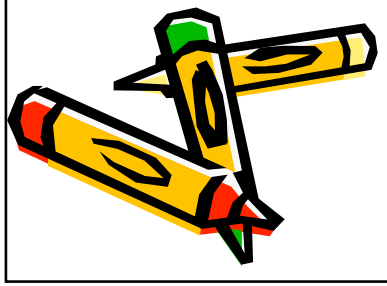
Problems with the weight-centred health paradigm

1. Inaccurate
2. Ineffective
3. Iatrogenic (harmful)



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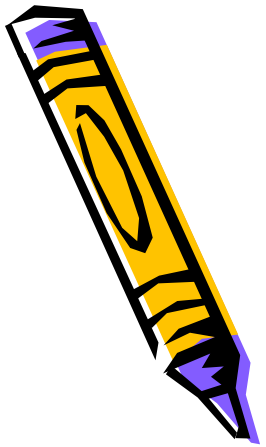
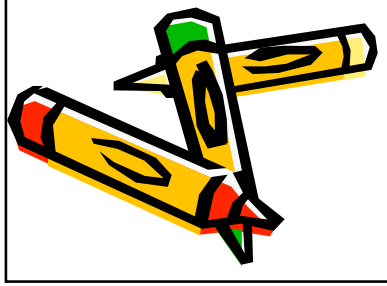


1. Inaccurate science

- Weight not just about energy imbalance
- Health not just about weight
- Result of complex interactions between
  - genes
  - other biological factors
  - behaviours
  - life course exposures
  - environment
  - chance



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Life expectancy

1.8 million people (10 yr follow-up)

- Highest life expectancy: BMI 26-28
- Lowest life expectancy: BMI < 18
- BMI 18-20 had lower life expectancy than BMI 34-36

Waaler, Acta Med Scanda Suppl 1984;679:1-56

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Life expectancy

Between 1960 and 2002 (in the USA)

- '**Obesity**' rates increased by 60%
- **Life expectancy** increased by 10% (69.7 to 77.4 years)

US Centers for Disease Control

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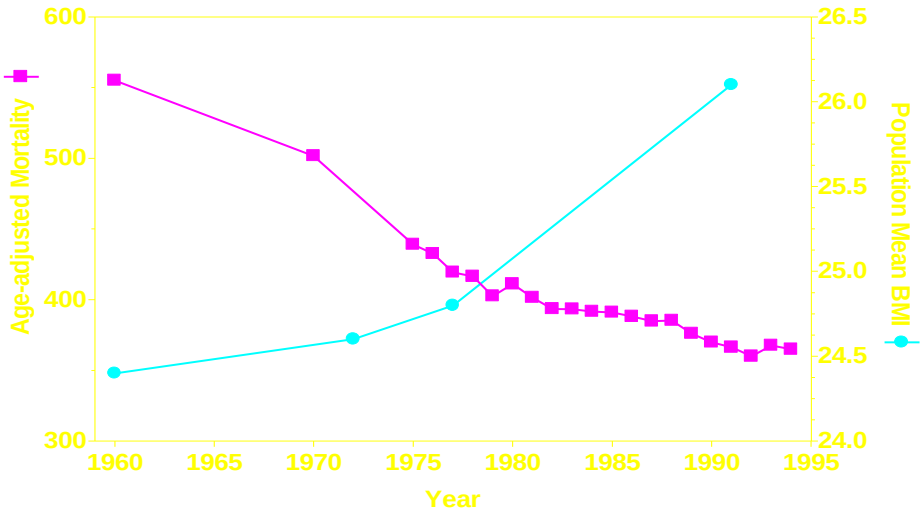
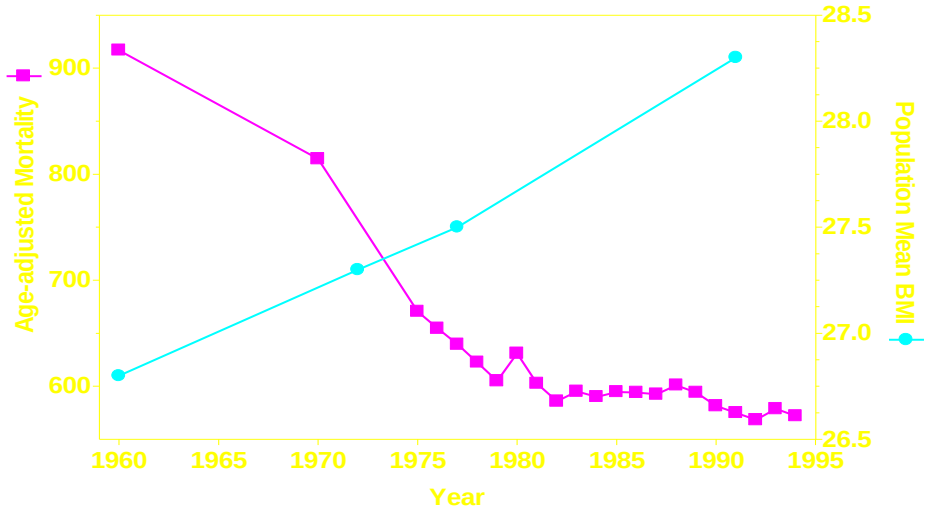
Death rates fall as BMI rises

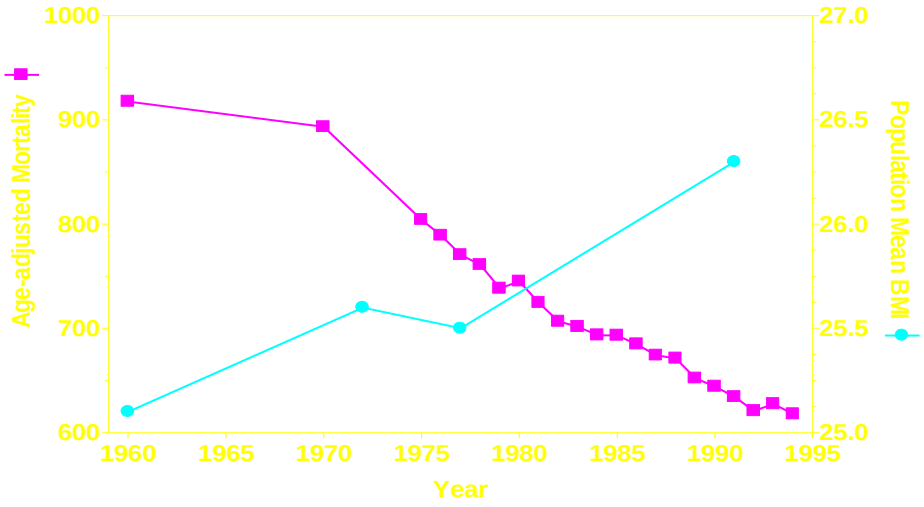
White females



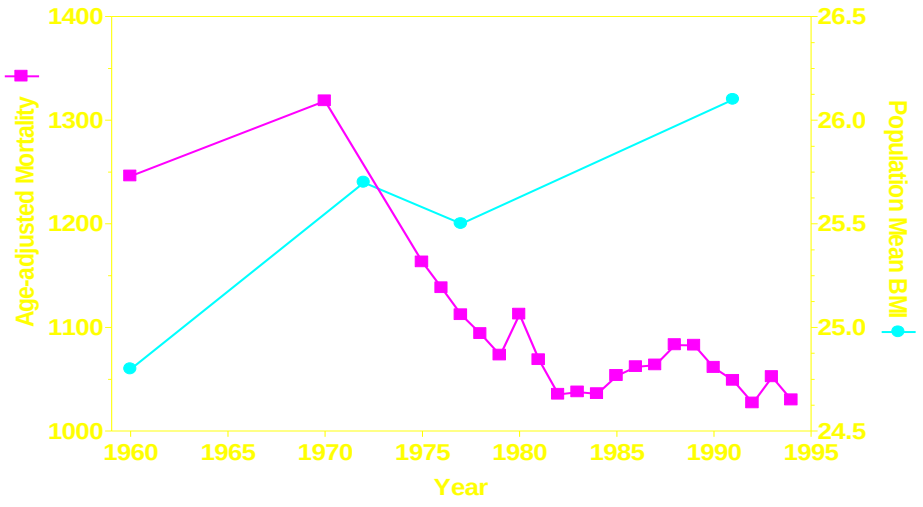
Black females



White males



Black males



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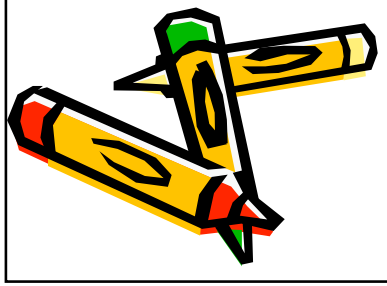
Fitness better than weight

- Physical activity levels better predictor of death rates than weight
- Active people in 'overweight' range have **half** the death rate of sedentary people in 'healthy weight' range



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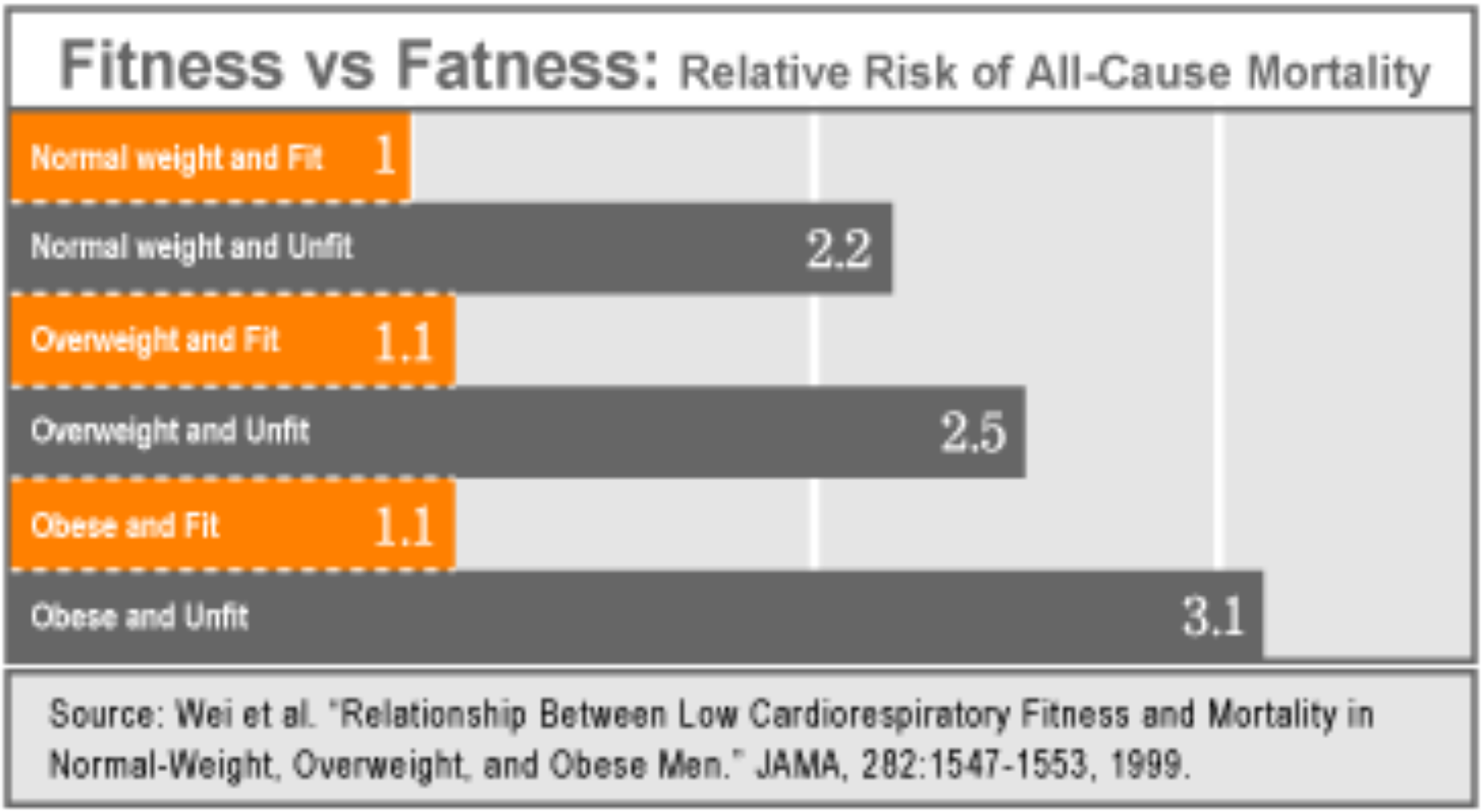
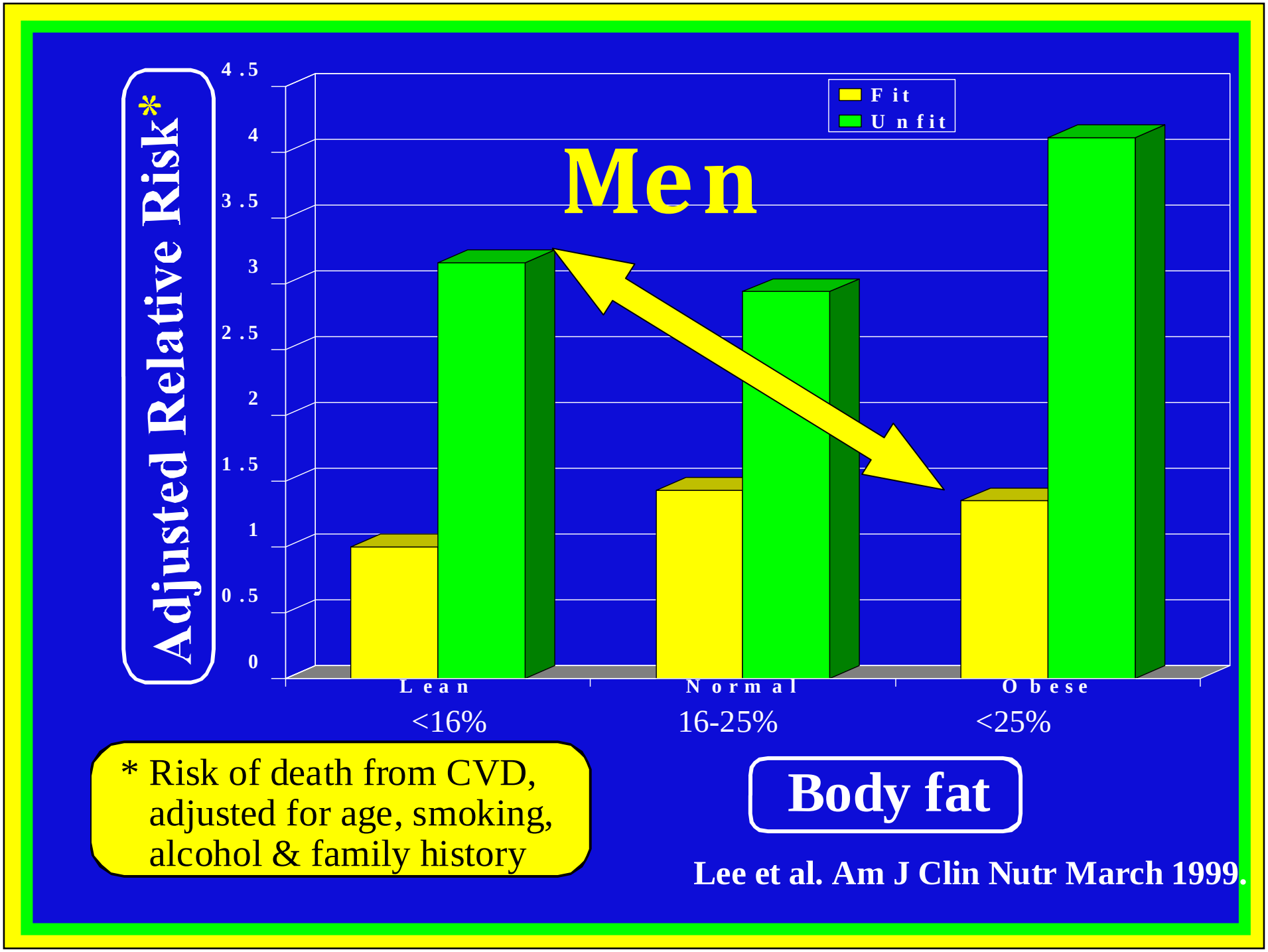
Strength of risk factors




Adjusted Relative Risk*
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Fit
Unfit
Men
Lean
<16%
Normal
16-25%
Obese
<25%
* Risk of death from CVD, adjusted for age, smoking, alcohol & family history
Body fat
Lee et al. Am J Clin Nutr March 1999.

EVERYBODY in Schools

Obesity kills?

"The first major premise of the war against fat—that being of more than average weight is a major contributor to early mortality—is largely <u>unsupported</u> by the epidemiological evidence."

Campos, The Obesity Myth, 2004

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Weight loss & health

- Most studies show weight loss is associated with increased mortality
- Weight gain is often associated with decreased mortality
- Dieters have increased risk for CVD and type II diabetes

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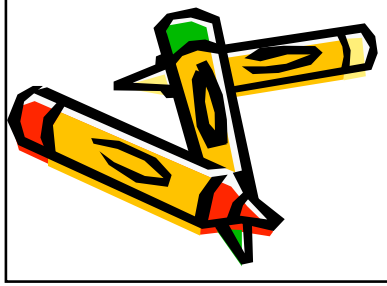
Weight loss & health

- Minimal evidence of efficacy
- NO evidence of sustainability
- Not necessary for health improvement



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Weight and health

" There has not been a single study that has truly evaluated the effects of weight alone on health, which means that "thinner is healthier" is not a fact, but an unsubstantiated hypothesis for which there is a wealth of evidence that suggests the reverse."

Gaesser, Big Fat Lies, 2002

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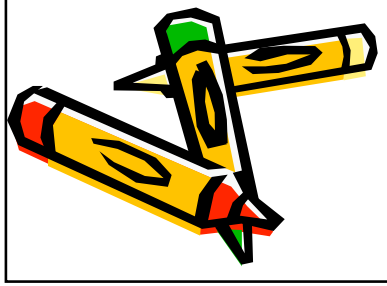
2. Ineffective

- Focus on reduced weight as outcome of interest for past 100 years
- Results clear - many populations have had moderate increases in weight
- 'Obesity prevention' programs shown to be ineffective
- Focus on eating and activity of individuals considered in isolation from body image, self esteem or valuing diversity



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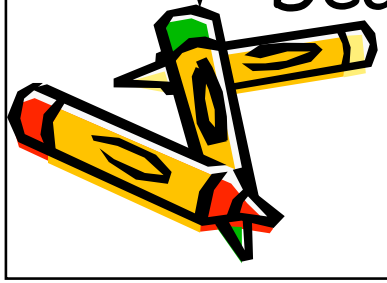
3. Iatrogenic (harmful)

- Dissatisfaction
- Dieting
- Delayed living and care
- Disordered eating and exercising
- Disease
- Discrimination
- Death



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Please God - If you can't
make me thin
make my friends fat!!


KERRY CONGUERS
CLARK CHECKS OUT
NEW YORK
MOMMY, DO I LOOK FAT?
With childhood obesity in the news, anxious parents are putting babies on diets, banning carbs in school lunches, and hiring personal trainers for 5-year-olds. Is this about health—or their own fear of fat?


GOOD LORD, ETHEL...
YOU CAN'T APPEAR
IN PUBLIC
LIKE THAT!
DEWAR '97
OTTAWA
SUN

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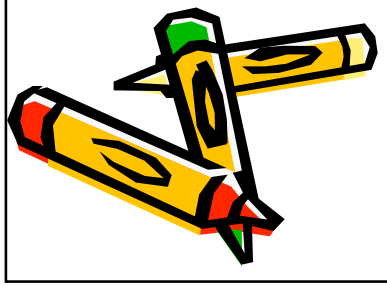
Dieting

- 70% of Australian women have dieted to lose weight
- Children as young as 6 yrs old dieting to lose weight
- Fad diets have widespread following



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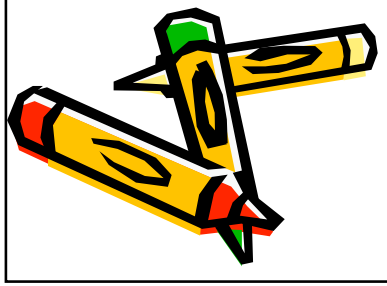
Dieting

- Dieting is highly ineffective - 95% long term failure rate
- Often results in higher weight than before the diet
- Strong predictor of weight gain



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I LOST TEN POUNDS ON THE BREAKFAST SHAKE DIET... GAINED BACK FIFTEEN.
I LOST FIFTEEN POUNDS ON THE LOW FAT DIET... GAINED BACK TWENTY FIVE.
I LOST TWENTY POUNDS ON THE PROTEIN DIET... GAINED BACK FORTY FIVE.
TWENTY YEARS OF DIETING, AND I'VE GAINED FORTY POUNDS.
11/29/01
DIST. BY CREATORS SYNDICATE
WWW.CREATORS.COM
WAECKERLE

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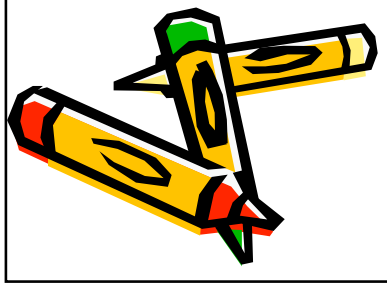
Yo-yo Syndrome

- Losing and regaining large amounts of weight
- Consistently linked with increased CVD mortality
- Psychologically harmful as well



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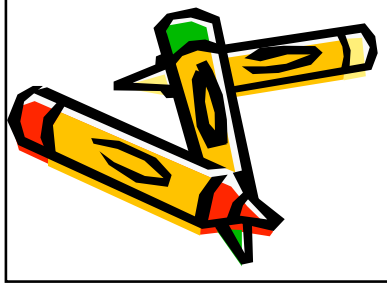
"Don't step on it . . . it makes you cry."

EVERYBODY in Schools

Dieting

- Leads to increased preoccupation with food
- Leads to mental distraction and reduced capacity for cognitive functioning
- Leads to increased irritability



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Mommy,
when I grow up
I want to be
a total bitch
just like you.

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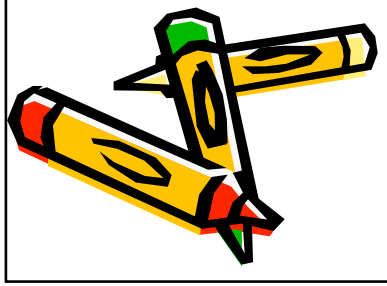
Disordered eating and exercising

- Unhealthy relationship with food and activity
- Fasting or skipping meals
- Diet pills, diuretics and laxatives
- Vomiting
- Smoking for appetite control
- Overexercising



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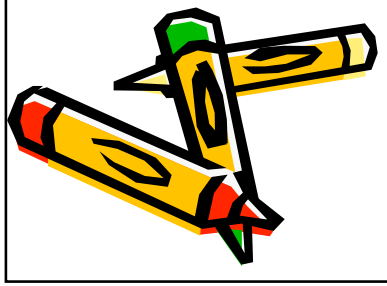
Disordered eating and exercising

- US study of harmful behaviours
  - One or more behaviours on regular basis
  - 56% of year 9 girls and 28% of year 9 boys
- Australian study by Jenny O'Dea from Uni of Sydney
  - 20% of girls starving for two days or vomiting to control weight
  - 8% smoking for weight control
  - Incidence of harmful behaviours doubled since 2000



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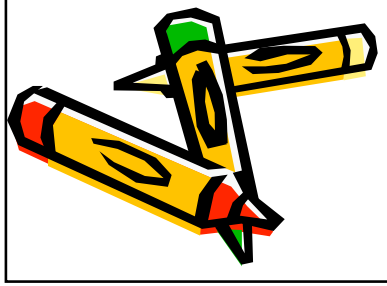
Delayed health care

- Numerous studies showing fat people delay seeking care or screening
- Attitude of health practitioners
- Unavailability of appropriate resources



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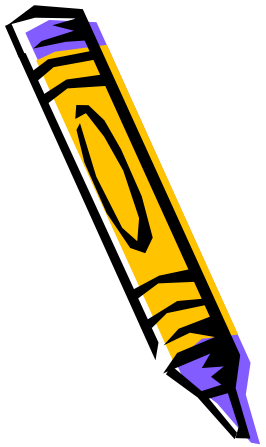
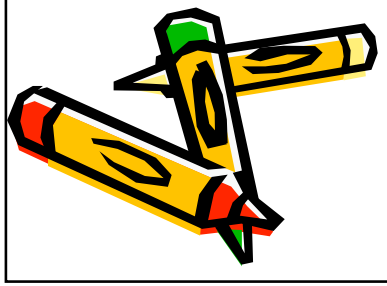
Now I know why they call it ICU!

EVERYBODY in Schools



Discrimination

- Found in health workers, health promotion practitioners, doctors, nutritionists, coaches, employers, landlords, teachers, schools, universities



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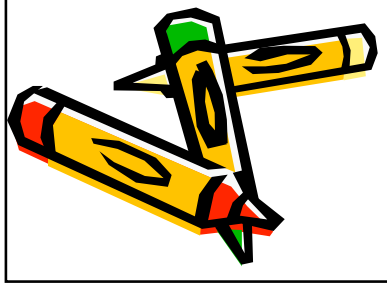
Discrimination

- Results in reduced opportunities for people in all areas of life, including work, housing, recreation, study, health service access and adoption
- Increasing prevalence amongst children



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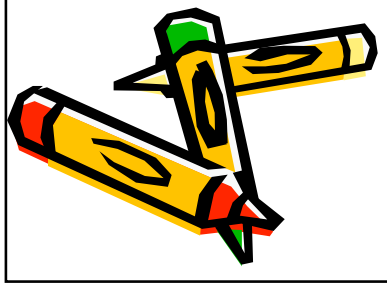
Discrimination

- Comes from conscious and subconscious attitudes that result in stereotypes and prejudices

- Subconscious attitudes can now be measured through Implicit Association Test



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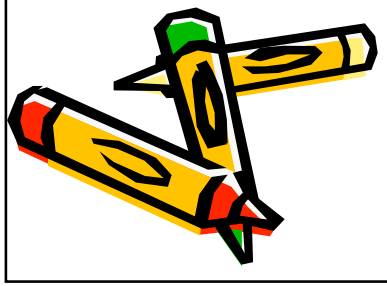
Problems with the weight-centred health paradigm

1. Inaccurate
2. Ineffective
3. Iatrogenic (harmful)



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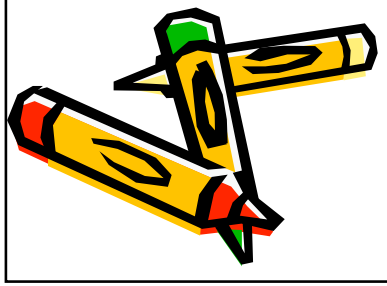
Health At Every Size

- Alternative to weight-centred health paradigm
- Evidence-based
- Far less likely to result in harm
- More effective at improving clinically relevant health indicators



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EVERYBODY in Schools

Health At Every Size

- Consistent with
  - HPE syllabus
  - Professional Standards for Queensland Teachers
  - Values for Australian Schooling
  - Health Promoting Schools framework
  - Principles of modern health promotion

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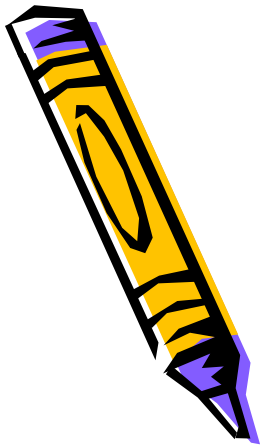
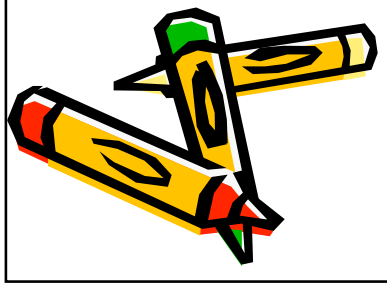


HAES Books

- Big Fat Lies by Glenn Gaesser
- The Obesity Myth by Paul Campos
- The Obesity Epidemic: Science, Morality and Ideology by Michael Gard and Jan Wright
- Fat Politics by Eric Oliver



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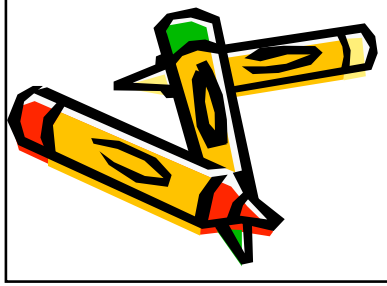
EVERYBODY in Schools

HAES Books

- Health at Every Size by Linda Bacon
- Real Kids Come in All Sizes by Kathy Kater
- Fat!So? by Marilyn Wann



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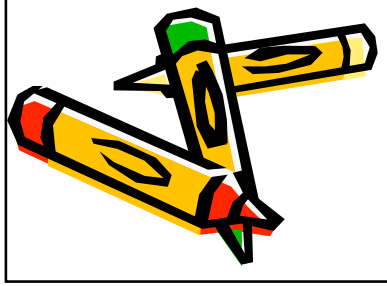
HAES Websites

- Linda Bacon: www.lindabacon.org
- The Body Positive: www.thebodypositive.org
- Body Positive: www.bodypositive.com
- Council on Size and Weight Discrimination: www.cswd.org



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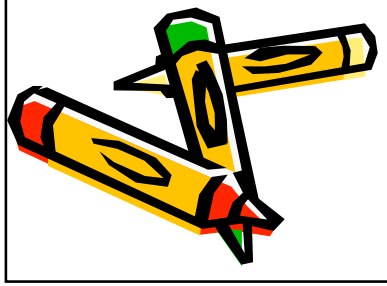
HAES Websites

- Fat!So?: www.fatso.com
- Jon Robison: www.jonrobison.net
- National Association to Advance Fat Acceptance: www.naafa.org
- Show Me The Data and Science of Health at Every Size lists at www.yahoogroups.com



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HEALTH AT EVERY SIZE:
THE NEW PEACE MOVEMENT

Weight is frequently blamed for many health problems and weight loss touted as the common prescription for improving health. However, decades of admonishing people to restrict their calories and/or to exercise is clearly not producing the intended results. The weight of Americans continues to increase[1], particularly among dieters. And eating disorders and weight preoccupation are painful side effects[2]. Many of our most basic assumptions about weight just don't hold up to the evidence.

Assumption: "Overweight" people die sooner than leaner people.
Except at statistical extremes, body mass index (BMI) - or amount of body fat - only weakly predicts how long you'll live. Many studies find that "overweight" people live at least as long as "normal" weight people[3-5]. Some studies even suggest that people defined as overweight live longer than thinner people[4].

Assumption: Being "overweight" puts people at significant health risk.
Epidemiological studies rarely acknowledge factors like fitness, activity, nutrient intake, weight cycling or socioeconomic status when considering connections between weight and disease. Yet all play a role. When studies *do* control for these factors, increased risk of disease disappears or is significantly reduced[6]. What's likely going on here is that these other factors increase disease risk at the same time they increase the risk of weight gain.

Assumption: Anyone who is determined can lose weight and keep it off.
The vast majority of people who try to lose weight regain it, regardless of whether they maintain their diet or exercise program[7]. This occurs in all studies, no matter how many calories or what proportions of fat, protein or carbohydrates are used in the diet, or what types of exercise programs are pursued. Many studies also show that dieting is a strong predictor of future weight gain[8-14].

Assumption: Weight loss will prolong life.
No one has ever shown that losing weight prolongs life. Some studies actually indicate that intentional weight loss increases the risk of dying early from certain diseases[15-20].

Assumption: The only way for "overweight" people to improve health is to lose weight.
Most health indicators, such as insulin sensitivity and cholesterol levels, can be improved through changing health behaviors, regardless of whether weight changes[21, 22]. Even people who *gained* body fat while participating in an exercise program have improved their health[23, 24]!

Assumption: There is a serious obesity epidemic in this country.
Yes, there has been a moderate increase in weight since last generation, but the average person is only about 6 to 11 pounds heavier[25]. This is hardly epidemic proportions. Instead, it's equivalent to eating an extra serving of French fries every month or walking a few minutes a day - hardly convincing evidence that we're all slothful gluttons.

The Centers for Disease Control did a slick job of presenting this collective weight gain. Instead of noting the small increase in weight, they dramatized it by showing the percentage increase in the number of people labeled overweight and obese. Weight among populations always resembles a bell curve. Since the overweight category coincided with our average weight (the height of the bell curve), just a few pounds' difference pushed a large number of people over the edge from "normal" to "overweight." That the overweight category is meaningless as a health risk predictor reinforces the uselessness of this information.

Sure, we're moderately fatter than we used to be, but life expectancy has also increased dramatically during the same time period in which our weight rose (from 70.8 years in 1970 to 77.8 years in 2004)[26]. Meanwhile,

heart disease rates have plummeted and many common diseases emerge at older ages and are less severe. We are simply not seeing the catastrophic consequences predicted to result from the "obesity epidemic."

BLAME ECONOMICS

Why do these faulty assumptions continue to proliferate and why isn't the reality more widely known? There can only be one explanation when science so blatantly contradicts popular thought: economics.

There is a huge industry that benefits from widening the boundaries of what is considered a problematic weight, including weight loss centers, supplement makers, drug companies, physicians, and purveyors of diet books, foods and programs. Even scientists benefit by getting research grants and serving as consultants, or by running weight loss centers at universities. Convincing us of a crisis can also aid government agencies in obtaining congressional funding. And expert panels that create public policy and determine research funding are populated by individuals with financial conflicts of interests.

That said, I do not believe that those engaging in this damaging paradigm are part of a widespread conspiracy. We are all raised with the assumption that fat is bad and permanent weight loss can be achieved through dietary change and exercise. These assumptions are so strongly a part of our cultural landscape that they are regarded as self-evident, and few even consider questioning them. As a result, many well-intentioned, caring people unknowingly collude and transmit this cultural bias. There is little reward for questioning these assumptions, other than peace of mind and professional integrity. Indeed, for a professional to challenge these ideas is tantamount to career suicide; this is in stark contrast to the large financial/status incentive for supporting the old paradigm.

WHAT CAN YOU DO?

Refuse to fight in an unjust war. Join the new peace movement: "Health at Every Size" (HAES). HAES acknowledges that well-being and healthy habits are more important than any number on the scale. Participating is simple:

1. Accept your size. Love and appreciate the body you have. Self-acceptance empowers you to move on and make positive changes.

2. Trust yourself. We all have internal systems designed to keep us healthy – and at a healthy weight. Support your body in naturally finding its appropriate weight by honoring its signals of hunger, satiety, and appetite.

3. Adopt healthy lifestyle habits.

- Develop and nurture connections with others and look for purpose and meaning in your life. Fulfilling your social, emotional and spiritual needs restores food to its rightful place as a source of nourishment and pleasure.
- Find the joy in moving your body and becoming more physically vital in your everyday life.
- Eat when you're hungry, stop when you're full, and seek out pleasurable and satisfying foods. Be attentive to the experience of eating and to which food choices truly help you feel good. Tailor your tastes so that you enjoy more nutritious foods, staying mindful that there is plenty of room for less nutritious choices in the context of an overall healthy diet and lifestyle.

4. Embrace size diversity. Humans come in a variety of sizes and shapes. Open to the beauty found across the spectrum and support others in recognizing their unique attractiveness.

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Health At Every Size

A healthy weight is the weight your body settles at when you have a balanced lifestyle

New evidence on weight and health

Over the past twenty years an increasing number of scientists and health professionals worldwide have realised that viewing people's weight as an indicator of health is both problematic and misleading. In fact there is now a large body of scientific evidence that shows that people of all different sizes and shapes can have good health and wellbeing. Research also shows that focusing on the notion of 'ideal' body size and shape can do more harm than good.

Weight centred health

The 'weight centred health paradigm' views weight as being of primary importance to a person's health and well being. Government programs, media, and the weight loss, pharmaceutical and beauty industries all promote the message that weight is a direct cause of health problems, and that to be healthy you have to be within what they call the 'healthy weight' category. What they don't tell you is that scientific evidence shows that people of all sizes and shapes can be healthy and well, and that there are many ways to improve your health that are more effective and better for you than trying to achieve a certain weight.

Ineffective for most people

Scientific evidence now confirms what most people know themselves – losing weight and maintaining weight loss are very difficult tasks. In fact the long term failure rate of weight loss programs is as high as 95%. Worse than that, there is new scientific evidence shows that focusing on weight can actually be harmful.

Harmful effects for individuals

The harmful effects for individuals of focusing on weight instead of health include:

- × low self esteem
- × body image dissatisfaction and negative self talk
- × fad dieting
- × use of other harmful weight control practices such as laxatives, smoking and surgery
- × weight cycling – losing and regaining weight a number of times
- × delaying or avoiding health screening or health care
- × over-exercising
- × eating disorders such as anorexia nervosa and bulimia.

Body size oppression

In addition to the individual harms, the 'weight centred health paradigm' has significant negative impacts on the way people are treated by others in society. This treatment, termed 'body size oppression' includes bias, stigmatisation, prejudice, marginalisation, discrimination, harassment, bullying and violence on the basis of body shape or size.

What can we do?

We need to adopt a more caring approach to health that is based on scientific evidence and acknowledges the desire and the capacity for people of all sizes to be happy and healthy. Principles developed internationally, known as the Health At Every Size Principles, now guide those wishing to move to a new, healthier way of viewing weight and size.

Health At Every Size Principles

Health at Every Size Supports

Holistic health enhancement
Maximising emotional, physical, psychological, social and spiritual well being for individuals and communities, without focusing on weight loss or achieving a specific 'ideal weight'

Size and self-acceptance
Respecting and appreciating the rich diversity of body shapes and sizes (including one's own!), rather than the pursuit of an idealised weight or shape

The pleasure of eating well
Eating based on internal cues of hunger, satiety, pleasure, appetite and individual nutritional needs rather than on external food plans or diets for weight loss

The joy of movement
Enjoying appropriate, life-enhancing physical activity, rather than following a specific routine of regimented exercise for the primary purpose of weight loss

Health at Every Size Does Not Support

The concept of ideal weight
The indiscriminate use of the standardised 'ideal' weight category as a measure of a person's health status

Deliberate weight loss
Dieting, drugs, programs, products or surgery for the primary purpose of weights loss

Body assumptions and bias
Assumptions that a person's body size, weight or body mass index is evidence of a particular way of eating, physical activity level, personality, psychological state, moral character or health status

Body size oppression
Any form of oppression including exploitation, marginalisation, discrimination, powerlessness, cultural imperialism, harassment or violence against people based on their body image, body size or weight, and any approach to health, eating or exercise, the provision of products, services or amenities which focuses on body weight or perpetuates body size oppression

Developed by Lily O'Hara, 2009, v2

The war on obesity: a social determinant of health

Lily O'Hara and Jane Gregg

Introduction

In Australia we have developed an obsession with body size. The issue of increasing weight in Australia and many other parts of the world has been the subject of intense scientific, political and media attention.[1-6] Weight is now presented to the public as an independent cause of disease and death, and terms such as 'epidemic' and 'obesity' are commonplace. In the 10 years from 1996 to 2005, the number of times the term 'obesity' was mentioned in a newspaper article in Australia or New Zealand increased from 40 to 2,734 (see Figure 1). In 1996, there was one mention every nine days; in 2005 there were 7.5 mentions per day.[7]

Obesity with body fat was once a cultural issue. In recent years, the health sector has increasingly contributed to the cultural definition of the 'ideal' lean body.[6,8] 'Excess' fat is not just undesirable to look at these days; it is routinely described as being bad for your health.[5] The 'war on obesity' is a broad, health-based set of policies and programs designed to problematise 'excess' body fat and create solutions to the 'problem'. The framing of fatness as central to health status is described as the weight-centred health paradigm, the tenets of which are described in Table 1.[9-11]

There is a substantial body of literature that claims to demonstrate the harmful effects of 'excess' body fat. More recent critiques of 'obesity prevention' programs have highlighted the importance of focusing on environmental changes rather than individuals due in part to the risk of harmful consequences associated with individualistic, victim-blaming approaches.[4,12] Beyond this, numerous authors have challenged the evidence on which the current emphasis on 'overweight' and 'obesity' is founded.[10,11,13-16] Furthermore, there are suggestions that the very act of framing body weight as the source of health problems – known as the weight-centred health paradigm – is in itself a harmful approach.[10,17,18] A recent article in the *Californian Journal of Health Promotion* called 'The O Word: Why the Focus on Obesity is Harmful to Community Health', proposed that focusing on fat people is not helping to address the broader social and economic issues that have an impact on health and well-being.[18] The authors discussed strategies to remove the focus on weight and in doing so reduce the harm to individuals and communities.

The editors of the *New England Journal of Medicine* were so concerned about the weight-centred health paradigm that they warned: "Until we have better data about the risks of being

Abstract

Issue addressed: The weight-centred health paradigm is an important contributor to the broader cultural paradigm in which corpulence is eschewed in favour of leanness. The desirability to reduce body fat or weight or to prevent gaining 'excess' fat is driven by both aesthetic and health ideals. The 'war on obesity' is a broad health-based set of policies and programs designed to problematise 'excess' body fat and create solutions to the 'problem'. There is a substantial body of literature that claims to demonstrate the harmful effects of 'excess' body fat. Recent critiques of 'obesity prevention' programs have highlighted the importance of focusing on environmental changes rather than individuals due in part to the risk of harmful consequences associated with individualistic, victim-blaming approaches. Beyond this, there are suggestions that framing body weight as the source of health problems – known as the weight-centred health paradigm – is in itself a harmful approach. The range of harms includes body dissatisfaction, dieting, disordered eating, discrimination and death. Health promotion policies and programs that operate within the weight-centred paradigm have the potential to have a negative impact on the health and well-being of individuals and communities.

Key words: Weight-centred health paradigm, heath at every size paradigm, iatrogenic effects, harm.

*Health Promotion Journal of Australia 2006;**17**:260-3*

So what?

Health promotion practitioners have a responsibility to do no harm to people they work with. The 'war on obesity' is actually a war on fat people, and the casualties from such a war are felt both personally and by the community. Health promotion practitioners working within the weight-centred health paradigm need to be aware of the evidence that demonstrates the harms associated with working in this paradigm. There is a need for a more health-promoting and compassionate approach to people's health that is based on evidence of effectiveness. The 'health at every size' paradigm offers such an alternative.

overweight and the benefits and risks of trying to lose weight, we should remember that the cure for obesity may be worse than the condition."[19]

The first ethical principle that all health professionals must follow is to do no harm.[20] As questions are raised about the consequences of operating within the weight-centred health paradigm it becomes critical to review the literature to ascertain the range of potential harms that may inadvertently result from health promotion efforts designed to improve health through weight management.

Weight-centred health paradigm

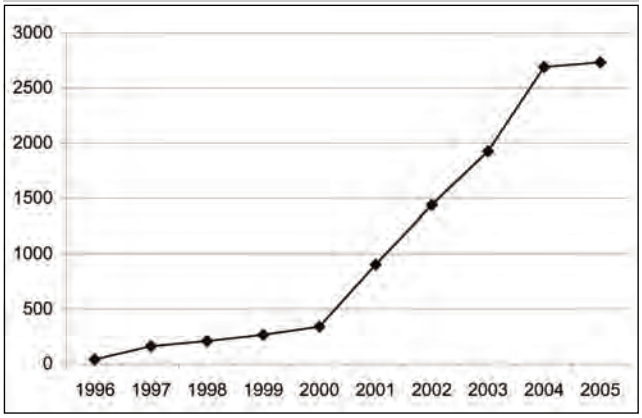
The weight-centred health paradigm, with its focus on acceptable levels of body fat, mirrors precisely the broader social and cultural 'ideals' about body size and shape. The weight-centred health paradigm therefore makes a significant contribution to the broader range of effects that result from focusing on an 'ideal' or 'healthy' body weight. However, there is concern emerging in the literature about the unintended harmful effects of health promotion programs that focus on body weight. The iatrogenic effects include body dissatisfaction, dieting, disordered eating, discrimination and death.[9,21-61]

Numerous studies have demonstrated that obsessing about weight is psychologically harmful.[21,22] Dissatisfaction with one's body is extremely prevalent in Western cultures.[23-26] It is more common for young women to be dissatisfied with their bodies than not, and young men are also expressing higher levels of body dissatisfaction.[27] Children as young as six years of age are expressing unhappiness with the way their body looks.[9] Media messages portraying the lean ideal for men and women are associated with increased body dissatisfaction.[28-33] Body dissatisfaction in adolescents is predictive of a range of unhealthy weight control measures over a five-year period.[34]

As a result of dissatisfaction, the majority of Western women are dieting to lose weight.[35] Most fat women started seriously dieting by 14 years of age.[36] Dieting is a significant cause of mental distraction, and people who are dieting are less able to concentrate or learn effectively.[37]

While dieting may lead to short-term weight loss, over the medium and long term 95% of people regain all the lost weight.[38] Dieting by adolescents and preadolescents is predictive of future weight gain, irrespective of initial body weight.[39,40] Failed diets usually result in higher weights than before the diet, and the consequence of such failure includes significant physical and emotional harm.[38] Weight fluctuation brought about by constant dieting, termed the 'yo-yo syndrome', is associated with higher rates of death from cardiovascular disease than heavier but stable weight.[41]

Figure 1: Number of times 'obesity' was mentioned in Australian and New Zealand newspaper articles, 1996-2005.



The most severe forms of disordered eating such as anorexia nervosa and bulimia nervosa affect between 1% and 3% of the general population respectively, with disproportionate rates among young women.[42] Disordered eating behaviours, including fasting, fad dieting, use of diet pills, diuretics or laxatives, vomiting and smoking for appetite control, are practised by almost 60% of American Year 9 girls and 30% of Year 9 boys.[43] Disordered eating also results in greater weight gain in the long term,[39] as well as an increase in physiological risk factors for disease such as hypertension.[40,41]

Discrimination based on body size is a widespread phenomenon.[44] Evidence of systematic bias against people of higher-than-average body weights has been found in health workers, health promotion practitioners, doctors, nutritionists, coaches, employers, landlords and teachers, and in all settings including hospitals and general practices, workplaces, schools and universities.[44-56]

Deaths resulting from losing and regaining large amounts of weight have been consistently linked with increased mortality rates from cardiovascular disease.[38,57] Deaths from anorexia nervosa are 12 times higher than for any other cause of death for females aged 15-24 years, and 200 times greater than the suicide rate for the general population.[9]

The short-term death rate from gastric bypass surgery is one death in 50-100 surgeries, and from adjustable lap band surgery is one death in 3,000 surgeries. Although there are no long-

Table 1: Tenets of the weight-centred health paradigm.

1. Weight is mostly volitional and within the control of the individual.
2. Weight is caused by a simple imbalance between an individual's energy intake and energy usage.
3. Current health status of the individual can be assessed and future health status can be predicted based on BMI categories.
4. Excess weight causes disease and premature death.
5. Methods for successful and sustained weight loss are well known to science and include focusing specifically on changing eating and physical activity patterns.
6. Losing weight to achieve 'healthy weight' status will result in better health.

term controlled studies of weight loss surgery, there has been an increase in the reporting of nutritional deficiencies that were thought to belong in the past, such as berri berri and its associated permanent neurological damage.[58]

A small but increasing number of young people have been reported as dying from suicide as a direct result of bullying about body size.[59] Adolescents who experience weight-based teasing and harassment are more likely to think about and attempt suicide.[60]

Studies that have examined changes in the prevalence of harms have demonstrated that they have worsened significantly. For example, stigmatisation of 'obesity' by children increased by 41% over the 40-year period between 1961 and 2001.[61]

Health at every size paradigm

'Health at every size' (HAES) is a new paradigm that moves the focus away from weight and towards health for all people, irrespective of their body size or weight. Table 2 describes the tenets of the HAES paradigm.[62]

There is a small body of evidence demonstrating the health benefits of health promotion programs that use the HAES approach. Outcomes from these studies include improvements in the following health indicators: mortality,[63-65] morbidity,[63] physiological factors such as blood pressure and cholesterol levels,[21,63] psychological factors such as self-esteem,[26] depression,[35] body image,[43] and behaviours such as restrained eating[66] and sustained physical activity.[21]

Conclusion

The framing of body weight is one of the most dominant health discourses of our times. This paradigm is part of a broader social and cultural paradigm in which 'excess' body fat is regarded as quite literally a fate worse than death. The literature revealed that the range of harms associated with the problematising of body weight include dissatisfaction, dieting, disordered eating, discrimination, and death. The war on obesity is actually a war on fat people, and the casualties from such a war are felt both personally and by the community. Health promotion policies and programs that operate within the weight-centred paradigm have the potential to have a negative impact on the health and well-being of individuals and communities. There is a need for a more health-promoting and compassionate approach to people's health that is based on evidence of effectiveness. The HAES paradigm offers a viable alternative health promotion approach.

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Table 2: Tenets of the 'Health at every size' paradigm.

Health at every size supports:
1. Health enhancement – attention to emotional, physical, psychological, social and spiritual well-being, without focus on weight loss or achieving a specific 'ideal weight'.
2. Size and self-acceptance – respect and appreciation for the rich diversity of body shapes and sizes (including one's own), rather than the pursuit of an idealised weight or shape.
3. The pleasure of eating well – encouraging eating based on internal cues of hunger, satiety, pleasure, appetite and individual nutritional needs, rather than on external food plans or diets for weight loss.
4. The joy of movement – encouraging appropriate, enjoyable, life-enhancing physical activity, rather than following a specific routine of regimented exercise for the primary purpose of weight loss.
Health at every size does not support:
1. Ideal weight – the indiscriminate use of the standardised 'ideal' weight category as a measure of a person's health status.
2. Weight loss – dieting, drugs, programs, products or surgery for the primary purpose of weight loss.
3. Body assumptions and bias – that a person's body size, weight or body mass index is evidence of a particular way of eating, physical activity level, personality, psychological state, moral character or health status.
4. Body size oppression – any form of oppression including exploitation, marginalisation, discrimination, powerlessness, cultural imperialism, harassment or violence against people based on their body image, body size or weight, and any approach to health, eating or exercise, the provision of products, services or amenities that perpetuates body size oppression.

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Children and Weight: Helping without Harming

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Recent Evidence of Weight Bias and Bullying

- Higher weight children are 65% more likely to be bullied.
- Teens at higher weights or who perceive themselves at higher weights are more at risk for suicide attempts.
- Preadolescent higher weight boys and girls are more likely to be victims of bullying. Other higher weight boys are likely to be bullies.

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Recent Evidence of Weight Bias and Bullying

- Stigmatization of higher weight children has worsened over the past 40 years.
- Negative stereotypes are established in American children by age 8.
- Higher weight children have lower self-esteem and 90% of higher weight children are ashamed of being fat.
- Normal weight youth get more financial support from their parents to go to college.

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Is It Really an Epidemic

- Even with the significant increases over the past 50 years, only about 15% of children between 6 and 19 years old and 10% of children between 2 and 5 years old are considered obese according to current guidelines.
- Prevalence of high BMI in childhood has remained steady for the past decade.

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Problems with Current Guidelines

- American Medical Association Guidelines

  BMI 85th to 95th percentile – overweight

  BMI 95th percentile and above – obese
- Body Mass Index is not a good predictor of body fat, especially in children.
- While children have been growing taller and heavier and maturing earlier for over a century, the growth charts do not reflect these changes.

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Problems with Current Guidelines

- Weight is primarily genetically determined – bone structure, musculature, number of fat cells.
- Children's weights are distributed according to a symmetrical bell-shaped curve (normal distribution), most being average weight, fewer weighing below or above average.
- Even though children may be growing above or below the average, their growth may be quite normal.

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Problems with Current Guidelines

- “Despite all the exposure, the messages are still wrong. In truth, a child growing at the upper percentile is highly likely to be just fine. What is critical is how consistent his growth has been over time. At all times, a child’s growth must be interpreted in the context of that child’s own history. It cannot be interpreted on the basis of an arbitrary cutoff.”

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Do High Weight Children Become High Weight Adults?

- A review of 17 studies showed that 75% of infants and toddlers, 60-70% of preschoolers and 50-60% of school-age children slim down by the time they reach adulthood.
- Only 5-20% of high weight adults were at high weights as children.
- A substantial proportion of children under age 12 or 13, even with BMIs >95th percentile will not become high weight adults.

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How Does Weight Relate to Health?

- When high weight persisted into adulthood, there was no greater incidence in hypertension, hyperlipidemia, fasting insulin than in average weight adults.
- According to the CDC, type ll diabetes is still rare in childhood.
- Latest research from England showed no increase in children suffering from longstanding illnesses, including type ll diabetes.

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How Does Weight Relate to Health?

- Most weight and mortality studies since the 1950's find weight to be irrelevant to mortality except perhaps at the extremes of the bell-shaped curve.
- When fitness is taken into consideration, fatness has little bearing on mortality for men and women.

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How Does Weight Relate to Health?

- As the weight of the population has increased over the past 50 years, mortality from heart disease and cancer has consistently declined.
- A large meta-analysis of the literature showed that BMI is a very poor predictor of cardiovascular disease.
- Large store of genetically determined, subcutaneous fat is associated with health benefits – lower risk of heart disease and type II diabetes.

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How Does Weight Relate to Health?

- Many studies have shown an inverse relationship between fatness and cancer deaths.
- A consistent finding is the apparent protective effect of fatness on lung and premenopausal breast cancer.

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How Does Weight Relate to Health?

- Changes in diet and physical activity have resulted in health improvement (lower blood glucose, lower blood lipids, lower blood pressure) with no or little weight loss.

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What About Weight Loss?

- 15 out of 17 epidemiological studies published from 1983-1993 – weight loss associated with a greater risk of premature death by up to 260%....most likely due to weight cycling - associated with much greater risk of cardiovascular disease
- A very recent study – weight loss of 15% or more associated with increased risk of death from all causes for men and women

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Does a Weight Based Approach Make Sense?

- At best, the research shows a weak association between children's dietary and exercise habits and their weight.
- In other words, if all children were eating healthfully and being physically active, there would still be a wide variety of weights…..some children being naturally fatter, some naturally thinner.

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How a Weight Based Approach is Harmful

- Contributes to body dissatisfaction, dieting, low self-esteem and weight bias among children and adolescents.
- Dieting leads to weight gain in preadolescents and adolescents as it does in adults.

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- References found in Academy of Eating Disorders Guidelines for Childhood Obesity Prevention Programs http://aedweb.org/media/Guidelines.cfm
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How a Weight Based Approach is Harmful

- Children who are deprived of certain foods are more likely to overeat these foods when they have the opportunity, and treat-deprived children end up heavier.
- Additional attention on high weight children causes them to doubt their physical prowess and be less likely to participate in physical activity and sports.

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How a Weight Based Approach is Harmful

- Almost all children and adolescents at higher weights have already developed poor body image, low self-esteem and a fear of food….and are more likely to have disordered eating, greater levels of emotional distress and lower expectations of their educational futures.
- In contrast, a school-based intervention that focused on healthy eating and activity patterns rather than weight showed lower rates of disordered eating.

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How a Weight Based Approach is Harmful

- Puts average weight and thin children at risk by potentially ignoring their eating and physical activity patterns
- Assumes that weight loss is necessary for improved health

Important Points

- Stigmatization and bullying of high weight children is significant and worsening.
- Weight is mostly genetically determined and distributed according to a symmetrical bell-shaped curve.
- The prevalence of high weight children has been exaggerated.
- Weight always needs to be looked at in the context of a child's weight history...being at a high weight can be normal and healthy.

Important Points

- Health is primarily related to genetics and lifestyle, not weight.
- A weight focused approach leads to unhealthy behaviors – overeating, decreased physical activity.
- A weight focused approach increases stigmatization of higher weight children and is harmful to their physical, social and psychological well-being.

Some New Definitions

- Healthy or natural weight – weight at which the body stabilizes when an individual is eating according to his/her needs and is moderately active
- Overweight – above healthy or natural weight

Health Promotion vs Obesity Prevention – First Step

- Help children to accept and value themselves and others regardless of differences in body shape and size.
- Children with positive self images are more likely to eat well and have healthy lifestyles regardless of their weight.

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Health Promotion vs Obesity Prevention - Second Step

- Nutrition focus in all settings should be helping children to explore a wide variety of foods and tune in to their internal cues to guide what and how much they eat (intuitive eating).
- Children who eat this way are less likely to eat due to external or emotional cues… less likely to overeat as a result of advertising or outside pressures.

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Health Promotion vs Obesity Prevention - Third Step

- Physical activity should be promoted for the purpose of “moving the body, not changing the body”.
- Physical activity for weight loss usually creates exercise resistance.
- Singling out high weight children to engage in physical activity can increase stigmatization and reduce likelihood of participation.

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Guidelines

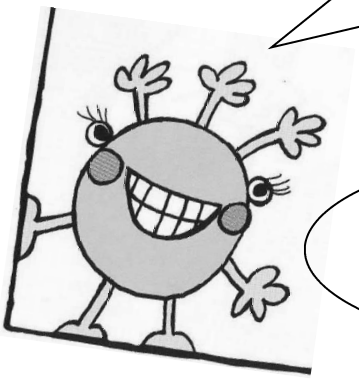
- Academy of Eating Disorders
  Academy of Eating Disorders Guidelines for Childhood Obesity Prevention Programs http://aedweb.org/media/Guidelines.cfm
- Society for Nutrition Education
  Guidelines for Childhood Obesity Prevention Programs: Promoting Healthy Weight in Children
  sne.org Positions and Resolutions

Chancellor State College - Year 3

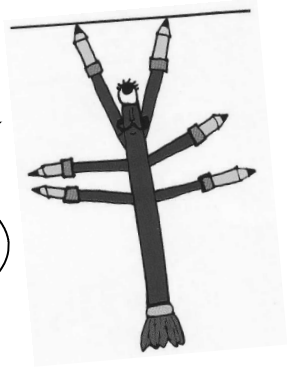
How can I be the best I can be?

Embedding the Health at Every Size Principles

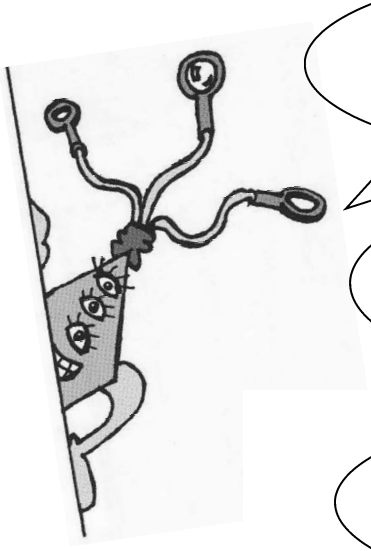
In Year 3 it doesn't matter what size, shape, or colour you are, because here everyone is a star! Whether you are large, medium, or small, very short or extremely tall, come one, come all, and join us friend we'll have a ball, and in the end, you might even learn a thing or two about liking yourself because you are you!



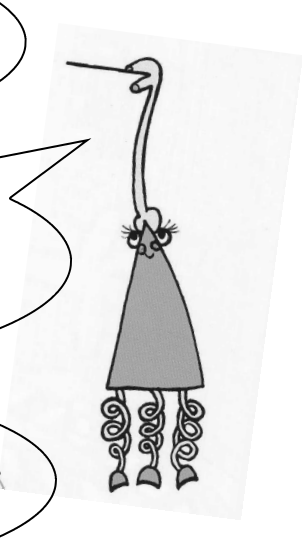
What does it mean to be me?



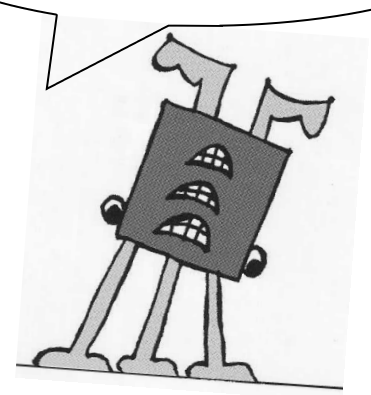
What movin' makes me feel good?



What can food do for me?



How can we appreciate EVERYBODY?



Chancellor State College

Investigating our...

Personal World

How can I be the best I can be?

An integrated studies unit designed for **Year 3**

Compiled Design by Jan Fuller, Therese Otago, Terri O'Sullivan,
Paul Clynick, Helene Barbour with Karen Shelley and Trevor Durbidge
Chancellor State College

Last updated: September 2008

In Year 3 it doesn't matter what size, shape, or colour you are, because here everyone is a star! Whether you are large, medium, or small, very short or extremely tall, come one, come all, and join us friend we'll have a ball, and in the end you might even learn a thing or two, about liking yourself because you are you!
Come join the characters of 'SHaPEsViLLe' to discover what is great about being you, about how to take care of your body, love it and have fun. Let Robbie, Cindy, Tracy, Sam and Daisy show you how happy and healthy your shape can be, to eat well, stay active, love others and be the best that YOU can be!

Focus investigations:

Foundation

- **What does it mean to be me?**

Core

- **What movin' makes me feel good?**
- **What can food do for me?**
- **How can we appreciate EVERYBODY?**

Extension

- **What if?**
- **What would happen if?**

We will present our new learning through:

Key Assessment Tasks: (See more details in following pages)

Reflection Journal

HPE + ENGLISH

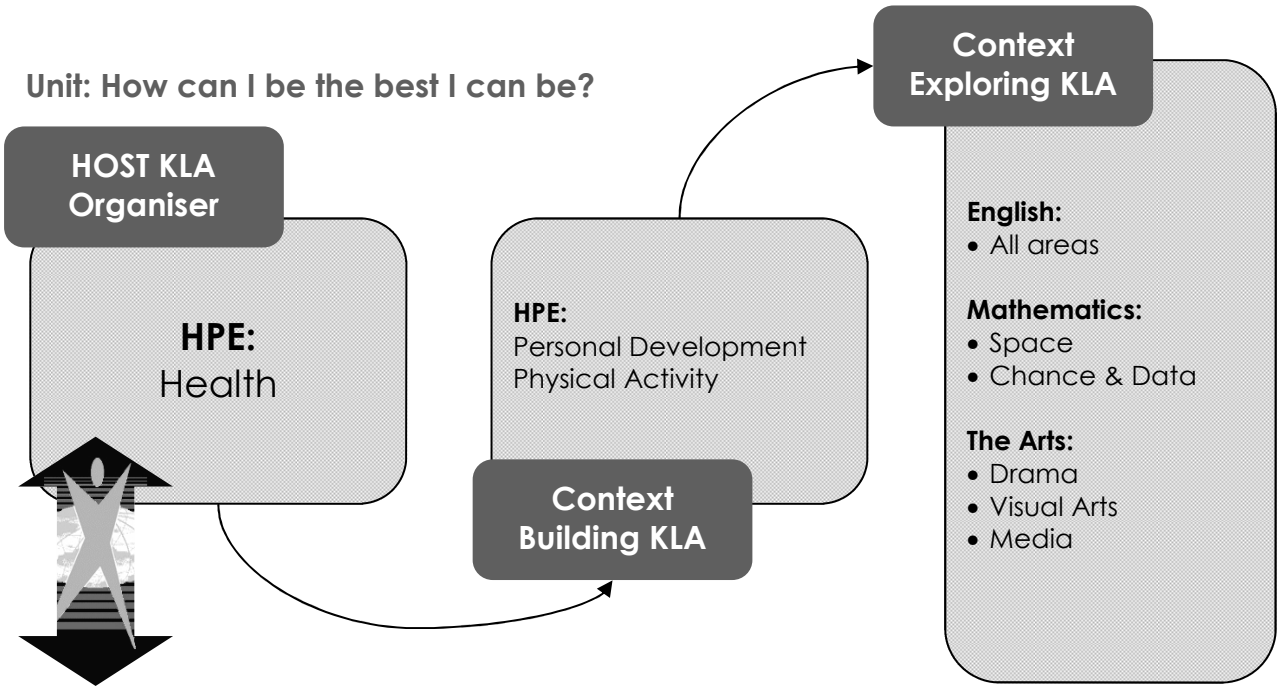
Poetry Anthology

ENGLISH + HPE

How this unit links to the syllabus

Essential Learnings by the end of **Year 3**

Unit: How can I be the best I can be?



The *Ways of Working* we will follow for this **HEALTH inquiry**:

- pose questions and plan simple activities and investigations
- identify and collect information and evidence
- draw conclusions and make decisions
- propose and take action to promote health and wellbeing, movement capacities and personal development
- apply fundamental movement skills when participating in physical activities
- create and sequence simple movement patterns in response to stimuli
- apply personal development skills when interacting with others
- follow guidelines to apply safe practices
- reflect on and identify how behaviours, skills and actions influence health and wellbeing, movement capacities and personal development.
- reflect on learning to identify new understandings.

At Chancellor we ask ourselves:

What does the question - *"How can I be the best that I can be?"* mean to me?

What do I need to know?

How will I tackle this investigation?

What information do I need?

Where will I get it from?

Is this 'good' information?

What can I get from this information?

How will I communicate what I now know?

How should I take action?

How can I influence others?

How do I 'feel' about this topic now?

What is the 'answer' to our investigation?

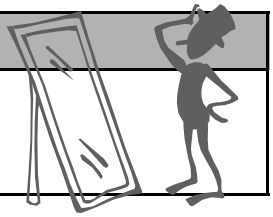
How can I be the best I can be?

Context Building - **Links to Knowledge & Understanding ELs from SOSE, Science & HPE**

Focus Investigation One: What does it mean to be me?

Investigate our own personal identity and the roles we play in the different aspects of our lives.

We will investigate:



- Who am I?
- What are my traits?
- What are my qualities?
- What are my smarts?
- How am I feeling?
- How do I manage my feelings?
- Who am I like?
- What am I?

We will investigate through:

- Discussion.
- Surveys/checklists. (Micy Checklist)
- Self reflection.
- Books, DVD programs, Internet sites.
- Guided and modelled reading activities.
- Note taking and note making from all source medium.
- Cloze activities and comprehension.
- Interviewing parents.

We will show our learning through:

- Discussion & Brainstorming.
- Mind maps. (Linking understandings)
- Written responses. (Notes and slips)
- DATA - tables.
- Role play.
- Drawings.
- **Reflection (See Key Assessment Task details)**
- **Poetry (See Key Assessment Task details)**

KLA	CODE	Essential Learnings covered:
HPE	PD3.1	Identity is shaped by personal characteristics and experiences e.g. gaining satisfaction from completing a task; having a sense of belonging from being a part of a group or team.
HPE	HE3.1	The dimensions of health include physical (relating to the body), social (relating to relationships) and emotional (relating to feelings) e.g. working cooperatively with peers in active recreational pursuits can improve relationships and physical health and make people feel contented.

Focus Investigation Two: What movin' makes me feel good?

Investigate the joy of movement and involvement in physical activity.

We will investigate:

- What do we mean by physical activity?
- Activity, more than just physical?
- What physical activities are out there?
- How does movin' make me feel?
- Why do we need to be active?
- How much movin am I doing?

We will investigate through:

- Discussion.
- Sorting and collating.
- Measuring and recording. (Heart rate)
- Physical activity.
- Home based questionnaire.
- Books, DVD programs, Newspapers, Internet sites.
- Guided and modelled reading activities.
- Note taking and note making from all source medium.

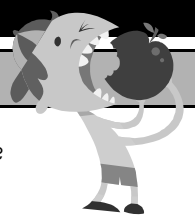
We will show our learning through:

- Discussion and brainstorming.
- Written lists and mind maps. (Linking understandings)
- DATA - tables.
- Art works.
- Written responses.
- Sorting and collating.
- Active participation.
- **Reflection (See Key Assessment Task details)**
- **Poetry (See Key Assessment Task details)**

KLA	CODE	Essential Learnings covered:
HPE	PA3.3	Regular participation in physical activity develops movement capacity and promotes health and wellbeing e.g. playing games every day helps develop movement skills for an active life, have fun with peers and develop confidence.
HPE	PD3.3	Everyday experiences and relationships give rise to different emotions in self and others e.g. having friends can foster happiness; feeling left out can cause sadness.

Focus Investigation Three: What can food do for me?

Investigate the value, joys and pleasures of healthy eating.



We will investigate:

- What are the food groups?
- Why do we need food?
- What is Variety, Balance and Moderation?
- What guides my eating?
- How do I honour the gift of food?
- Why are fruit and veggies so important?
- What influences my food choices?
- How can I be a healthy eater?

We will investigate through:

- Discussion.
- Self reflection.
- Sorting and collating.
- Sensory activities.
- Books, DVD programs, Internet sites.
- Guided and modelled reading activities.
- Note taking and note making from all source medium.
- Cloze activities and comprehension.

We will show our learning through:

- Discussion & brainstorm.
- Mind maps. (Linking understandings)
- Written responses. (Notes and slips)
- DATA - tables.
- Art works.
- Collations.
- **Reflection (See Key Assessment Task details)**
- **Poetry (See Key Assessment Task details)**

KLA	CODE	Essential Learnings covered:
HPE	HE3.4	A selection of foods from the five food groups is necessary to support growth, energy needs, physical activity and health and wellbeing e.g. eating a variety of fresh foods every day, as suggested in the Australian Guide to Healthy Eating, can promote healthy teeth and bone growth, and boost energy.
HPE	HE3.2	Health behaviours and choices are influenced by personal factors, people and environments e.g. personal likes and dislikes, and family, influence what people eat and when; community facilities and geographic location influence the types of activities that people participate in.

Focus Investigation Four: How can we appreciate EVERYBODY?

Investigate how we can value and enjoy the 'company' of everybody.

We will investigate:

- Who are you?
- How can we value our differences?
- Are we being stereotyped?
- What is a friend?
- How do we talk to each other?
- How should I talk to myself?
- Who do I admire?

We will investigate through:

- Discussion.
- Self reflection.
- Role play.
- Song lyrics and singing.
- Books, DVD programs, Internet sites.
- Guided and modelled reading activities.
- Note taking and note making from all source medium.
- Cloze activities and comprehension.

We will show our learning through:

- Discussion & brainstorm.
- Mind maps. (Linking understandings)
- Written responses. (Notes and slips)
- Speaking activities.
- Role play.
- Art works.
- **Reflection (See Key Assessment Task details)**
- **Poetry (See Key Assessment Task details)**

KLA	CODE	Essential Learnings covered:
HPE	HE3.1	The dimensions of health include physical (relating to the body), social (relating to relationships) and emotional (relating to feelings) e.g. working cooperatively with peers in active recreational pursuits can improve relationships and physical health and make people feel contented.
HPE	HE3.2	Health behaviours and choices are influenced by personal factors, people and environments e.g. personal likes and dislikes, and family, influence what people eat and when; community facilities and geographic location influence the types of activities that people participate in.
HPE	PD3.2	Establishing and maintaining relationships involves effective communication, being considerate of others and respecting differences e.g. listening, sharing and showing concern, being kind and patient, and respecting rules, customs and traditions, help people to get along with peers.
HPE	PD3.3	Everyday experiences and relationships give rise to different emotions in self and others e.g. having friends can foster happiness; feeling left out can cause sadness.

Extension Investigations:

What if? What would happen if?

Exploring the Context through: **ENGLISH**

Ways of Working:

WE3.1	identify audience, purpose and text type
WE3.2	identify main ideas and the sequence of events, and make simple inferences
WE3.3	recognise and select vocabulary to describe subject matter
WE3.4	interpret how people, characters, places, events and things have been represented
WE3.5	construct simple literary and non-literary texts by planning and by using prior knowledge and experience to match an audience and purpose
WE3.6	make judgments and justify opinions about their enjoyment and appreciation of texts using personal knowledge, experiences and direct references to the texts
WE3.7	reflect on and identify how language elements in texts represent people, characters, places, events and things in similar and different ways
WE3.8	reflect on learning to identify new understandings.

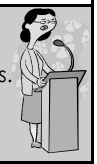
We will *Construct Texts*:

Writing & Designing:

YEAR 3: Writing and designing involve using language elements to construct literary and non-literary texts for familiar contexts.

Purpose	Audience	Context Subject Matter	Text Structure	Teaching Strategies & Language Elements
Entertain	Peer & Adult	Health/ unit contexts	Poetry forms	Poetry form structures, Planning and editing, Vivid vocab choice, Dictionary and thesaurus use, Punctuation.
Reflect/ Recount	Self & Teacher	Health/ unit contexts	Reflection Journal	Fluency and meaning.

Speaking:



YEAR 3: Speaking involves using oral and gestural elements to construct texts that achieve purposes in familiar contexts.

Purpose	Audience	Context Subject Matter	Text Structure	Teaching Strategies & Language Elements
Inform	Class peers	Health/ unit contexts	Answers & responses	Fluency and meaning.
Socialise & Describe	Class peers	Personal introduction	Structured introduction	Energy and warmth in delivery.

We will *Interpret and Appreciate Texts*:

Reading & Viewing:

YEAR 3: Reading and viewing involve using a range of strategies to interpret and appreciate written, visual and multimodal texts in familiar contexts.

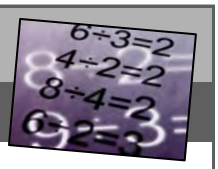
Text	Subject Matter	Text Structure	Teaching Strategies & Language Elements
Literary—'SHaPEsViLLe'	Health - junior fiction	Descriptive rhymed verse	Poetry style, repeated words for cohesion, Alliteration, Pronouns, Proper nouns, Adjectives, Contractions, 'SH' words, 'color', punctuation - (comma, ! , …)
Literary - Various JF	Health - junior fiction	Various - Literary	Various.
Non Literary	Health - junior fiction	Books, DVD, Posters	Reading to learn strategies.

Listening:

YEAR 3: Listening involve using aural elements to interpret texts that achieve purposes in familiar contexts.

Text	Subject Matter	Text Structure	Teaching Strategies & Language Elements
Guest speaker	Health context	Informal recount	Listening to learn strategies.

Exploring the Context through: **MATHEMATICS**



Ways of Working:

WM3.1	identify mathematics in everyday situations
WM3.2	pose basic mathematical questions and identify simple strategies to investigate solutions
WM3.3	plan activities and investigations to explore mathematical concepts, questions, issues and problems in familiar situations
WM3.4	use everyday and mathematical language, mental computations, representations and technology to generate solutions and check for reasonableness of the solution
WM3.5	make statements and decisions based on interpretations of mathematical concepts in familiar everyday situations
WM3.6	evaluate their own thinking and reasoning, giving consideration to how mathematical ideas have been applied
WM3.7	communicate thinking and reasoning, using everyday and mathematical language, concrete materials, visual representations, and technologies
WM3.8	reflect on and identify the contribution of mathematics to everyday situations
WM3.9	reflect on learning to identify new understandings.

Knowledge & Understandings:

Chance and Data **Chance events can be explored using predictions and statements. Data can be collected, organised and explored.**	
CD3.2	Data can be collected using simple surveys and observations to respond to questions e.g. survey students in class for favourite television program.
CD3.3	Data can be organised in lists, tables, picture graphs and bar graphs e.g. construct a bar graph of distribution of eye colour of students in the class.

- Cereal & toothpaste home surveys.
- Tally and graph physical activity interests.
- Tally and graph food type favourites.
- Tally and graph distribution of eye colour.
- Food diary - tally food group distribution.
- Various Lists.

Space **Geometric properties can be used to describe, sort and explore 2D shapes and 3D objects. Maps and plans provide information about an environment.**	
S3.1	Geometric names and properties are used to sort, describe and construct common 2D shapes, including squares, rectangles, triangles and circles, and 3D objects, including prisms, pyramids, cones, cylinders and spheres e.g. 3D objects can be created using modelling material; pinwheels, paper planes and flowers can be created by folding and cutting paper.
S3.2	Flips, slides and turns are particular ways of moving shapes to explore symmetry e.g. complete simple visual puzzles; create repeat patterns.

- 2D shapes - describe and construct SHAPESVILLE shapes. Extend these shapes to 3D variations.
- Use shapes for repeated patterning and art works.
- Symmetry.

Exploring the Context through: THE ARTS

Ways of Working:

WA3.1	select ideas for arts works, considering particular audiences and particular purposes, using arts elements and languages
WSA3.2	create and shape arts works by combining arts elements to express personal ideas, feelings and experiences
WSA3.3	practise arts works, using interpretive and technical skills
WSA3.3	present arts works to familiar audiences, using arts techniques, skills and processes
WSA3.4	follow guidelines to apply safe practices
WSA3.5	respond to arts works and describe initial impressions and personal interpretations, using arts elements and languages
WSA3.6	reflect on learning to identify new understandings.

Knowledge & Understandings:

Visual Art

Visual Art involves using visual arts elements, concepts, processes and forms (both 2D and 3D) to express ideas, considering particular audiences and particular purposes, through images and objects.

VA3.1	Warm (red, orange, yellow) and cool (blue, green, purple) colour schemes, and mixed and complementary colours, are used to create tone and variation e.g. using cool colours to suggest calm in a paper and glue sculpture about dreams and sleep.
VA3.2	Line is used to suggest movement and direction e.g. using heavy, straight lines to suggest the swiftness of a cheetah running or soft, squiggly lines to suggest the slowness of a flowing river.
VA3.3	Regular, irregular, open, enclosed, overlapped and adjacent shapes are used to create categories and position e.g. using a variety of rectangular shapes together in a painting to represent buildings in a town.
VA3.4	Texture is used to create variation and repetition e.g. using rough and smooth fabrics and paper to create different surfaces in a collage.

Media

Media involves constructing meaning by using media languages and technologies to express representations, considering particular audiences and particular purposes.

ME3.1	Still and moving images, sounds and words are used in media texts e.g. using still and moving images, sounds and words in a television advertisement.
ME3.3	Representations in media texts can be either real or imagined, and are created for particular audiences and purposes e.g. using animal characters in sketches and drawings for a children's film on road safety.

Drama

Drama involves using dramatic elements and conventions to express ideas, considering particular audiences and particular purposes, through dramatic action based on real or imagined events.

DR3.1	Role can be established using movement, voice, performance space, cues and turn-taking e.g. pretending to be someone else within a given or original story.
DR3.2	Purpose and context are used to shape roles, language, place and space to express ideas e.g. pretending to be a ringmaster within a circus scene.
DR3.3	Dramatic action is structured by being in role and building storydramas e.g. developing a beach story with different characters, such as surfers, lifeguards, swimmers, joggers and sharks.

Explicit teaching focus within **ICT (Cross Curriculum Priority)**

- Using digital camera & software to create 'Andy Warhol inspired' art piece of same child represented via 6 different emotional facial expressions.

INQUIRING WITH ICT:	
	experiment with different ICTs and select and use ICTs appropriate to the inquiry
	conduct structured searches for data and information from a limited range of sources
	organise data and information
	evaluate the data and information gathered for usefulness and credibility
	reflect on how ICTs have assisted in meeting the inquiry purposes and in developing new understandings.

CREATING WITH ICT:	
	represent ideas, information and thinking
	develop imaginative responses
	record evidence of their learning
	reflect on their use of ICTs as a creative tool and identify how their responses could be improved.

COMMUNICATING WITH ICT:	
	share and communicate ideas, understandings and responses
	consider how ICTs can be used to communicate different meanings in different situations
	apply basic communication conventions
	apply digital media to communicate
	recognise some elements of image and identity in communication
	reflect on their use of ICTs and identify ways to improve their collaboration and enhance their communication.

ETHICS & ISSUES WITH ICT:	
	develop and apply basic protocols and practices for safe, secure and responsible use of ICTs
	examine values and identify issues and practices for using ICTs in a safe and responsible manner
	identify and acknowledge the owner(s)/creator(s) of digital information sources
	apply basic preventative strategies to address health and safety issues when using ICTs
	follow guidelines for personal safety and information security practices when using ICTs
	reflect on how ICTs are used in the community and identify their impact.

OPERATING ICT:	
	follow guidelines to use ICTs and associated processes
	explore ways to work with and manage personal ICT resources and files
	apply basic formatting features when using ICTs
	describe common ICT devices using familiar ICT terminology
	use strategies to seek help when using ICTs
	reflect on their operation of ICTs and identify what worked well and what did not.

Key Assessment Task 1: 'Reflection Journal'

The Context: An important part of the process of real learning and embedment of new learnt concepts into our life practices is taking the time to personally reflect on current practices and one's views about new learning.
Student Role: Student - year 3.
Task Purpose: Present a collation of regular personal reflection entries into a 'Reflection Journal'.
Task Audience: Teacher and student.

Implementation details:
The following is a list of pre-determined points of reflection that support many of the underpinning concepts covered in this unit of work.
Teacher can draw from this list or let the focus of reflection be dictated by specific circumstances of the classroom. Some individual student free choice would be appropriate at times also.
A minimum of 3 daily reflections should be made each week of the unit.

Explicit teaching:

- Exposure and explicit text deconstruction via the reading of professionally published journals.
- Deconstruction of task audience and purpose.
- Deconstruction of text type - text level - to sentence - to word level.
- Explicit teaching of common text features. (Sentence variation, punctuation)
- Explicit teaching of writing processes. (Writing without planning, Writing and editing for meaning and accuracy)
- Modelled text creation.
- Co-constructed and partly co-constructed texts.
- Independence.

- **I felt my happiest this week when I was …….**
- **My favourite home cooked meal this week was…..**
- **Something new I found out about this week was….**
- **Something new I tried this week was…..**
- **Something I did that made someone else feel good this week was……**

Suggested task implementation considerations and differentiations:

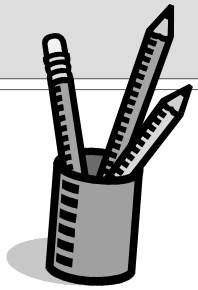
General:

- Negotiated and individualised points of reflection recommended at some times.

We differentiate learning through -
Content - Context - Processes - Products - Environment!!

Significant Support: →	Support and Implement: →	Support and Extend:
Could: • Diagrams such as cartoon type with speech bubbles may be appropriate. • Abbreviated sentences may be appropriate. • Increased scaffold/ supervision. • Decreased word count may be appropriate. • Oral reflection may be appropriate to support written notes.	**Could:** • Start with reflection stems. (above or given)	**Could:** • Expect greater written elaboration and thoughtfulness of reflection. • Perhaps, for some entries allow students to keep a video diary instead of written.

Key Assessment Task 2: 'Poetry Anthology'



The Context: The main integrative device of this unit is the rhymed verse junior fiction book 'SHaPEsViLLe'. To follow on from this text study, we will be writing using various simple, explicit poetry forms.
Student Role: Student - year 3.
Task Purpose: Entertain. Content of poetry drawn from unit health context.
Task Audience: Teacher and student.

Implementation details:
Each poetry form chosen for writing will be scaffolded via the explicit teaching process indicated below. Over the term, it is expected that a minimum of 4 poetry forms will be used to create 'published' pieces collated on coloured card and bound.

Explicit teaching:
- Exposure and explicit text deconstruction via the reading of professionally published poetry.
- Deconstruction of task audience and purpose.
- Deconstruction of each poetry form - text level - to stanza - line - to word level.
- Explicit teaching of common text features. (Vocab choices, punctuation)
- Explicit teaching of writing processes. (Planning, drafting and editing)
- Dictionary and thesaurus lessons.
- Modelled text creation.
- Co-constructed and partly co-constructed texts.
- Independence.

See attached examples of recommended poetry forms.

Suggested task implementation considerations and differentiations:

General:
- Emphasis on sensory awareness.

We differentiate learning through -
Content - Context - Processes - Products - Environment!!

Significant Support: →	Support and Implement: →	Support and Extend:
Could: • Reduced number of poems submitted to the anthology. • May repeat use of a smaller number of poetry forms. • Endeavour to have students write about provided 'hands on' experiences. • Greater level of adult support.	**Could:** •	**Could:** • Greater level of independence over the content of each poetry form. • May negotiate innovations to poetry form. • May extend the creative product of the written anthology with additional art pieces.

I Don't Understand...:

Begin the poem with "I don't understand"

List three things you do not understand about the world or people. Name the thing you do not understand most of all. End the poem with an example of something you DO understand.

Student Example:

I DON'T UNDERSTAND...

I don't understand
why people dislike me
why people can't get along
why dogs are colour-blind and cats aren't

But most of all
why people are prejudiced
why people must move away
why people argue over stupid stuff
why there is wars

What I understand most is
why trees grow
why birds chirp
why the suns shines
why the car goes.

Three Word Forms:

Each line of this form is made up of three words. The last two words become the first two words in the next line. In the poem, there will be a progress of images and a story will be told.

Student Examples:

MORNINGS

sleep, alarm, awake
alarm, awake, shower
awake, shower, clothes
shower, clothes, shoes
clothes, shoes, dog
shoes, dog, run
dog, run, breakfast
run, breakfast, sunrise
breakfast, sunrise, car
sunrise, car, work.

ball, snap, run
snap, run, tackle
run, tackle, sack
tackle, sack, pass
sack, pass, catch
pass, catch, 1st down
catch, 1st down, touchdown.

I Am...(version #1):

Below are line-by-line directions for writing this kind of poem:

Line
#1. I am
#2. Three nouns about which you have strong feelings. Begin each with a capital letter.
#3. A complete sentence about two things that you like.
#4. Three nouns that describe what you like to see in other people; end with "are important to me."
Capitalize each noun.
#5. A sentence containing a positive thought or feeling. It can tell what you find acceptable in yourself.
#6.-#7. Sentence in which you show something negative in yourself or others, however the sentence must end by showing that out of something BAD can come GOOD. Use the word "but" to link the bad and good.
#8.-#9.-#10. Each line is a short sentence relating something about which you have strong feelings--likes or dislikes. They do not have to relate to each other or to the previous lines you have written.
#11. End with "This is me" or "I am."

Student Examples:

I am
Life, Hope, Living
I care very much about the world and life on it.
Honesty is important to me.
Optimism is important to me.
Unselfishness is important to me.
Hospitality is a good thing.
Meanness is bad, but can be good to get people
off your back.
The world is getting weaker.
The longer the days the more beautiful they are.
People are too negative.
I am.

I Am...(version #2)*:

Below is the line-by-line set-up for this version of the "I Am..." poem:

1st Stanza

I am (two special characteristics you have)
I wonder (something you are actually curious about)
I hear (an imaginary sound)
I see (an imaginary sight)
I want (an actual desire)
I am (the first line of the poem is repeated)

Stanza 2

I pretend (something you really pretend to do)
I feel (a feeling about something imaginary)
I touch (something you imagine you touch)
I worry (a worry that is real to you)
I cry (something that makes you very sad)
I am (the first line of the poem is repeated)

Stanza 3

I understand (something you know is true)
I say (something you believe in)
I dream (a dream you actually have)
I try (something you make an effort to do)
I hope (something you really hope for)
I am (the first line of the poem is repeated)

Student Example:

I AM

I am the wine and the future
I wonder how many ripples I will have to swim
I hear the trickle of time in a bitter bottle
I see the translucent red drain from the wine
I want the sweet satin liquid to stain my tongue
I am the wine and the future.

I pretend to entertain the glowing embers
I feel the dew that sours the grapes
I touch the vine that grows new life
I worry the drunkard may speak the truth
I cry the dewdrop tears on the winery walls
I am the wine and the future.

I understand the dust on the bottle
I say it only makes it sweeter with time
I dream the sponge cork may never be replaced by lips
I try to glimmer the crack in my glass container
I hope the sun-faded label never creases for lost identity
I am the wine and the future.

Emotions and Actions:

Sometimes it is hard to put your emotions and feelings on paper. The following patterns for poems are designed to allow you to get used to putting your emotions into writing.

Line #1: What if _____
Line #2: I might _____
(leave a space between lines 2 & 3)
Line #3: What if _____
Line #4: I could _____
(leave a space between lines 4 & 5)
Line #5: What if _____
Line #6: I would_____
(leave a space between lines 6 & 7)
Line #7: Ask a question.

Line #1: When I _____ (describe an action)
Line #2: _____ (describe where action takes place)
Line #3: (Write 2 to 3 words that describe how you feel)
Line #4: I wish I could_____ (describe an action)
Line #5: (Tell the reason why)

Title: EMOTION
Line #1: I _____ (describe what you did to show how you were feeling)
Line #2: (Write 3 words that describe how you felt)
Line #3: (Make a statement or ask a question with regard to what is written in the first two lines)

Line #1: If I could be _____
Line #2: I'd _____ (describe what you would do)
Line #3: _____ (describe how you would do it)
Line #4: _____ (describe where you would do it)
Line #5: (Exclamation that shows how you would feel)

Just Because...:

Just Because... poems ask you to describe yourself in the first line of the poem. The next three lines in each stanza tell what you are NOT. The final line restates the first line and adds a tag directing the reader to do something.

Student Examples:

Just because I'm scared
Don't laugh and giggle behind my head
Don't kid and play when I'm not there
Still ask me because I might play
Just because I'm scared
It doesn't mean I can't do it
It doesn't give you the right to talk about me
It doesn't stop me from having fun
Just because I'm scared
Still tell me everything you did
Can't wait until I get big
Just because I'm scared -- please try to be my friend

Just because I'm an only child
I'm not a freak
I'm not shy
Just because I'm an only child
I'm not lonely
I'm not selfish
I'm not spoiled
Just because I'm an only child
I know I'm not perfect
I can't always be the best friend
I'm not a nerd
Just because I'm an only child -- let me be me.

Chancellor State College Year 3 Unit: *How can I be the best that I can be?*

Key Assessment Task: Guide for teacher judgement:

Student Name: _____

Assessable Element	**English: Poetry Anthology**		**A**	**C**	**E**
Constructing Texts	**AE:** use of language elements and text types in literary texts to suit audience and purpose		Discerning & controlled	Appropriate & competent	Rudimentary
	WOW: construct simple literary texts by planning and by using prior knowledge and experience to match an audience and purpose	**Writes fitting to specific poetry form**	Consistently & correctly	Generally, may be 1-2 errors	
		Planning and Editing	Thorough planning evident. Regularly, independently edits and innovates own ideas to improve style and meaning.	Planning evident. Some edits for meaning and style	No planning or editing evidence
	WOW: recognise and select vocabulary to describe subject matter	**Uses dictionary and thesaurus**	Regularly, independently	Some use	
		Describes subject matter by language choices that are vivid, colourful, creative, divergent, unique, descriptive, emotive, personal	Consistently & effectively	Generally	

Teacher Comments:

Overall Grading: **A** **B** **C** **D** **E**

Chancellor State College Year 3 Unit: *How can I be the best that I can be?*

OVERALL UNIT GRADE for HPE : Guide for teacher judgement:

Student Name: _____

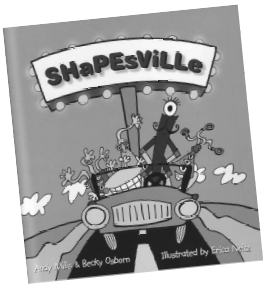
Assessable Elements	**Health & Physical Education:**		**A**	**C**	**E**
Knowledge & Understanding	AE: knowledge and understanding of:		Comprehensive	Satisfactory	Rudimentary
		Who they are, their unique and valued qualities and traits			
		The importance of active living			
		The virtue of healthy and pleasurable eating			
		The importance of positive relationships and the value of individual diversity			
Investigating	AE: identification of questions and issues to plan and conduct investigations		Insightful	Competent	Minimal
	WOW: identify and collect information and evidence	**Ability to listen, read and view various texts for learning and gather required information**			
	AE: analysis and evaluation of information and evidence to communicate well-reasoned conclusions and decisions		Insightful	Relevant	Cursory
	WOW: draw conclusions and make decisions	**Ability to make connections between personally held health beliefs and new learnt facts and processes**			
Planning	AE: proposals that promote movement capacities, health and wellbeing and personal development		Significant & Well justified	Relevant & justified	Cursory
	WOW: propose and take action to promote health and wellbeing, movement capacities and personal development	**Ability to use new learning to recommend personal actions that should be taken to promote health and wellbeing**			
Implementing and applying	AE: application of concepts and skills		Skilful	Competent	Minimal
	WOW: apply personal development skills when interacting with others	**Personal skills to promote positive relationships with peers**			
Reflecting	AE: reflection on influencing factors, actions and learning		Perceptive	Relevant	Cursory
	WOW: reflect on and identify how behaviours, skills and actions influence health and wellbeing, movement capacities and personal development.	**Clarity in expressing new health related learning and ability to express feelings and opinions.**			
	WOW: reflect on learning to identify new understandings.				

Teacher Comments:

Overall Grading: **A B C D E**

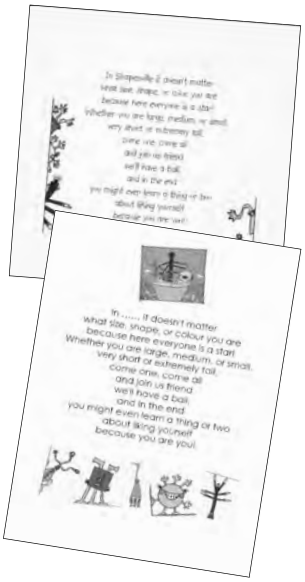
Engaging the Unit Investigation

Initiating the learning context



Key Integrative Device: SHaPEsViLLe by Andy Mills and Becky Osborn

The ultimate aim of this initiating learning sequence is for the teacher to lead the students, negotiating the investigative questions of this unit, shaped by the key messages of the 'SHaPEsViLLe' text.



Instructions:

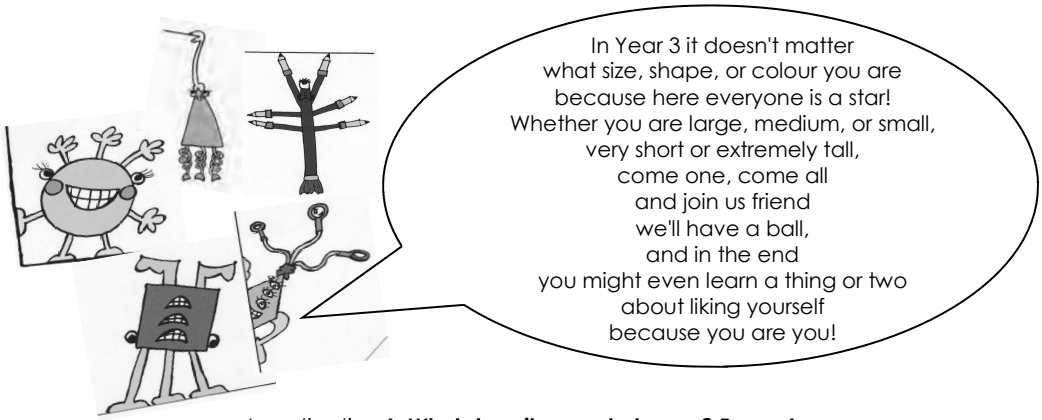
Engage in a class sharing of the text 'SHaPEsViLLe'. Where possible, provide multiple copies of the texts to small groups while you lead the reading. At this stage, the focus of this reading is to draw out key broad messages of the text.
(Other readings of the text throughout the unit will provide opportunities for explicit teaching of text features, etc.)

Discuss what a lovely place 'SHaPEsViLLe' is, and what makes it so great. Revisit key sections of the text and to draw parallels to 'SHaPEsViLLe' and to your ideal classroom setting e.g. "In 3B it doesn't matter what size, shape, or colour you are...." Create a poster from **RP (1)** and proudly display.

Have the students assist you to draw out the key messages of the text, revisiting sections of the text where appropriate. List the student's ideas as a brainstorm and mind map their responses, grouping similar messages together.
Lead this discussion, endeavouring to collate the student's ideas and link these to following focus investigative questions within this unit. (or similar)

- ***What does it mean to be me?***
- ***What movin' makes me feel good?***
- ***What can food do for me?***
- ***How can we appreciate 'EVERYBODY'?***

Negotiate the sequence of these sub-investigation and initiate the start of investigation 1, 'What does it mean to be me?'

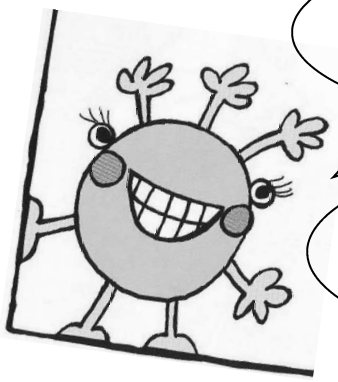


Focus Investigation 1:

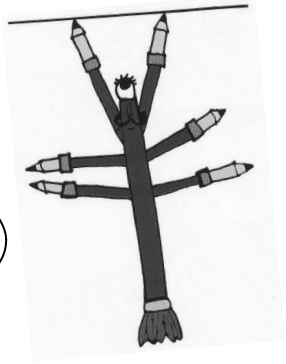
What does it mean to be *me*?

Underlying principles: Self esteem and resilience

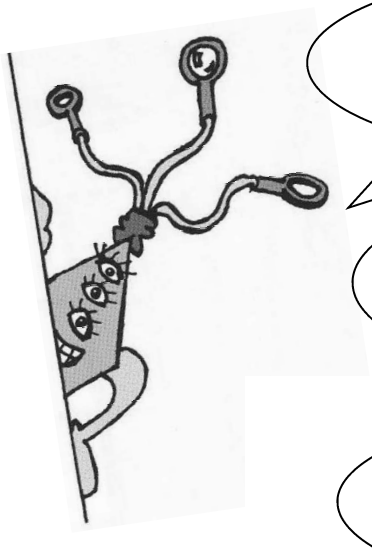
The attitudes we want students to 'walk away' with from this investigation!



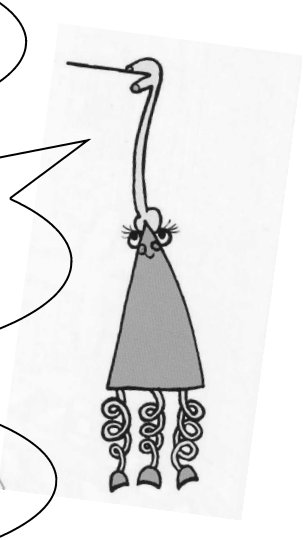
I am, who I am!
I love who I am!
I'm someone worth getting to know!



I'm a gift!
Gifts come in all shapes and sizes!
I'm always trying to be my best!

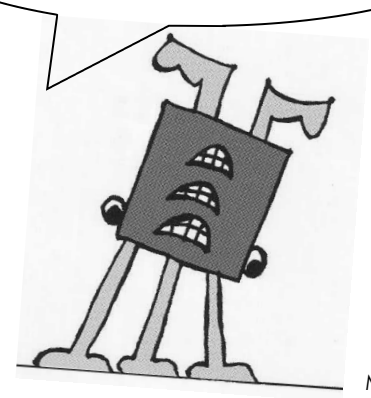


Most of how I look was 'decided' before I was even born!



How I look is only one part of who I am. I have other wonderful traits!

I care about my appearance but what matters most is who I am inside!



Messages drawn from Kathy J. Kater

What does it mean to be *me*?

Teaching & Learning Opportunities

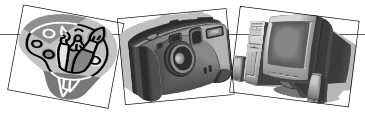
ACTIVITY 1: Who are the characters of 'SHaPEsViLLe'?

Revisit 'SHaPEsVille' text to engage discussion about the characters. Use **RP (2 - 7)** (character overview page and Individual character pages) to draw out the positive talk and traits of each of the characters. Draw out this information into a table - chart that could be displayed.

Robbie the red rectangle:	Great friend to all.
Cindy the yellow circle:	Says hello with confidence aboard.
Sam the blue square:	Happy inside.
Daisy the orange diamond:	Doesn't fret about her looks, for beauty is in her heart.
Tracey the dark green triangle:	Head held high.

Resource Link: **RP (2-7)**
Additional Resources Required: Common classroom resources

ACTIVITY 2: Who are the characters of '3B'?

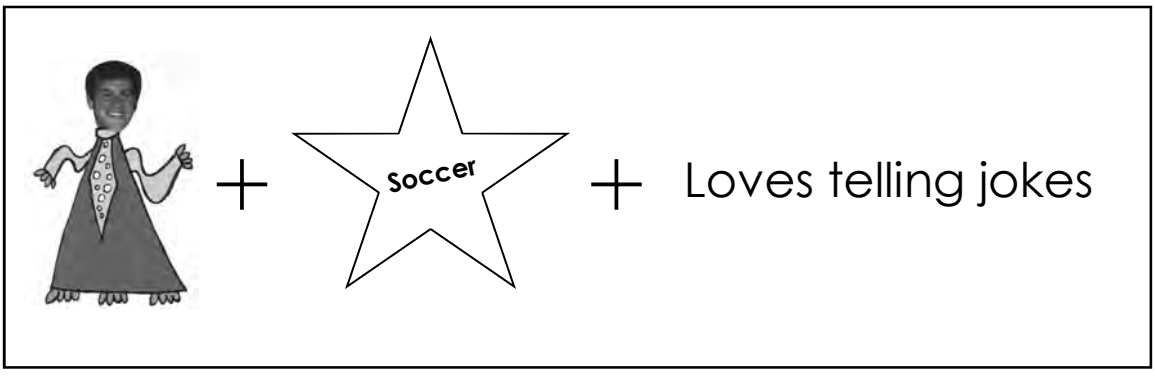


Using work from ACTIVITY 1 as a stimulus for discussion, have the students create an art piece that combines together 3 parts of this activity.

(1) A draft and final art piece of them as a shape of their choice. This activity will involve the students working in pairs with a digital camera. Teacher may choose to get the photo developed on high quality paper for a more professional result.
(2) An activity/ discussion that defines their 'star' quality.
(3) An activity/ discussion that defines one of their 'positive traits'

The final art piece from each child could be the 3 items on separate cards glued onto a black card backing. These should be proudly displayed and shared.

For Example:



Resource Link: **RP (2-7)**

ACTIVITY 3: I am a smarty?

Have student fill out the **'MICY' - Multiple Intelligences Checklist for Youngsters (grade 2 - 4).** Individual scores from the checklist and details from the relative strengths chart will allow students to perhaps reaffirm their strength areas and target some areas for future improvement.
For the teacher, this information, both individual student analysis and class analysis will provide a possible point of reference for differentiation.
Before handing back the results of the checklist to the students, have them individually predict their 3 most favoured 'smarts' and also what 'smart' they believed is their least prominent.
Tabling each students strongest 'intelligences' or 'smarts' on a chart can allow students to pick partners for particular tasks based around students specific strengths.
Periodically across the term, deliberately offer activities focused around the different 'smarts'. Each time, have the students individually reflect with a simple 'face' grade against two points:

(1) My skill level at this activity.
(2) My enjoyment of this activity.

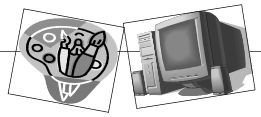
Resource Link: **NIL**
Additional Resources Required: '8 Ways at Once'

ACTIVITY 4: Class 'Yellow Pages'

Students complete their individual interest inventory - Yellow Page sheet **RP (8).** These are collated into a class Yellow Pages Directory that can be accessed by students during silent reading time. Students should be provided opportunity to reflect on new information that they learnt about someone else in the class.

Resource Link: **RP (8)**
Additional Resources Required: Common classroom resources

ACTIVITY 5: Hand print activity



Revisit all recent work and learning from ACTIVITIES 1– 4.

Students will trace their hands onto a sheet of draft (recycled) paper and create a self-affirmation/ alliteration message linked to their name e.g. 'Marvellous Mary' as well as writing positive features of themselves besides each finger.
Positive features and observations can be physical (straight hair) but must also include more holistic features such as 'a great helper', 'good joke teller' etc. Teacher may allow students to mingle to give and receive positive observations in either a structured or informal process.

Teacher should model this activity as a class construction (using a suitable person within the school) before allowing students to do this independently. Ensure students realise this is an exercise in making positive observations not just a session of giving compliments. For the final product of this task, have the students create a border around an A3 sheet and use paint hand prints and coloured markers.

Resource Link: **NIL**
Additional Resources Required: Paint, cardboard, common classroom resources

ACTIVITY 6: How are you feeling?

Feelings are a natural part of life. It is important to understand our feelings and emotions and to be able to give names to these and more importantly to understand how they affect us.

Have an image of a happy face (or draw one on the board) and ask children questions such as:
- If this face belonged to you would people know how you were feeling?
- What other ways could you show this feeling?

Ask the children to select a way of showing happiness and mine it to a partner. (encourage use of body language as well as facial expression)

(1) Lead a discussion, building a class word bank of emotion/feeling words. This can be added to throughout the term. Challenge the students to draw a series of at least 5 ovals in their books and then, picking from the word bank, choose an emotion/ feeling and then draw a facial expression to correspond with it.

(2) Students can then work in small groups to share their drawings, play miming games and then ultimately, to choose one or two to present in front of the whole class.

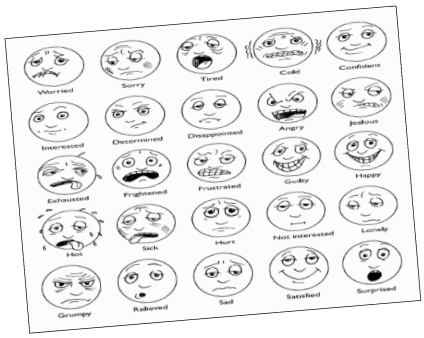
(3) Have each student conference with you, their best emotion/ feeling face drawing. Then have them complete a publish draft on paper plates that can be proudly displayed.

(4) Working with an older buddy class (to assist with the ICT) have each student create an Andy Warhol inspired art piece that has at least 4 digital, hand coloured black and white, photos of the student depicting different emotion/ feelings using facial expressions. This could be mounted well on coloured or white cardboard for a professional effect.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 7: How are you feeling? PART 2

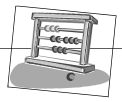
TASK 1: Preparing a 'feeling' dice.
Provide each child with a copy of the dice net and a copy of the feeling faces sheet **RP (9).** Each child can choose 6 of the feeling faces to paste to their dice net before assembling the dice.



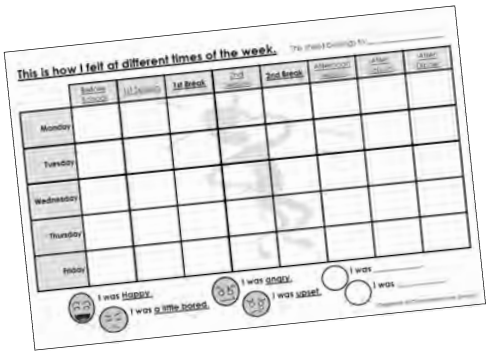
TASK 2: Once complete, small groups sit in circles and each child takes their turn to roll their dice, think about the feeling picture that lands face up, state the feeling aloud, mimic the facial expression and then suggest a situation where 'a person' may feel this way. Each child should have a go at miming each person's turn.

Feeling (Mood)	Behaviour (Actions)
Sad	Quiet, being alone
Happy	Laughing, smiling
Angry	Hitting
Friendly	Listening closely
Sick	Going to bed without dinner

Resource Link: **RP (9)**
Additional Resources Required: Common classroom resources
Source of Inspiration: Heath Education Sourcebook, QLD ED DEPT 1988



ACTIVITY 8: How are you feeling? PART 3

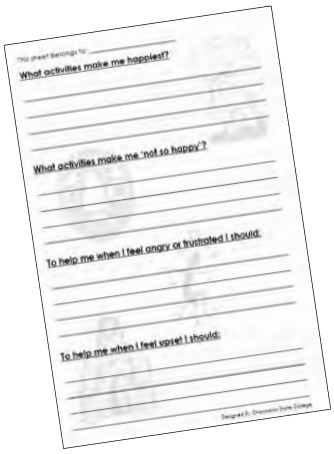


Have students complete **RP (10)** which has them tracking their feelings/emotions over a week period. Have the students reflect on their entries. The teacher should endeavour to meet individually with each student to have a chat about their responses.

Resource Link: **RP (10)**
Additional Resources Required:
Common classroom resources

ACTIVITY 9: Changing my emotion!

- Revisit the emotion/ feelings faces. Take particular attention to the emotions/feelings that we normally try to avoid. (E.g. scared, angry, etc)
- Discuss with students strategies for 'changing' or 'altering' our emotions. Obviously, positive self talk is key to this but what other strategies help?

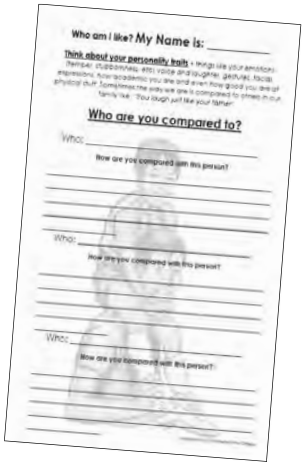


- Use being anxious as an example. 'You're anxious because you have to give a presentation in front of the class in few days.' How can we cope with or alter our 'anxious' emotion.
- Through this discussion draw out common, positive 'mood changing' actions, such as exercise, relaxation, meditation/ quiet time out, music, TV, etc.
- Have the students complete **RP(11)** to support discussions around feeling angry and feeling upset.

Resource Link: **RP (11)**
Additional Resources Required: Common classroom resources

ACTIVITY 10: Who am I like?

'You sound just like your father when you say that!' The idea behind this sequence of activities is to build the student's understanding that inherited characteristics play a significant role in who we are. - You may like to provide a personal narrative and use your own family photos stimulate discussion around this topic and to model this activity.

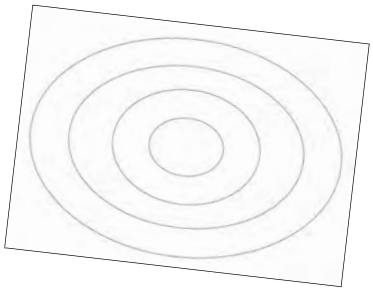


PART 1:
RP (12) asks students to look at people they get compared to and why. This discussion should start with family member comparisons but may also include other people. Students may like to take the sheet home to discuss with family before completing the sheet back in class. Encourage the students to make as many comparisons as they can.

PART 2:
RP (13) Ask the students to look at their physical characteristics and personal traits and compare these to their biological parents.
#NB If students do not know their biological relatives—they may wish to work more closely with an adult to consider what characteristics their blood relatives must have had.

Resource Link: **RP (12), RP (13)**

ACTIVITY 11: What am I?



This activity allows students the opportunity to analyse all the different people in their life and the social settings they are involved in and what role they play in each these.

Use **RP(14)**
(PART 1) Instructions to students:

Inside the centre circle write your name.

In the next circle write down first names of people you have the strongest bonds with:

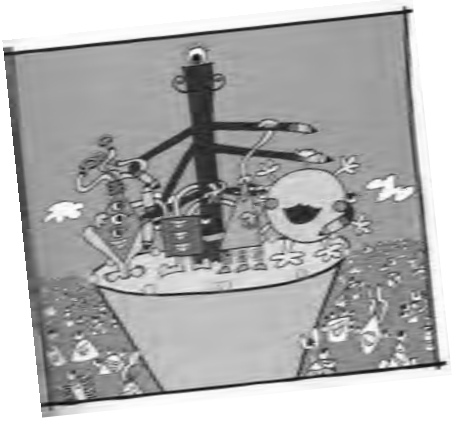
- People who have given you strong support throughout your life
- Those you have warm and close feelings for
- People you can openly talk to
- People you feel comfortable getting a hug from.

Inside the next circle write the names of people you like and feel friendly with. The list might include friends, distant relatives, those you haven't seen in a long time but you know they care about you.
Inside the next circle write the names of people you know but are not particularly close to.
 # Remember to do this, you will need to think about all the different social settings that you are regularly part of.

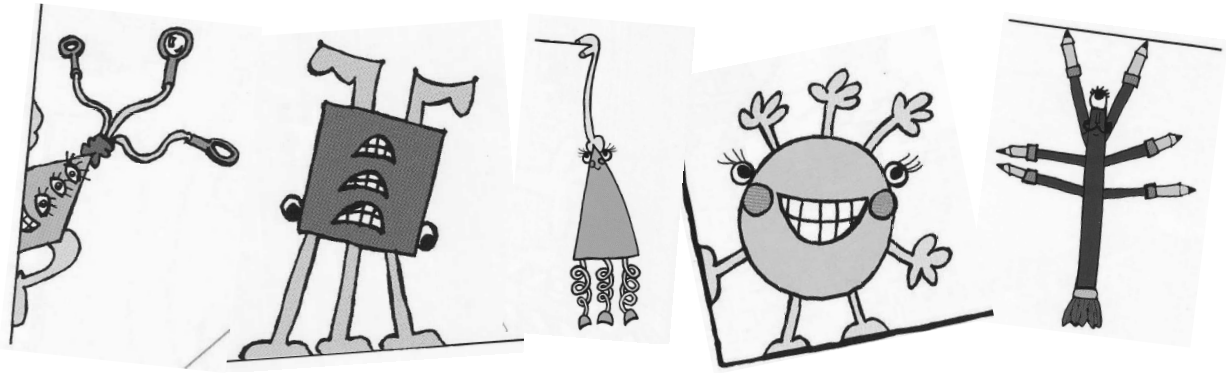
(PART 2) Instructions to students:

Use RP (15) to show an example
Now, look at the names on your page. For each person, think of the 'title' of the relationship you have with that person. E.g. Name = Dad, Relationship = Son or Daughter.
Do this with each person on your page. Students should create a first draft before creating a publish draft. Opportunity for students to share their published drafts would be beneficial. As the unit progresses, students should be encouraged to add names/relationships that they may have missed. Remember - You are a lot of things to a lot of different people!

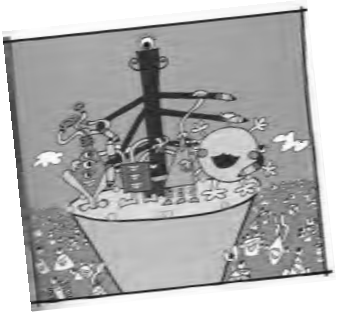
Resource Link: **RP (14), RP (15)**
Additional Resources Required: Common classroom resources



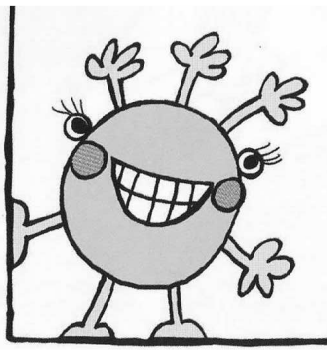
In …… it doesn't matter
what size, shape, or colour you are
because here everyone is a star!
Whether you are large, medium, or small,
very short or extremely tall,
come one, come all
and join us friend
we'll have a ball,
and in the end
you might even learn a thing or two
about liking yourself
because you are you!

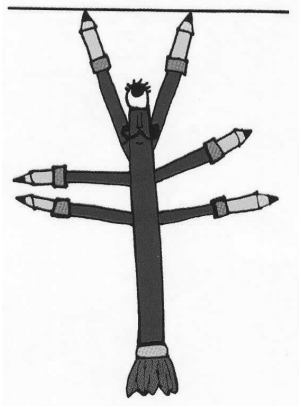


RP (1)



The ShApEs of SHaPEsViLLe

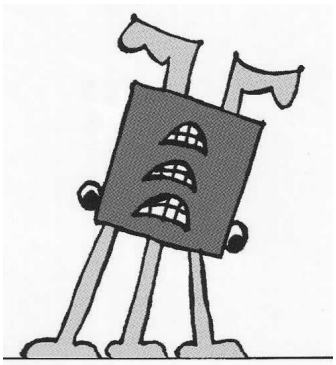


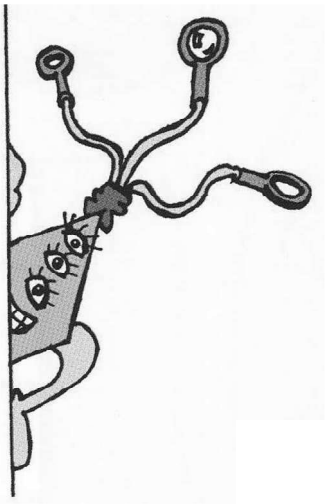


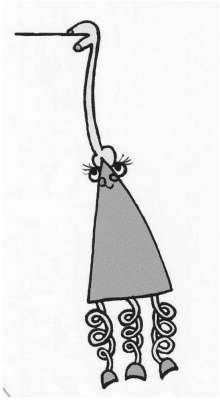
Robbie
is red
and knows
he is tall,
has one eye
on his head
and is great
friends
with all.

Cindy
is bright yellow
and uniquely round,
she always says hello
with confidence
abound.

He's perfectly tall
and equally wide,
and best of all
Sam's happy inside.

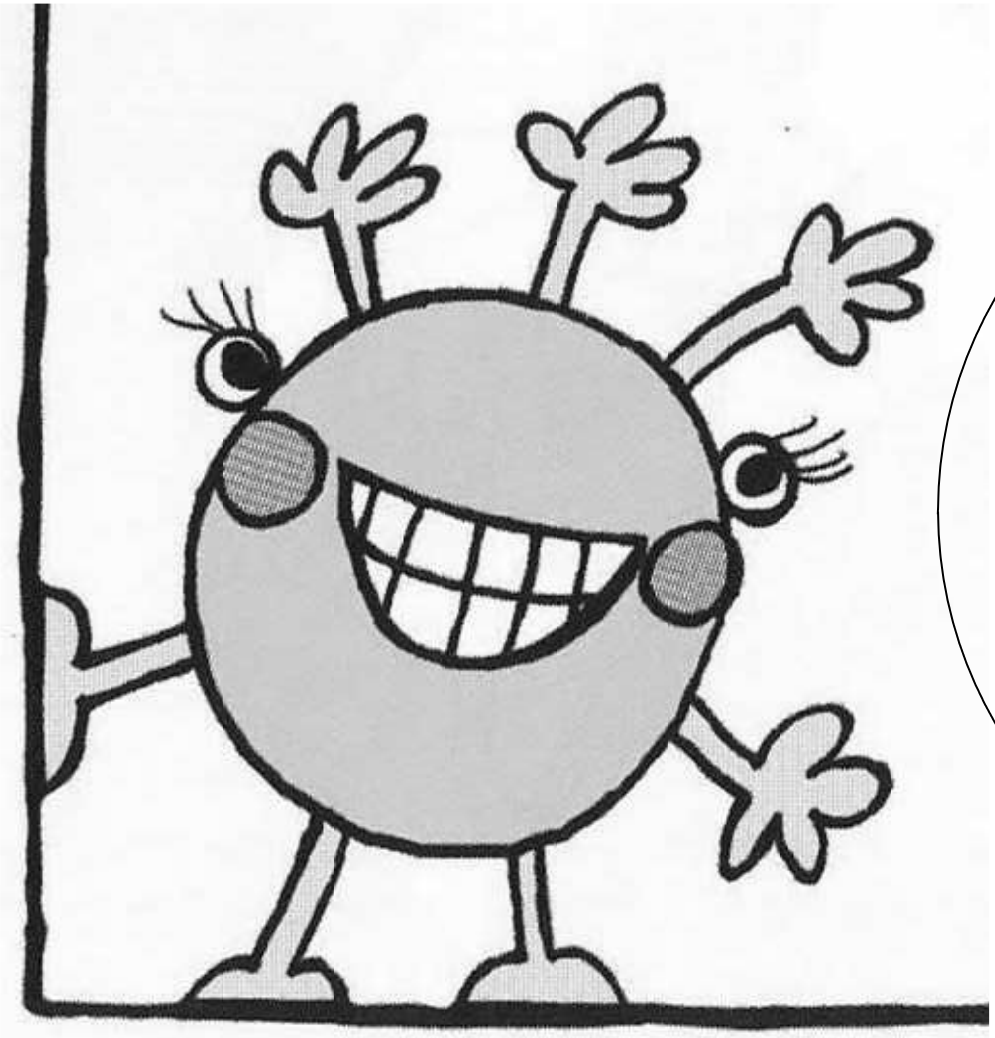






Tracy
is dark green
and a little bit shy,
but she likes to be seen
with her head held up high.

Daisy
loves to read
books and is super
smart, doesn't fret about
her looks, for beauty
is in her
Heart.



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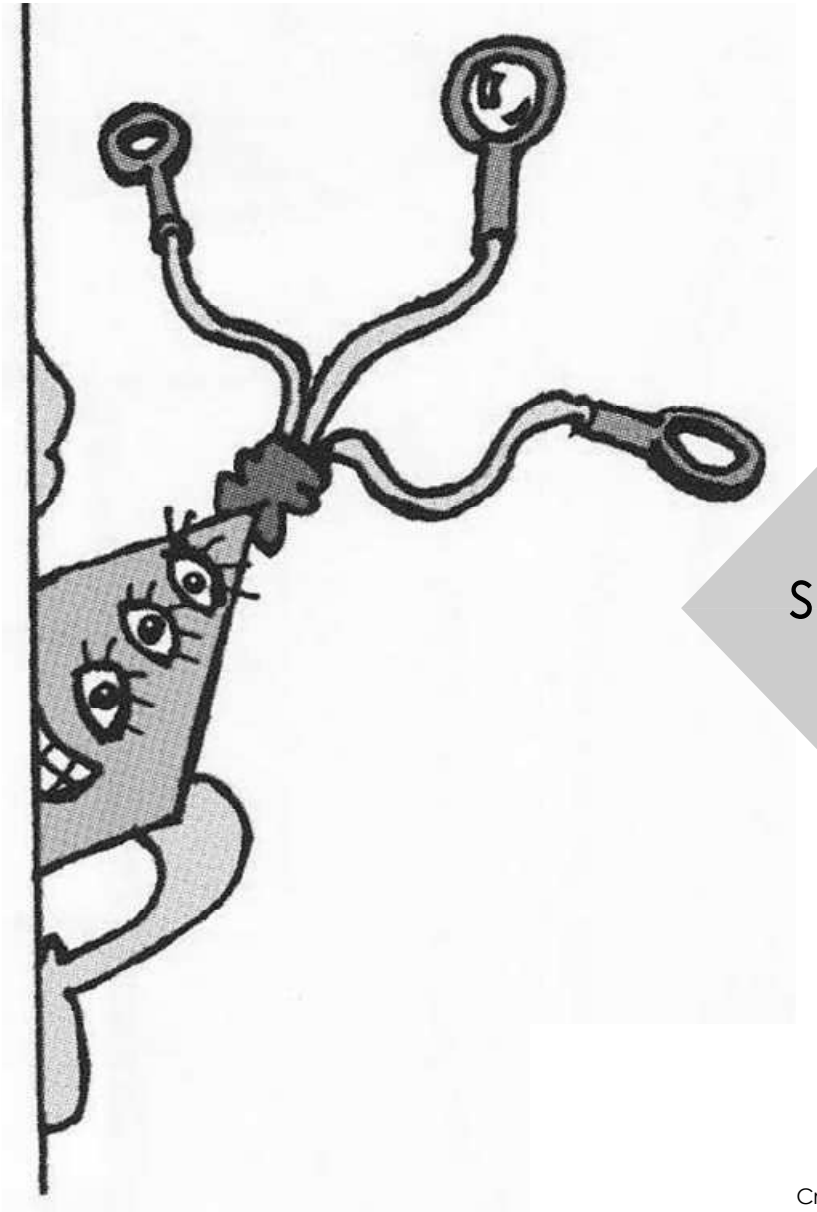
RP (3)



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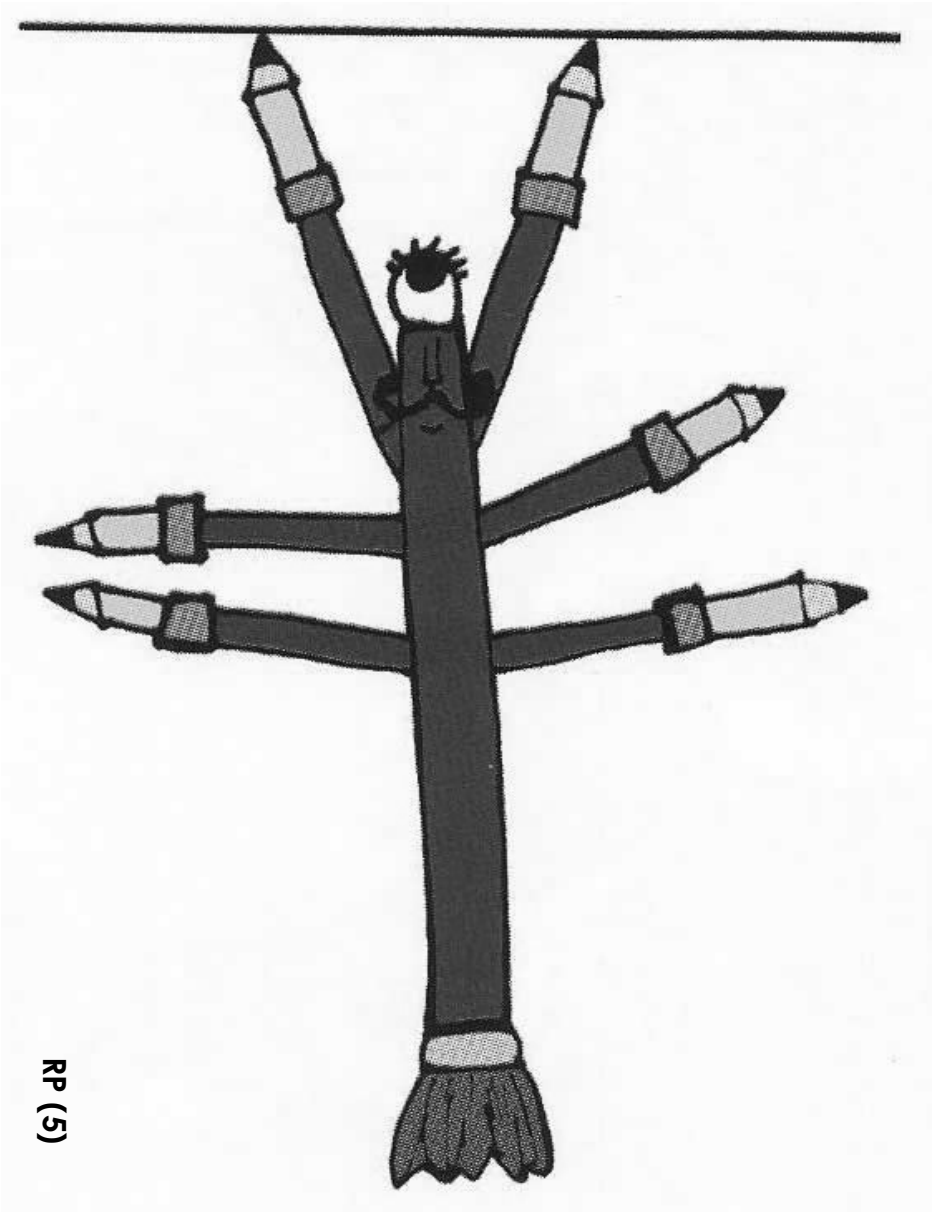
is in her
Heart.



RP (5)

Robbie
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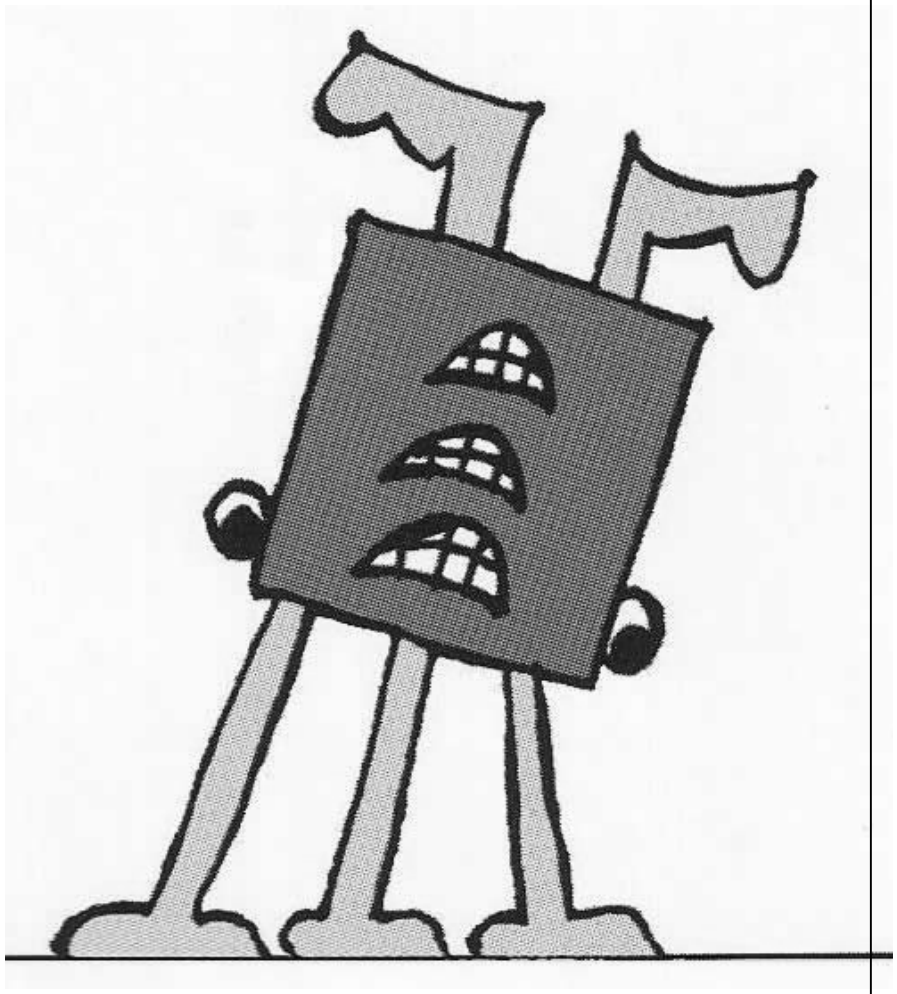
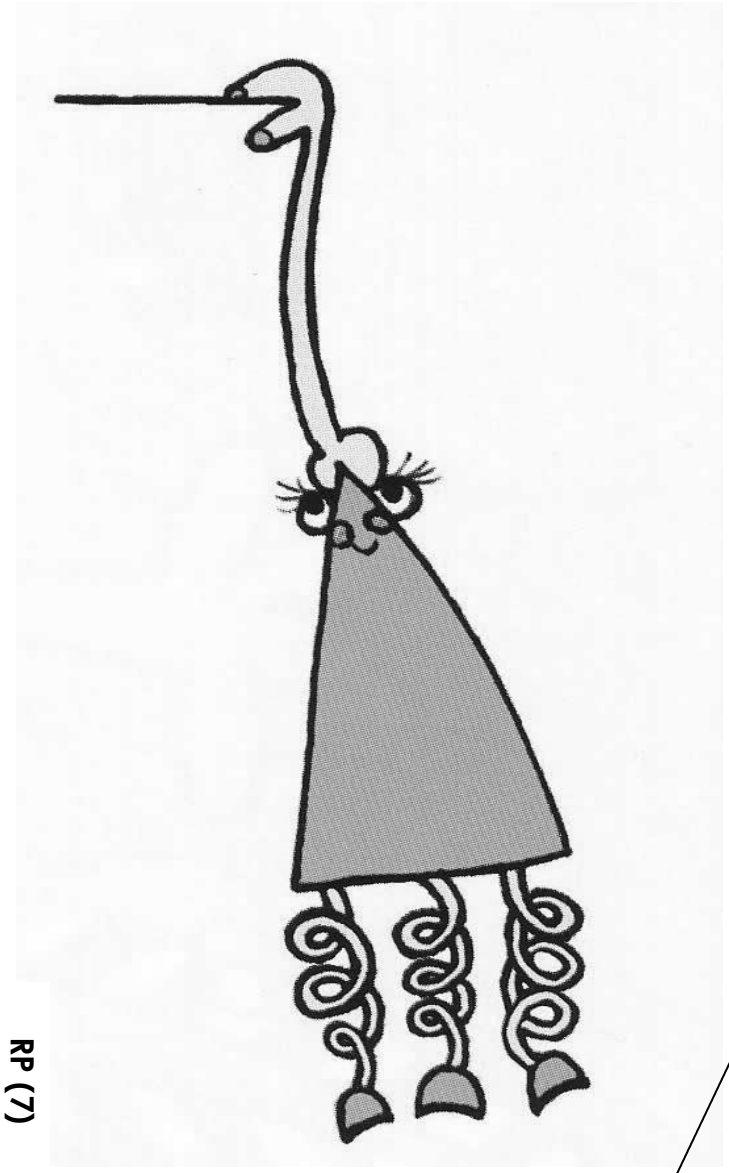
with all.



He's perfectly tall
and equally wide,
and best of all
Sam's happy inside.

RP (6)



Tracy
is dark green
and a little bit shy,
but she likes to be seen
with her head held up high.

RP (7)

Created by Chancellor State College from resource book - 'Shapesville' by Andy Mills & Beck Osborn

RP (8) My Name : _____

What I like best at school:

What I like least about school:

What interests me most in all the world:

What interests me least in all the world:

The things I like to do when I get home:

The things I least like to do:

I like to read about:

I like to see movies about:

RP (9)

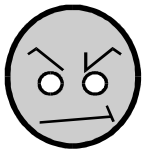
Pictures sourced from Queensland Studies Authority

RP (10) <u>This is how I felt at different times of the week.</u> This sheet belongs to:_____

	Before School	1st Session	**1st Break**	2nd Session	**2nd Break**	Afternoon Session	After School	After Dinner
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

I was <u>Happy.</u>

I was <u>a little bored.</u>



I was <u>angry.</u>

I was <u>upset.</u>

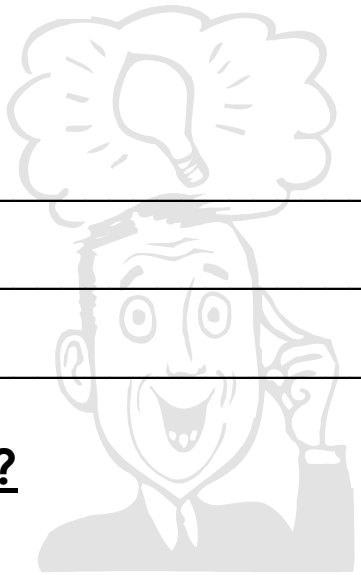
I was _____.

I was _____.

Design by Chancellor State College

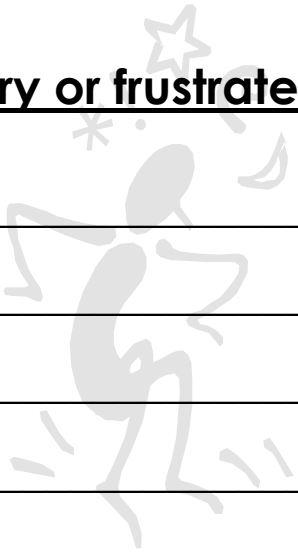
RP (11) This sheet belongs to: _____

What activities make me happiest?

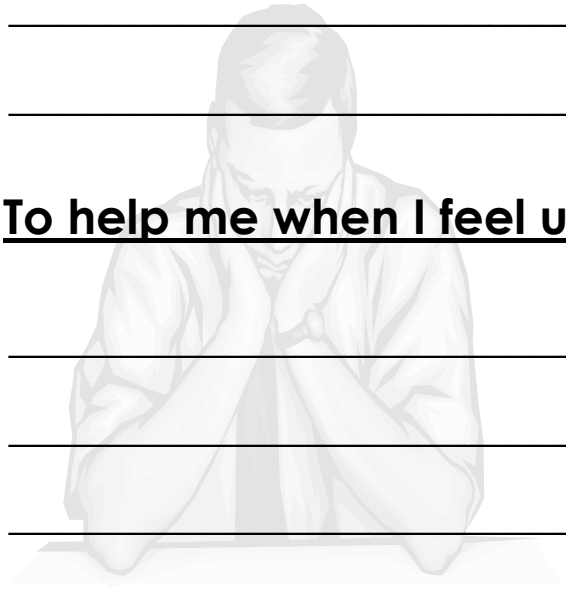


What activities make me 'not so happy'?

To help me when I feel angry or frustrated I should:



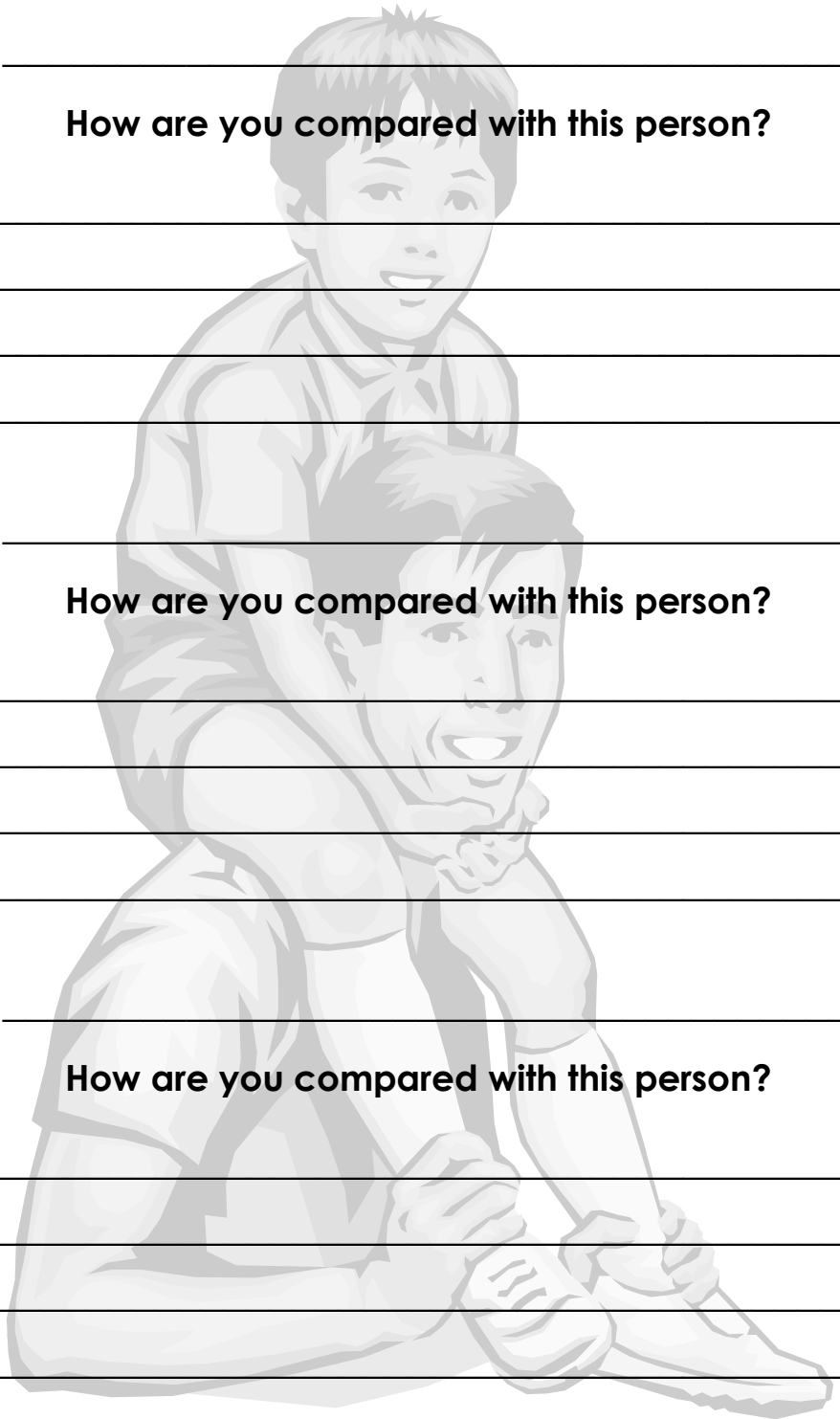
To help me when I feel upset I should:



RP (12) Who am I like? My Name is: _____

Think about your personality traits - things like your emotions (temper, stubbornness, etc) voice and laughter, gestures, facial expressions, how academic you are and even how good you are at physical stuff. Sometimes the way we are is compared to others in our family like, "*You laugh just like your father*"

Who are you compared to?



Who: _____

How are you compared with this person?

_____

_____

_____

_____

Who: _____

How are you compared with this person?

_____

_____

_____

_____

Who: _____

How are you compared with this person?

_____

_____

_____

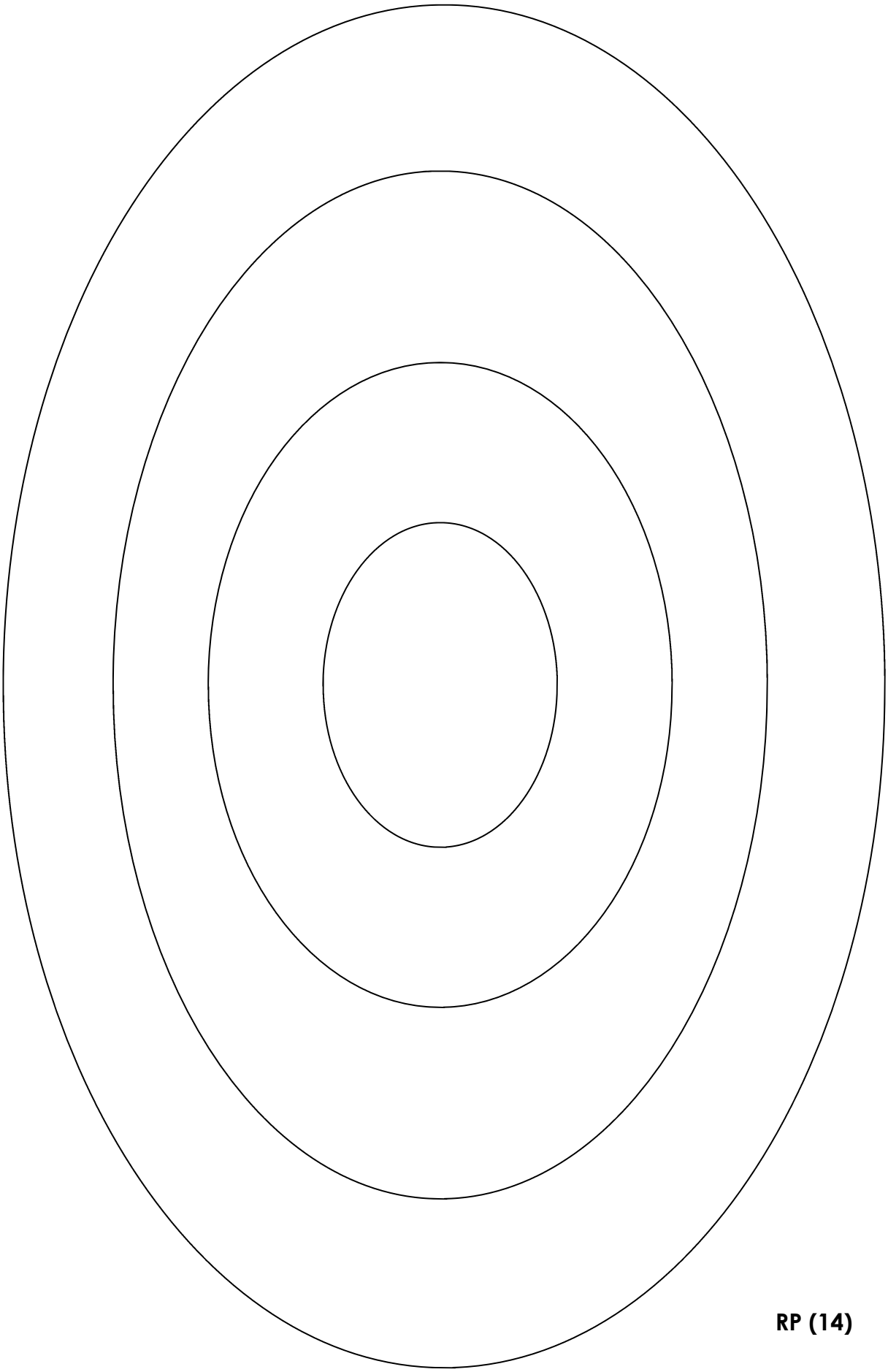
_____

Developed by Chancellor State College

RP (13) Name: _____

Do you know who may have passed these characteristics on to you?

Characteristic	YOURS?	Who in your family has this similar characteristic?
Hair Colour		
Hair Type (straight, curly, etc)		
Eye Colour		
Where do you get your nose shape from?		
Skin Colour	Very dark, Dark, Olive, Fair, Very fair??	
Other abilities and talents: ATHLETIC	GOOD - OK - NOT A STRENGTH	
MATHEMATIC	GOOD - OK - NOT A STRENGTH	
ARTISTIC	GOOD - OK - NOT A STRENGTH	
MUSICAL	GOOD - OK - NOT A STRENGTH	



RP (14)

What am I?

by Mr D

Husband
Dad
Son
Brother
Uncle
Cousin
Nephew
Friend
Workmate
Training partner
Fellow club mate
Employee
Teacher
Acquaintance
Patient
Customer

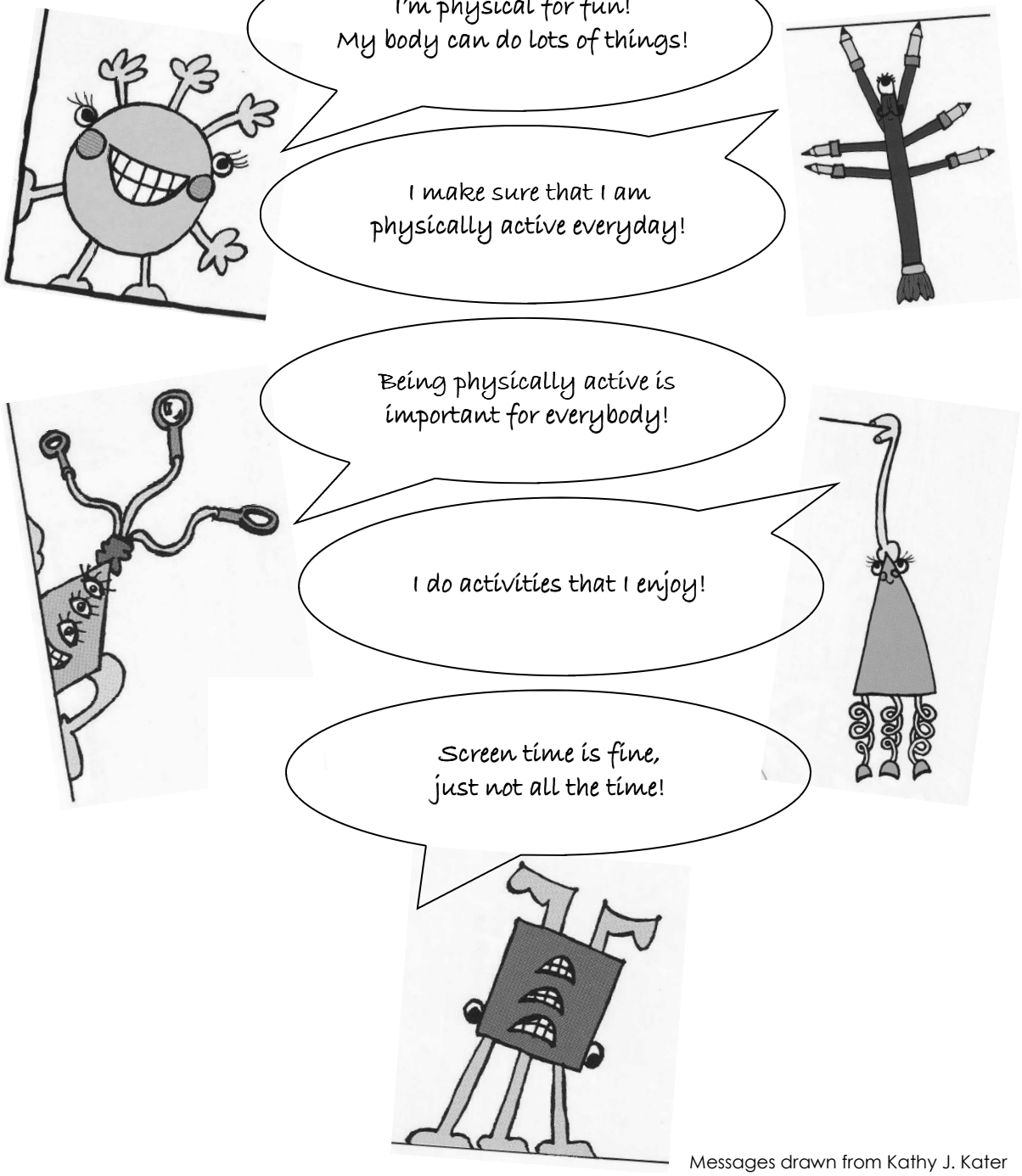
RP (15)

Focus Investigation 2:

What movin' makes *me* feel good?

Underlying principle: Active living

The attitudes we want students to 'walk away' with from this investigation!



Messages drawn from Kathy J. Kater

What movin' makes me feel good?

Teaching & Learning Opportunities

Background for Teacher

Exercise & Physical Activity

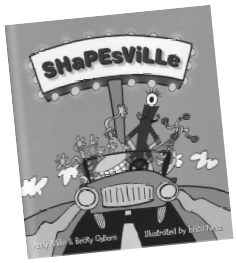
The difference between EXERCISE and PHYSICAL ACTIVITY.

Physical activity is any body movement that results in energy use.
Exercise is (a subset of physical activity) that is planned, structured and repetitive and is done to improve or maintain physical fitness.
Physical Fitness is then, a set of attributes that are either *health or skill related*.

Health Related:
Cardio respiratory endurance
Muscular strength and endurance
Flexibility
Body composition

Skill Related:
Balance, agility, power, reaction time, speed and coordination.
(Information from 'Win in the Rockies')

ACTIVITY 1: What do we mean by physical activity?



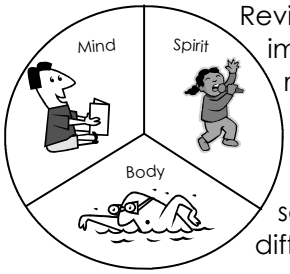
Read 'SHaPEsViLLe'. Revisit the key messages drawn out at the beginning of the unit. Focus attention on the section of the story '…Just do what you like and like what you do, go find an exercise that's just right for you' - drawing attention and discussion around the word 'exercise' - what is the author really saying?

Have a discussion around the meaning of the word 'exercise' and lead discussion towards the notion of 'physical activity' - what this means and what things we do that are considered 'physical activity'. Brainstorm a list, that will become a class word bank.

Collect images of physical activity - using these to discuss how physical activity helps the students to be 'healthy' e.g. makes you stronger/fitter, your heart beat faster, you have more energy, it 'clears' your head, etc. Present all the collected images in a collage art piece with computer generated text highlighting some of the holistic health benefits of physical activity.

Resource Link: **NIL**
Additional Resources Required: Magazines, Newspapers, common classroom resources

ACTIVITY 2: Activity - more than just physical!



Revisit learning from ACTIVITY 1. Have the students individually search out images of activities that represent options that interest them and that represent benefits to their **Mind, Body, Spirit.**

These images can be presented on hanging paper plate chains. One side of the paper plate is divided into three (3) sections (Mind, Body, Spirit) and has at least one image of an activity in each section. On the other side is the student's name created using different letters cut from magazine headings.

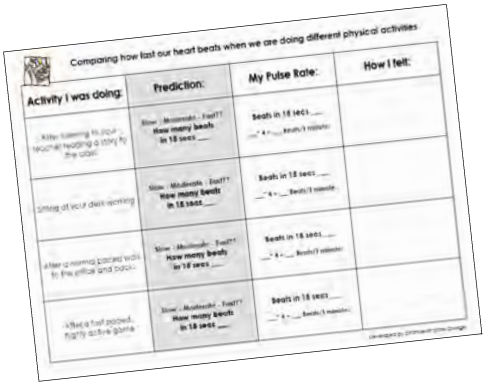
Resource Link: **NIL**
Additional Resources Required: Magazines, Internet, Common classroom resources.

ACTIVITY 3: Lets get out there!

Engage in regular (daily) fun physical activity. (Smart Moves) Include a variety of activities such as games, dances, skipping, aerobics, etc. Look for activities that are inclusive to a variety of skill levels and support maximum participation.

Resource Link: **NIL**
Additional Resources Required: Dependent on activities

ACTIVITY 4: How does movin make me feel?


Comparing how fast our heart beats when we are doing different physical activities

Activity I was doing:	Prediction:	My Pulse Rate:	How I felt:
After listening to your teacher reading a story by the class	Slow - Moderate - Fast?? How many beats in 15 secs ____	Beats in 15 secs ____ ___ x 4 = ___ Beats/1 minute	
Sitting at your desk working	Slow - Moderate - Fast?? How many beats in 15 secs ____	Beats in 15 secs ____ ___ x 4 = ___ Beats/1 minute	
After a morning period walk to the office and back	Slow - Moderate - Fast?? How many beats in 15 secs ____	Beats in 15 secs ____ ___ x 4 = ___ Beats/1 minute	
After a fast paced, highly active game	Slow - Moderate - Fast?? How many beats in 15 secs ____	Beats in 15 secs ____ ___ x 4 = ___ Beats/1 minute	

Use **RP (2.1)** to discuss what occurs in and to your body when you are physically active.

Have the student create a list of words describing their responses, such as: Heart racing, Feel thirsty, Breathlessness, Quick breaths, Sweaty, Tired, Weary Out of breath, Hot and sticky, Heart beats faster, etc.

Then challenge the students to firstly, discuss in small groups and then to share with the class, what 'occurs' for our hearts and minds when we are physically active. How does it make you feel? During, straight after and then some time later?

Keep a record of the group responses and display this.

Resource Link: **RP (2.1)**
Additional Resources Required: Common classroom resources

ACTIVITY 5: Sorting it all out!

Have a copy of **RP (2.2)** enlarged to A3 size, for each 2-4 kids. Have the students cut the cards up and then use them to sort into categories/ groups. At first, instruct the students on how you'd like the cards sorted, e.g. indoor/ outdoor, individual/ team/ either, Water/ land, etc. Then after a few sorting activities, challenge the students to sort the cards out into their own chosen categories. Give each group of students an envelope to store the cards for future use.

Resource Link: **RP (2.2)**
Additional Resources Required: Common classroom resources

ACTIVITY 6: What's what about this activity?

Students identify physical and recreational activities that could be enjoyed in their local community (including school). As a class, they choose one of these activities and conduct a 'recreational analysis' of the activity. Students use the headings 'Who', 'What', 'Where', 'When', 'How' and 'Why' to structure the analysis, as in the following example. They also identify the different dimensions of health the activity promotes.

Kite flying

Who	What	Where
• everyone — young and old • some people with disabilities • with others (social)	• kites • string • hat for sun protection	• park (away from trees/power lines) • beach
When	**How**	**Why**
• fine weather • not too windy • not during storms	• running and walking (physical)	• fun (emotional) • challenging (emotional)

Use **RP (2.3)** to scaffold the activity of analysing a particular physical activity. Use **RP (2.4)** for students to complete their own or in pairs on an activity of their choice.

Resource Link: **RP (2.3) RP (2.4)**
Additional Resources Required:
Common classroom resources

ACTIVITY 7: The activities people do?

Use **RP (2.5)** to lead a discussion around the activities that the students regularly engage in. Complete sections at school, before sending the sheet home for students to interview other family members. Have students share their sheets in groups of 4 and create a group summary of any points of interest. Have a class discussion of any interesting points as each of the groups presents to the class.

Resource Link: **RP (2.5)**
Additional Resources Required: Common classroom resources

ACTIVITY 8: What's around for a kid like me?

Brainstorm a list of different locations and facilities for physical activities in your community. These could include cool things to do with family and friends, exciting places to go, fun things to do alone or with a pet, or interesting places to meet new kids. Have students visit a variety of pre–sourced websites such as the local council for details of clubs, centres and events.

As a spin off activity, encourage students to take some leadership to organise games for their class (and maybe others) for lunch break.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 9: Honour walk!

One of the many benefits of walking with other people is the talking. What if, as a class, we invited the principal or some other significant school/community figure to be part of a 5-10 minute honour walk once a week with some students?
Perhaps across the school, every teacher could select the Student of the Week type honour. This group of students goes on an honour walk with the principal.

<u>There are three gears of walking. Let's try each of these.</u>
First gear: easy strolling, no sweating, light exertion, burns about 3 calories per minute. Calories are units of energy we get from food and this energy fuels the body.
Second gear: normal walking, comfortable breathing and talking, moderate exertion; burns about 5 calories per minute and covers a mile in about 17 minutes. This is the pace we will use for our class walks.
Third gear: fast walking, heavy breathing, sweating, muscles working intensely, burns about 7 to 10 calories per minute.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources
Source of Inspiration: Win in the Rockies

ACTIVITY 10: What types of movin' are there?

Lead discussion around the levels or amounts of movement involved in regular daily activity.

Use this table, have each 'category' on an individual A3 sized page that can be passed around to 4 groups - hot potato style. Have each group try to add extra activities to each of the lists.

Quite Time
Very Little Movement e.g. Reading a book, watching TV, playing video games/ computers, craft, eating, cards etc.

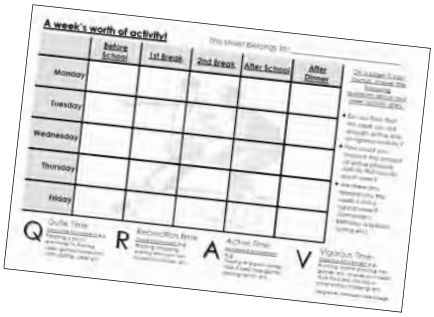
Recreation time
Some Movement e.g. Walking, shopping, playing with your toys, household chores, etc.

Active Time
Moderate Movement e.g. Playing at a park, swings, hide & seek type games, playing catch, etc.

Vigorous Time
Vigorous Movement e.g. Running, active dancing, fast games, etc. (makes your heart race for a few minutes or more without stopping)

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 11: How much movin' am I doin'?



Revisit the learning from ACTIVITY 6. Instruct the students on how to complete **RP (2.6)** by completing an copy of the sheet together as a class using a pretend student response.
Ensure the students understand the 4 different categories/ levels of activity.
Monitor that the students are keeping up to date with their entries during the week. Instruct the students on the reflection section by doing a reflection together as a class on the pretend student example.

Resource Link: **RP (2.6)**
Additional Resources Required: Common classroom resources

ACTIVITY 12: On the weekend!

Survey and make a class list of activities that families can do together on weekends, e.g. playing at the beach, going for a walk or bike ride, swimming at the pool. Identify some of the holistic health benefits of these activities. Have the students write a recount/ explanation about a family activity they enjoy as publish these in a class big book called 'Active as a Family'.

To keep the theme of physical activity going throughout the rest of the term, Introduce an **'Active News on Monday'** section to morning sessions where students talk about activities they have undertaken on the weekend.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

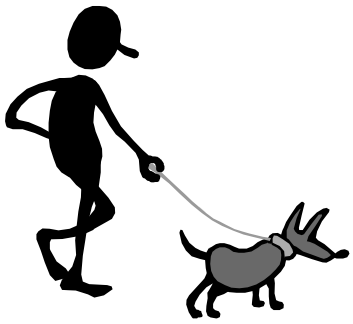
ACTIVITY 13: **After dinner walk**

Dear Family,

At school lately we have been looking at how important daily physical activity is to EVERYBODY. As a class, we have decided that we would send out this challenge to our families.

I need 10 minutes of our time after dinner. What we need to do is have everyone walk their dishes to the kitchen and keep walking right out the door for a family walk.
During that walk they can have a family meeting or rotate who picks the topic of discussion.
Some of the benefits of this walk are that:

- it will keep you from falling asleep;
- it will reduce our desire for too much dessert;
- it will aid our digestion;
- it will help stimulate our metabolism;
- it will give us renewed energy.



The following table is for us to fill out on the nights that we complete our walk. You just put an initial in the box.

	M	Tu	W	Th	F	Sa	Su
Week 1							
Week 2							
Week 3							

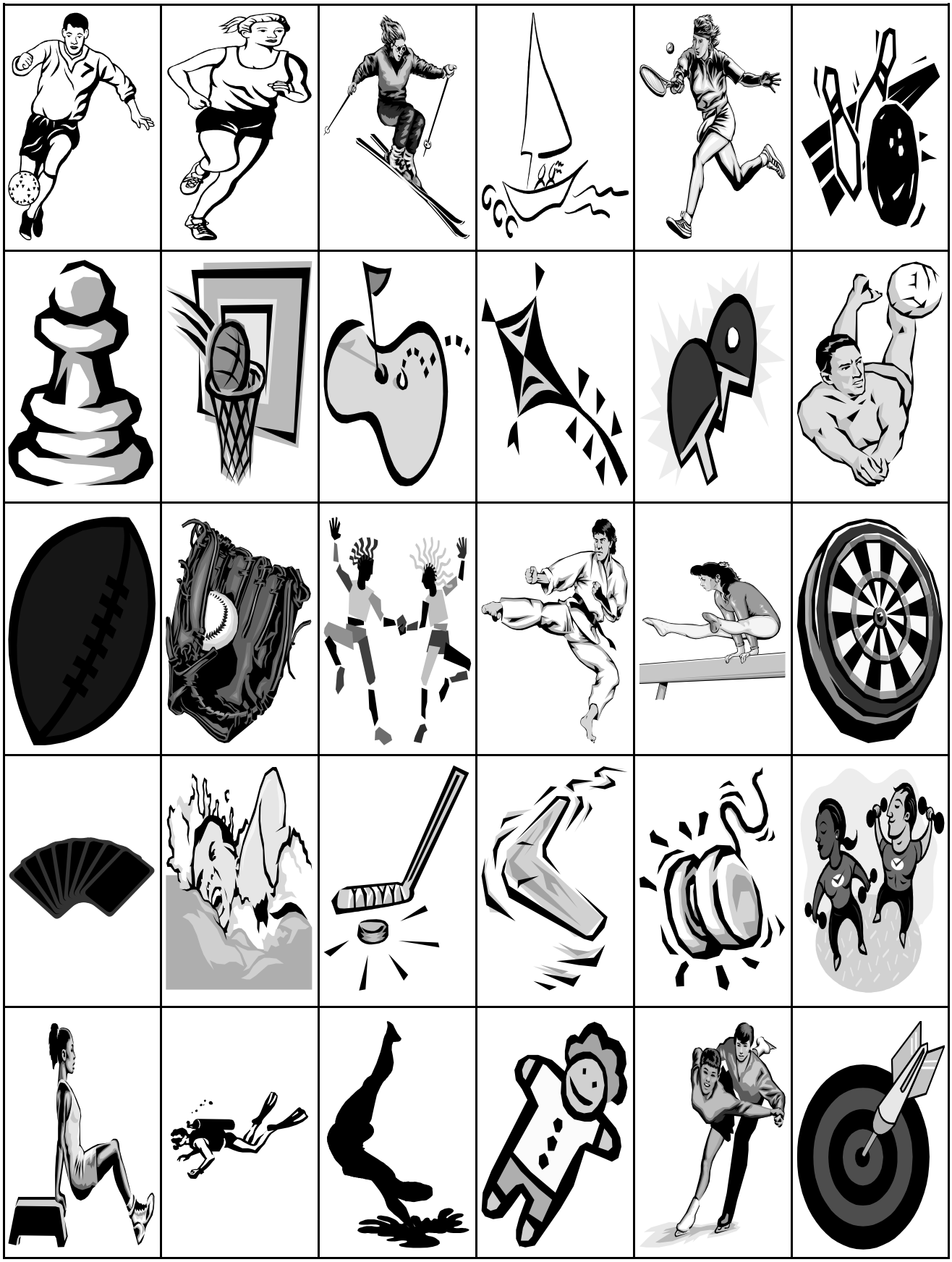
I hope that we will be able to go for a walk as many times as we can.

Love,

……

PR (2.1) Comparing how fast our heart beats when we are doing different physical activities.

Activity I was doing:	Prediction:	My Pulse Rate:	How I felt:
After listening to your teacher reading a story to the class	**Slow - Moderate - Fast??** **How many beats in 15 secs ___**	**Beats in 15 secs ___** **___* 4 = ___ Beats/1 minute.**	
Sitting at your desk working	**Slow - Moderate - Fast??** **How many beats in 15 secs ___**	**Beats in 15 secs ___** **___* 4 = ___ Beats/1 minute.**	
After a normal paced walk to the office and back.	**Slow - Moderate - Fast??** **How many beats in 15 secs ___**	**Beats in 15 secs ___** **___* 4 = ___ Beats/1 minute.**	
After a fast paced, highly active game	**Slow - Moderate - Fast??** **How many beats in 15 secs ___**	**Beats in 15 secs ___** **___* 4 = ___ Beats/1 minute.**	



PR (2.2) Categories of Activity

Indoor, Outdoor, Ballsports, watersports, on your own, in a team, etc, etc.

RP (2.3) Activity is: **KITE FLYING..**

Who: • Everyone - young and old. • Some people with disabilities. • With others. (social)	**What:** • Kites • Strings • Hat for sun protection.	**Where:** • Park. (away from power lines/trees) • Beach.
When: • Fine weather. • Not too windy. • Not during storms.	**How:** • Running and walking. (physical)	**Why:** • Fun. (emotional) • Challenging (emotional) • Physical activity (skill)

RP (2.4) My name: _____ Activity is: _____

Who:

What:

Where:

When:

How:

Why:

Developed by Chancellor State College

RP (2.5) <u>The activities that people do.</u> My name is: _____

What activities do you participate in? And why?

(1)_____

(2)_____

(3)_____

(4)_____

(5)_____

What activities do others participate in?

My Friend: _____

(1)_____

(2)_____

(3)_____

(4)_____

(5)_____

What activities do others participate in?

My Friend: _____

(1)_____

(2)_____

(3)_____

(4)_____

(5)_____

What activities do others participate in?

Family member: _____

(1)_____

(2)_____

(3)_____

(4)_____

(5)_____

What activities do others participate in?

Family member: _____

(1)_____

(2)_____

(3)_____

(4)_____

(5)_____

What do you notice about the information that you collected?

_____

_____

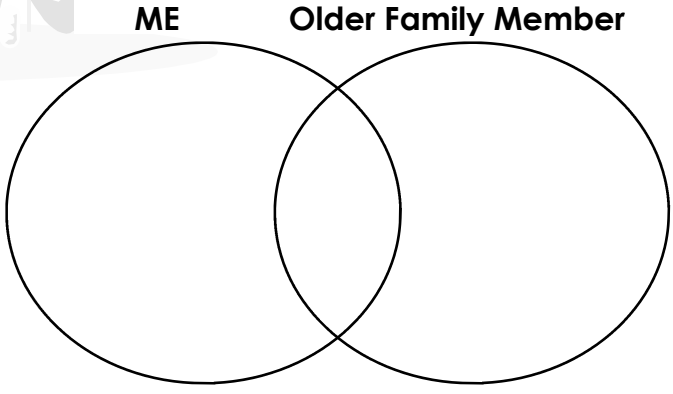
_____

_____

_____

_____

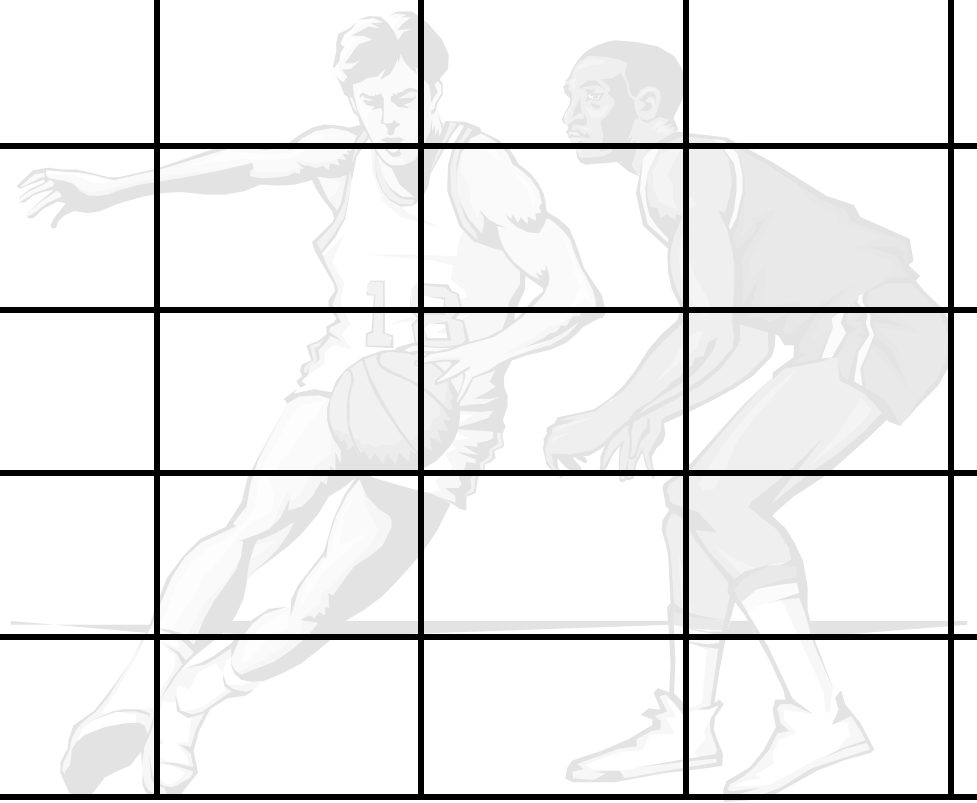
Draw this Venn Diagram on the back of this sheet and complete:



Developed by Chancellor State College

RP (2.6) **A week's worth of activity!** This sheet belongs to: _____

	Before School	1st Break	2nd Break	After School	After Dinner
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					



On a page in your journal, answer the following questions about your week activity diary.

- Do you think that this week you did enough active and or vigorous activity ?
- How could you improve the amount of active physical activity that you do each week?
- Are there any reasons why this week is not a typical week?

Q Quite Time
Very Little Movement e.g. Reading a book, watching TV, Playing video games/computers, craft, eating, cards etc.

R Recreation time
Some Movement e.g. Walking, shopping, playing with your toys, household chores, etc.

A Active Time
Moderate Movement e.g. Playing at a park, swings, hide & seek type games, playing catch, etc.

V Vigorous Time
Vigorous Movement e.g. Running, active dancing, fast games, etc. (makes your heart race for a few minutes or more without stopping, etc

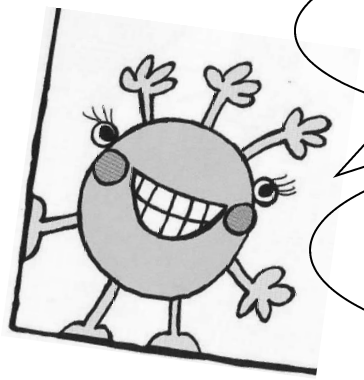
Designed By Chancellor State College

Focus Investigation 3:

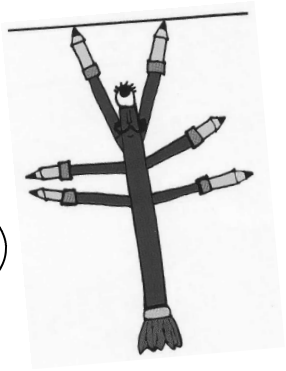
What can food do for ***me***?

Underlying principle: Healthy and pleasurable eating

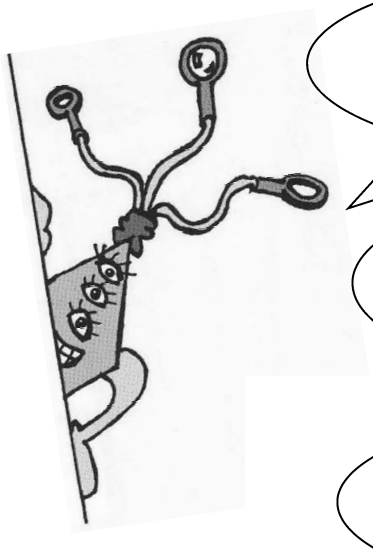
The attitudes we want students to 'walk away' with from this investigation!



I enjoy eating!
Food is a gift!
I use all my senses to eat!



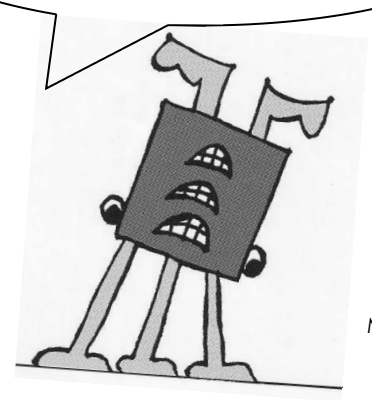
I choose plenty of wholesome foods from all the food groups!



I think before letting ads affect how I feel or think!

I can enjoy 'treats', I follow the VBM principles!

I listen to my hunger!
I eat enough!



Messages drawn from Kathy J. Kater

What can food do for me?

Teaching & Learning Opportunities

Background for Teacher

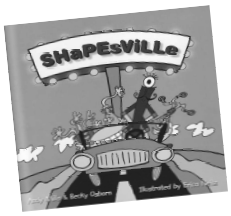
Food and Health

Food is a basic health need and contributes to the five dimensions of health — physical, social, emotional, mental and spiritual.

Food contributes to:

- physical health by providing nutrients for the body;
- mental health by supplying energy for the brain to function;
- emotional health as people enjoy and gain pleasure from eating and by its capacity to modify moods;
- social health as people socialise as they eat together;
- spiritual health as part of religious ceremonies, rituals or celebrations.

It is important that children develop an understanding of, and a positive attitude towards, healthy eating from an early age.



ACTIVITY 1: Food groups, what food groups?

Read 'SHaPEsViLLe'. Revisit the key messages drawn out at the beginning of the unit. Focus attention on the section of the story *'…how happy and healthy YOUR shape can be. Just try all the food groups and you too will see!'* - drawing attention and discussion around what is the author is saying?

Have a discussion around what the students can already tell you about 'the food groups'.

Students suggest different categories into which food can be classified. Once these are identified, small groups of students use different categories to classify the range of foods. They share their responses with the class or other groups and offer explanations for their groupings where necessary.

Where possible, use pictures rather than words for grouping.
Categories could include:

- vegetables, fruit, meat, dairy, other
- everyday food, food eaten sometimes
- breakfast food, lunch food, dinner food, snack food
- food from animals, food from plants
- different colours.

Focus questions could include:
What words could you use to describe different groups of foods that we eat?
Are there other ways we could sort the foods that we eat? What are they?
Which foods belong to these different groups?

NB# Save all of this information/ work for reference for future activities.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 2: Why do we need it?

Students are grouped in pairs to consider the question: 'Why do we need food?'. This is undertaken as a 'Think, Pair, Share' activity.

- Students consider the question without speaking for a set period of time (for example, 30 seconds), thinking of as many reasons as they can why people need food.
- They then take it in turns to tell their partner their ideas, and discuss similarities and differences.
- Pairs share their responses with the whole group, adding only previously unstated reasons.
- Students develop a class list of reasons as to why we need food.

Teacher adds further detail to the discussion via these 3 simple demonstrations.

Demonstration 1: Place a battery in a toy and activate it.

Discuss:

- What made the toy function?
- What did the battery supply the toy?
- If we were like the toy what would we need to make us function?
- What do we use instead of a battery as a power source?

Bring out points:

- Energy is needed from a power source (battery).
- People need energy to function and the power source is the food they eat.
- We gain energy to function from some of the foods we eat. The function of some foods is to supply our bodies with energy so that we have energy to run, breathe, think and play.
- All foods supply the body with energy but the best sources are from carbohydrate foods such as breads and cereals.

Demonstration 2: Place a small plant (seedling) in a pot of soil mix, water it and place in a sunny spot.

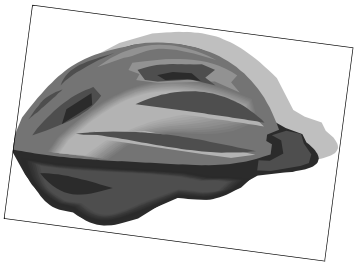
Discuss:

- What will happen to the plant in time?
- What does the plant need to grow into a healthy plant?
- What do our bodies need to grow healthy and strong?

Bring out points:

- Soil (food), water and sunlight are needed if the plant is to grow healthy and strong.
- People need foods which the body uses for growth and repair.
- We eat foods which enable our bodies to grow strong and keep them repaired. Some foods we eat are used by our body for growth and repair.
- Protein foods such as meat, fish, eggs, milk, dried peas and beans are some foods used by the body for growth and repair.

Demonstration 3: Display a bike helmet to the class.



Discuss:

- Why is a helmet needed?
- How does it protect us?
- What other ways can we protect our bodies?
- How can food protect our bodies?

Bring out points:

- We need to protect ourselves in some situations.
- Some foods are used by the body to keep us well and protect us from illness.
- We need to eat foods which protect us from illness and keep us in good health.
- Foods such as vegetables and fruits are used by the body for protection from illness.

Continued over page..

Continued..

Using what they learnt from these demonstrations, have students work in small groups to collect images of food from grocery catalogues and sort these into one of 4 categories:

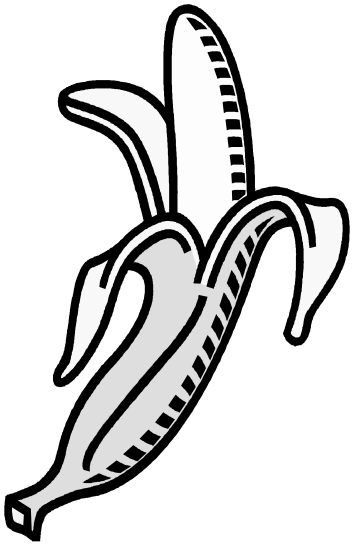
1. Energy
2. Growth & Repair
3. Protection & Keeping Well
4. Fun.

Give each group copy of **RP (3.1)**, have the students cut and paste the images into the most appropriate column for the food item. Groups should be encouraged to share their work with another group, before proudly displaying it.

Resource Link: **RP (3.1)**
Additional Resources Required: Small seedling, pot, soil mix, a battery operated toy, a bike helmet.

Background for Teacher

Variety, Balance, Moderation



The food selection models provided in this resource:

1. Australian Guide for Healthy Eating (Portion Plate)
2. 12345+ Food and Nutrition Plan (Serving pyramid)
3. Healthy Eating Pyramid (Most, Moderately, Least)

All of these models support eating a **variety** of foods so that people can get the nutrients their bodies need. Variety refers to a variety among the food groups as well as within the groups. For example; fruits are a great source of vitamins and minerals, yet eating a variety of fruits is needed to get the optimal intake of vitamins and minerals.

A **balance** over several days is more important than a strict balance at each meal. Some days we eat more or less than others, and that is normal eating. Normal eating is regulated by hunger and fullness and usually includes three meals per day, plus one or two snacks. It does not include fasting, binge eating, dieting or routinely skipping meals. Within each of these models, **balance** also refers to the proportionality of the food groups.

Moderation is key to making all foods fit. A high-calorie, low-nutrient food can be part of healthful eating when consumed in moderation. However, many people eat these foods too often and in amounts that are too large. At the same time, they eat too few nutrient-dense, low-calorie foods like fruits, whole-grains, and vegetables. One way to enjoy food in moderation is to take time to savour it. This can increase satisfaction with smaller amounts.

Banning or restricting foods can lead to feelings of deprivation, cravings and binge eating. There is no such thing as good or bad food. A healthy eating plan includes variety, balance, and moderation. And it includes the foods a person likes. Food is more than fuel; it is one of life's greatest pleasures, and this is a gift to honour.

(Modified material from WIN the Rockies)

ACTIVITY 3: Understanding different food selection models

Revisit materials created as part of ACTIVITY 1and 2.
Point out to students that we need food to live. Food builds strong bones and teeth, helps heal wounds and broken bones, keeps our bodies and muscles working properly, gives us energy, keeps our blood and skin healthy. This concept can be summarised by the phrase: Food helps us **'grow, go and glow'.**

Over a series of sessions introduce and compare the 3 models for food selection provided.

1. Australian Guide for Healthy Eating (Portion Plate) **RP (3.2)**
2. 12345+ Food and Nutrition Plan (Serving pyramid) **RP (3.3)**
3. Healthy Eating Pyramid (Most, Moderately, Least) **RP (3.4)**

As part of the discussion and activity around each model, emphasise the VBM principles. (see background)

Focus questions could include:

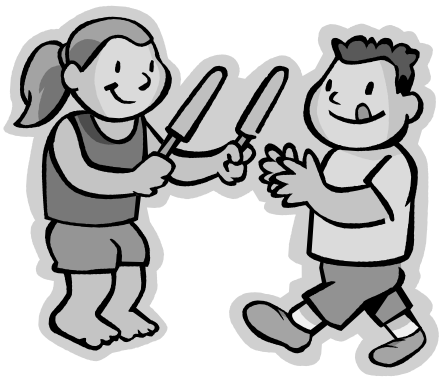
- Why should you eat more of the foods from the large sections of the model (that is, the vegetables and legumes, fruit, and bread, cereals, rice, pasta and noodles sections) than others?
- Would you 'grow, go and glow' if you ate the same foods at every meal?
- What do you think would happen if you only ate food from one section?

When discussing the Healthy Eating Pyramid:

EAT MOST
What are some foods in this section?
What foods groups are in this section?
Why do we need to eat some of these foods?
What do these foods do for our health?
These foods are rich in nutrients for good health. They are low in fat and provide the body with energy and protection from illness.

EAT SOMETIMES
What are some of the foods in this section?
What food groups are in this section?
What do these do for our bodies?
These foods are also rich in nutrients e.g. protein and are used by the body for growth and repair.

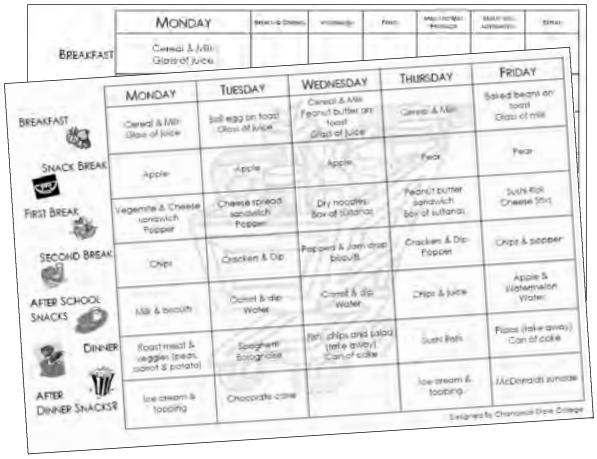
EAT LEAST
What are some of the foods in this section?
What food groups are in this section?
Why do we need only a little of this group?
These foods are high in fat and sugar. The body needs only a little of these foods.



- Have the students in small groups develop a shopping list of EVERYDAY, 'Eat Most' foods. Groups then swap their lists in a 'hot potato' strategy to add onto these lists.
- Students work in pairs or small groups to develop their most creative 'snack' idea. Groups then team together with another group and share their ideas, agreeing on their favourite idea to put forward to the class 'master list'. From the 'master list' design a democratic process to decide the Top 5 snack ideas. Have students publish these ideas on the computer and send these home for families to trial.

ACTIVITY 4: Is she/he getting Variety & Balance and eating in Moderation?

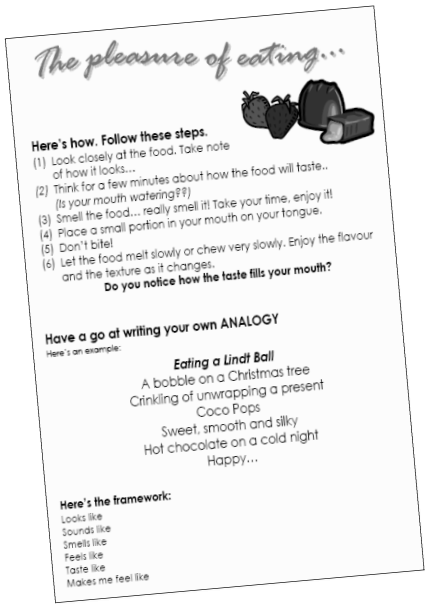
RP(3.5) is an example of one child's food intact for a day. Use this to model how to analyse the 'menu' for VBM. By ticking off against the 'food groups' and then considering balance and moderation, analyse and reflect on the 'menu'. Suggest what might be a strong point of the menu and perhaps where it may be improved.



RP (3.6) to (3.12) represent a 5 day 'menu' and provide worksheets where students in groups of 5 or 6 can analyse one of the 5 days. RP() provides a framework for collating each day's data and then reflecting on the week's VBM. Have the students work within their small groups to suggest what might be a strong point of the menu and perhaps where it may be improved.

Resource Link: **RP (3.5 - 3.12)**
Additional Resources Required: Common classroom resources

ACTIVITY 5: The pleasure of eating.



Revisit the learning from ACTIVITY 3. Review the VBM principles. Discuss the notion of moderation. What does moderation mean? Discuss that sometimes we eat foods that we think are "bad." *(Give examples from the team menus – chips, candy, cookies.)* These foods are not bad. All foods can be part of healthful eating.
Moderation is the key! If we eat lots of these foods and don't eat a variety of other foods, we don't get the nutrients our bodies need, and we may eat too many calories.

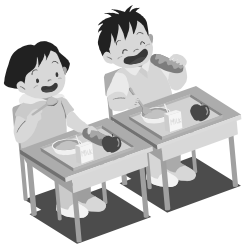
How do we eat smaller amounts of the food we really love? Try the steps of pleasurable eating **RP (3,13)** to learn how to enjoy the pleasure of **one** *Lindt chocolate*!

What would happen if you ate all foods this way?

Use the experience as stimulus to also write an analogy poem. see **RP (3.13)** for poetry form details. Individual students should be encouraged to share their poetry and to post the final draft as part of their unit linked anthology writing task.

Resource Link: **RP (3.13)**
Additional Resources Required: Lindt chocolates or similar for all students

ACTIVITY 6: Sense-less eating!



Engage in group experiences where students have a sense or senses restricted.

- Blindfolded
- Ear plugs
- Nose pegs

Have the student reflect on the role of all our senses in the overall pleasure of eating.

Reflections could be either spoken or written.

Resource Link: **NIL**
Additional Resources Required: Food, blindfold, Ear plugs, Nose pegs.

ACTIVITY 7: Senses festival!

Over a period of a week have students sample a variety of (perhaps new to them) foods. The foods selected, although from a variety of food groups, should be predominately prepared fruits and vegetables. Have the students use all of their senses to enjoy these samples. Review learning from ACTIVITY 5.
Use **RP (3.14)** for the students to record some of the 'results' of these taste samples.

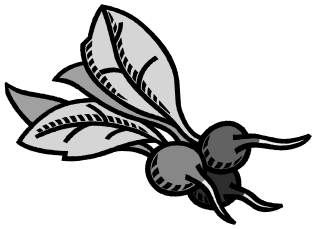
Resource Link: **RP (3.14)**
Additional Resources Required: Food samples.

ACTIVITY 8: Let's become fruit & veggie experts!

Why would we call fruit and vegies the original fast foods? *(Discuss.)*

- They are convenient – handy size, can be eaten fresh.
- They can be eaten on the go – grab an apple on your way out the door.
- They can be prepared quickly – wash and eat or peel and eat!
- They provide quick energy – carbohydrates for our bodies.
- They can be prepared quickly in a pan (stir-fried) or microwave (steamed).

Fruits and vegetables contain many nutrients, that's why they are called nutrient-dense. A nutrient-dense food is one that has lots of nutrients like vitamins and minerals in comparison to its calories. A food that is not nutrient dense (also called an empty calorie food) provides calories with very few vitamins or minerals.



- Set up an 'expert jigsaw' structure in your room where every member of each 'home team' goes off with others to research and become expects in a particular fruit or vegetable, specifically its nutritional benefits. Each student then goes back to their 'home group' as an 'expert' and shares that they have learnt. This learning may be supported by some mind-map diagram created by each child on their nominated fruit/ vegetable.
- Investigate simple ways of including more fruits and vegetables into our daily food intake. Have the students reflect on whether they have tried to implement any of these strategies over the weeks of this investigation.
- Lead the class to follow vegetable soup recipes and create 1 or 2 vegetable based soups for a special lunchtime class 'soup kitchen'.

Resource Link: **Nil**
Additional Resources Required: Text resources on a variety of fruits and vegetables, cooking equipment and facilities, soup ingredients

ACTIVITY 9: What influences our choices?

- Have students search grocery catalogues to collect images of both cereal and toothpaste. Display these on large charts.
- Discuss these and other health 'products' and construct a list of things that may influence which brand of product you would buy.
- Display this list with the charts in the classroom for future reference.
- Use **RP (3.15 & 3.16)** as homework tasks to further the discussion about what influences our choices. (5) When these are returned to school have students work in small groups to tally their results and then collate these into a class result.
- Reflect on these results.
- Co-construct some findings from this 'research'.

Resource Link: **RP (3.15 & 3.16)**
Additional Resources Required: Common classroom resources

ACTIVITY 10: What influences our choices? PART 2

Using food and snack ads from magazines, (Family Circle, etc) lead a deconstruction that analyses and critically reviews the strategies used by the 'author' to influence us to purchase their product.

Students will become more attuned to being a critical viewer with more guided experience at deconstructing advertisements. In the first instance, do 2 or 3 ads and then do several 2 minute 'quick grabs' throughout the weeks. It is a particularly good way of refocussing students after returning from breaks etc.

The basic deconstruction framework is:

- Give names to everything you see in the ad. E.g. girl aged around 10 years old in a pink dress, cake, candles, presents, etc.
- What is the ad selling?
- Who do you think this ad is trying to target? (mothers, children, fathers, etc)
- Is this ad trying to convince the audience of something? What is it?
- What strategies are being used by the author of this ad to try and convince us to buy this product? (storyline, people, messages– words, colours, etc)
- Is the ad effective?

As a small project, have individual students find their own ad that they can orally 'deconstruct' to the class, following the practiced and scaffolded framework. These ads can be collated in a big book or a wall display with the title 'Ad busters' or similar.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources, family magazines.

ACTIVITY 10: Being a healthy eater!

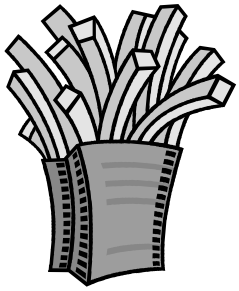
As a quick series of stimulus demonstrations:

1. Make a milo in front of the kids and 'over do' the milo. Bring attention to the notion of servings and that being 'heavy handed' has ramifications to the 'moderation' of this snack. Read the serving size suggestion and see how much over you.
2. Use the same discussion points. Pour yourself a super sized orange juice.
3. A big bowl of ice cream or cereal.

Discuss the learning from this and the variety of other activities within this investigation. Work in pairs first and then as a class to 'frame up' some 'reminders' of what we have learnt about healthy and pleasurable eating.
Give each pair the responsibility to write the statement neatly on a card that can be displayed with all the others. Share this completed presentation with other classes.

Use the following prompts if necessary:

- Watch for outrageous serving sizes that encourage us to eat more than we need.
- Titanic-sized portions are found not only at fast food restaurants but also at convenience stores and movie theatres.
- Fast food meals often provide lots of calories without a lot of nutrients. They tend to be low in fruits, vegetables, milk and whole grains.
- Fast food meals are all right once in a while.
- Slow down, use all your senses and enjoy every bite of food. See the food, feel the temperature, smell the aroma, hear the sounds, and enjoy the taste. Ask yourself if the last French fry tastes as good as the first one.
- Choose smaller portions or get the larger size and share it.
- Listen to your body – eat when you are hungry and stop eating when you are satisfied or when the food doesn't taste good anymore.
- Be aware of what you serve yourself at home. The larger the original container, the more you are likely to eat.
- There may be other reasons people are heavier today than in the past – for example decreased physical activity.

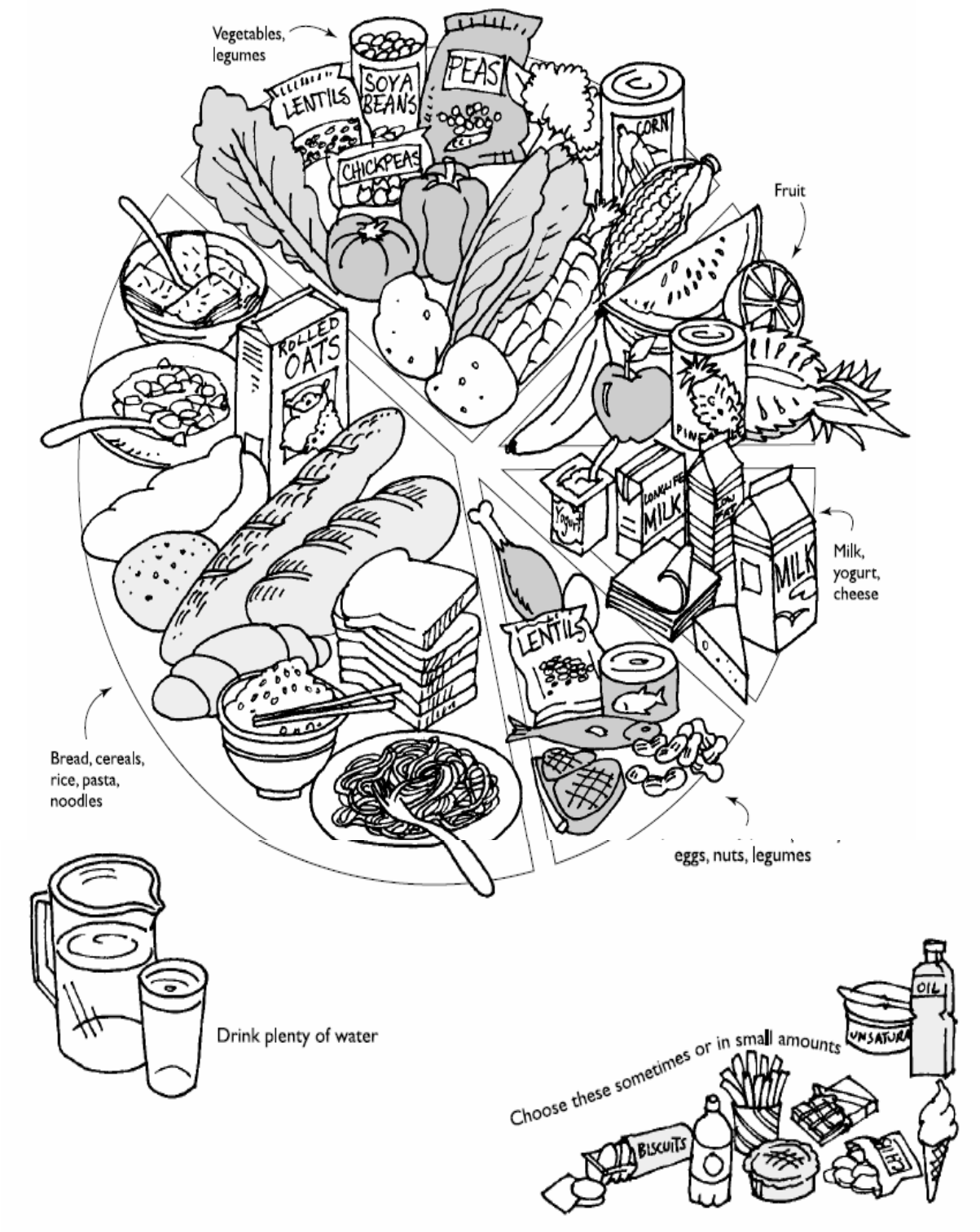


(Source: Win the Rockies)

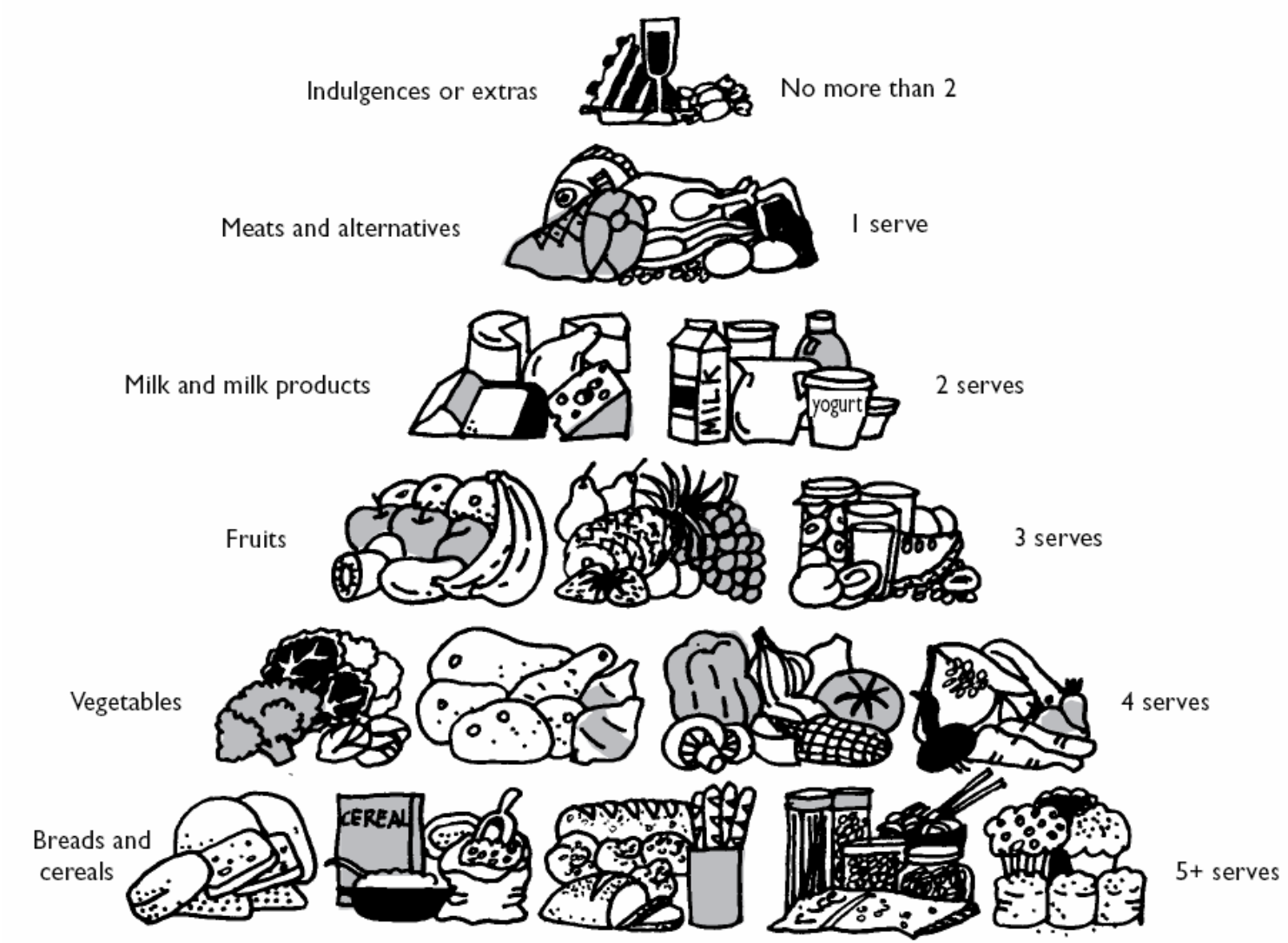
Resource Link: **Nil**
Additional Resources Required: Common classroom resources

Fun	
Protection	
Growth & Repair	
Energy	

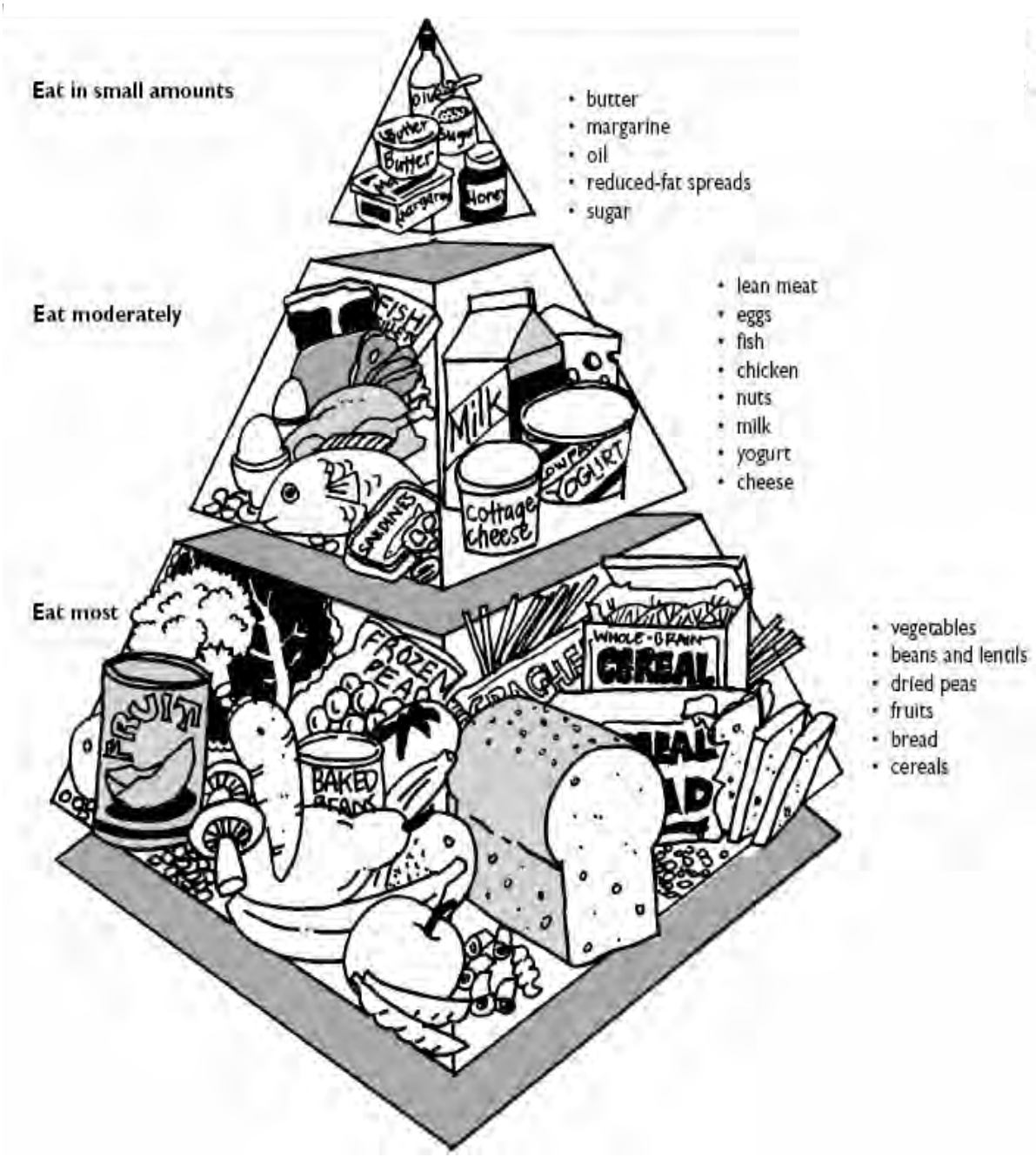
Australian Guide for Healthy Eating



1 2 3 4 5 + Food & Nutrition Plan



Healthy Eating Pyramid



	EXAMPLE	BREADS & CEREALS	VEGETABLES	FRUITS	MILK AND MILK PRODUCTS	MEATS AND ALTERNATIVES	EXTRAS
BREAKFAST	Cereal & Milk & Sugar Peanut butter on toast Glass of juice						
SNACK BREAK	Banana						
FIRST BREAK	Egg and lettuce sandwich Muesli Bar Popper						
SECOND BREAK	Cheese Stixs, Crackers, Sultanas						
AFTER SCHOOL SNACKS	Glass of milk & biscuits						
DINNER	BBQ sausages, mash potato and 2 vegies						
AFTER DINNER	Ice Cream & Topping						
	TOTALS						

Designed By Chancellor State College

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST 	Cereal & Milk Glass of juice	Boil egg on toast Glass of juice	Cereal & Milk Peanut butter on toast Glass of juice	Cereal & Milk	Baked beans on toast Glass of milk
SNACK BREAK 	Apple	Apple	Apple	Pear	Pear
FIRST BREAK 	Vegemite & Cheese sandwich Popper	Cheese spread sandwich Popper	Dry noodles Box of sultanas	Peanut butter sandwich Box of sultanas	Sushi Roll Cheese Stixs
SECOND BREAK 	Chips	Crackers & Dip	Poppers & Jam drop biscuits	Crackers & Dip Popper	Chips & popper
AFTER SCHOOL SNACKS 	Milk & biscuits	Carrot & dip Water	Carrot & dip Water	Chips & juice	Apple & Watermelon Water
 DINNER	Roast meat & veggies (peas, carrot & potato)	Spaghetti Bolognaise	Fish, chips and salad (take away) Can of coke	Sushi Rolls	Pizzas (take away) Can of coke
AFTER DINNER SNACKS? 	Ice cream & topping	Chocolate cake		Ice cream & topping	McDonalds sundae

Designed By Chancellor State College

	MONDAY	BREADS & CEREALS	VEGETABLES	FRUITS	MILK AND MILK PRODUCTS	MEATS AND ALTERNATIVES	EXTRAS
BREAKFAST	Cereal & Milk Glass of juice						
SNACK BREAK	Apple						
FIRST BREAK	Vegemite & Cheese sandwich Popper						
SECOND BREAK	Chips						
AFTER SCHOOL SNACKS	Milk & biscuits						
DINNER	Roast meat & veggies (peas, carrot & potato)						
AFTER DINNER	Ice cream & topping						
	TOTALS						

Designed By Chancellor State College

	TUESDAY	BREADS & CEREALS	VEGETABLES	FRUITS	MILK AND MILK PRODUCTS	MEATS AND ALTERNATIVES	EXTRAS
BREAKFAST	Boil egg on toast Glass of juice						
SNACK BREAK	Apple						
FIRST BREAK	Cheese spread sandwich Popper						
SECOND BREAK	Crackers & Dip						
AFTER SCHOOL SNACKS	Carrot & dip Water						
DINNER	Spaghetti Bolognaise						
AFTER DINNER	Chocolate cake						
	TOTALS						

Designed By Chancellor State College

	WEDNESDAY	BREADS & CEREALS	VEGETABLES	FRUITS	MILK AND MILK PRODUCTS	MEATS AND ALTERNATIVES	EXTRAS
BREAKFAST	Cereal & Milk Peanut butter on toast Glass of juice						
SNACK BREAK	Apple						
FIRST BREAK	Dry noodles Box of sultanas						
SECOND BREAK	Poppers & Jam drop biscuits						
AFTER SCHOOL SNACKS	Carrot & dip Water						
DINNER	Fish, chips and salad (take away) Can of coke						
AFTER DINNER							
	TOTALS						

Designed By Chancellor State College

RP 3.9

	THURSDAY	BREADS & CEREALS	VEGETABLES	FRUITS	MILK AND MILK PRODUCTS	MEATS AND ALTERNATIVES	EXTRAS
BREAKFAST	Cereal & Milk						
SNACK BREAK	Pear						
FIRST BREAK	Peanut butter sandwich Box of sultanas						
SECOND BREAK	Crackers & Dip Popper						
AFTER SCHOOL SNACKS	Chips & juice						
DINNER	Sushi Rolls						
AFTER DINNER	Ice cream & topping						
	TOTALS						

Designed By Chancellor State College

	FRIDAY	BREADS & CEREALS	VEGETABLES	FRUITS	MILK AND MILK PRODUCTS	MEATS AND ALTERNATIVES	EXTRAS
BREAKFAST	Baked beans on toast Glass of milk						
SNACK BREAK	Pear						
FIRST BREAK	Sushi Roll Cheese Stixs						
SECOND BREAK	Chips & popper						
AFTER SCHOOL SNACKS	Apple & Watermelon Water						
DINNER	Pizzas (take away) Can of coke						
AFTER DINNER	McDonalds sundae						
	TOTALS						

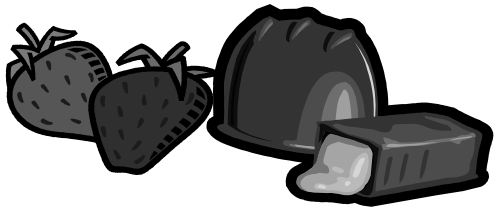
Designed By Chancellor State College

RP 3.11

WEEK TOTALS	BREADS & CEREALS	VEGETABLES	FRUITS	MILK AND MILK PRODUCTS	MEATS AND ALTERNATIVES	EXTRAS
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
TOTALS						

Designed By Chancellor State College

The pleasure of eating…



Here's how. Follow these steps.

(1) Look closely at the food. Take note of how it looks…
(2) Think for a few minutes about how the food will taste.. *(Is your mouth watering??)*
(3) Smell the food… really smell it! Take your time, enjoy it!
(4) Place a small portion in your mouth on your tongue.
(5) Don't bite!
(6) Let the food melt slowly or chew very slowly. Enjoy the flavour and the texture as it changes.

Do you notice how the taste fills your mouth?

Have a go at writing your own ANALOGY

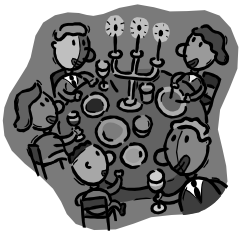
Here's an example:

Eating a Lindt Ball

A bobble on a Christmas tree
Crinkling of unwrapping a present
Coco Pops
Sweet, smooth and silky
Hot chocolate on a cold night
Happy…

Here's the framework:

Looks like
Sounds like
Smells like
Feels like
Taste like
Makes me feel like



Mealtime
A festival for our senses!

Name: _____

Food item: _____ (draw a picture)	**Sight** (colour, shape, size...)	**Sound** (crunchy, squeaky…)
Taste (sweet, sour, bitter, salty...)	**Touch** (hot, cold, firm, smooth...	**Smell** (strong, mild, spicy, sweet)

Food item: _____ (draw a picture)	**Sight** (colour, shape, size...)	**Sound** (crunchy, squeaky…)
Taste (sweet, sour, bitter, salty...)	**Touch** (hot, cold, firm, smooth...	**Smell** (strong, mild, spicy, sweet)

Asking the big questions about..... **Breakfast Cereal**!?#

Child's name: _____

Your regular brand of cereal: _____

Comments: (Perhaps you buy a different brand each time?)

_____

_____

_____

Parents,
Please put a 1, 2 or 3 next to the 3 top reasons for your choice of a particular cereal. (1 as the top reason).

Cost	
It was on special	
Brand (it is a proven product)	
The kids like the taste	
The packaging caught your eye	
Advertising eg slogan, TV ads	
A special feature like competitions, toys, stickers, etc.	
Other (please state)	

Thank you for your time

Developed by Chancellor State College

Asking the big questions about..... **Toothpaste**!?#

Child's name: _____

Your regular brand of toothpaste: _____

Comments: (Perhaps you buy a different brand each time?)

_____

_____

_____

Parents,
Please put a 1, 2 or 3 next to the 3 top reasons for your choice of a particular toothpaste. (1 as the top reason).

Cost	
It was on special	
Brand (it is a proven product)	
The kids like the flavour	
The packaging caught my eye	
Advertising eg slogan, etc	
A special feature like stripes, sparkles, etc.	
Other (please state)	

Thank you for your time

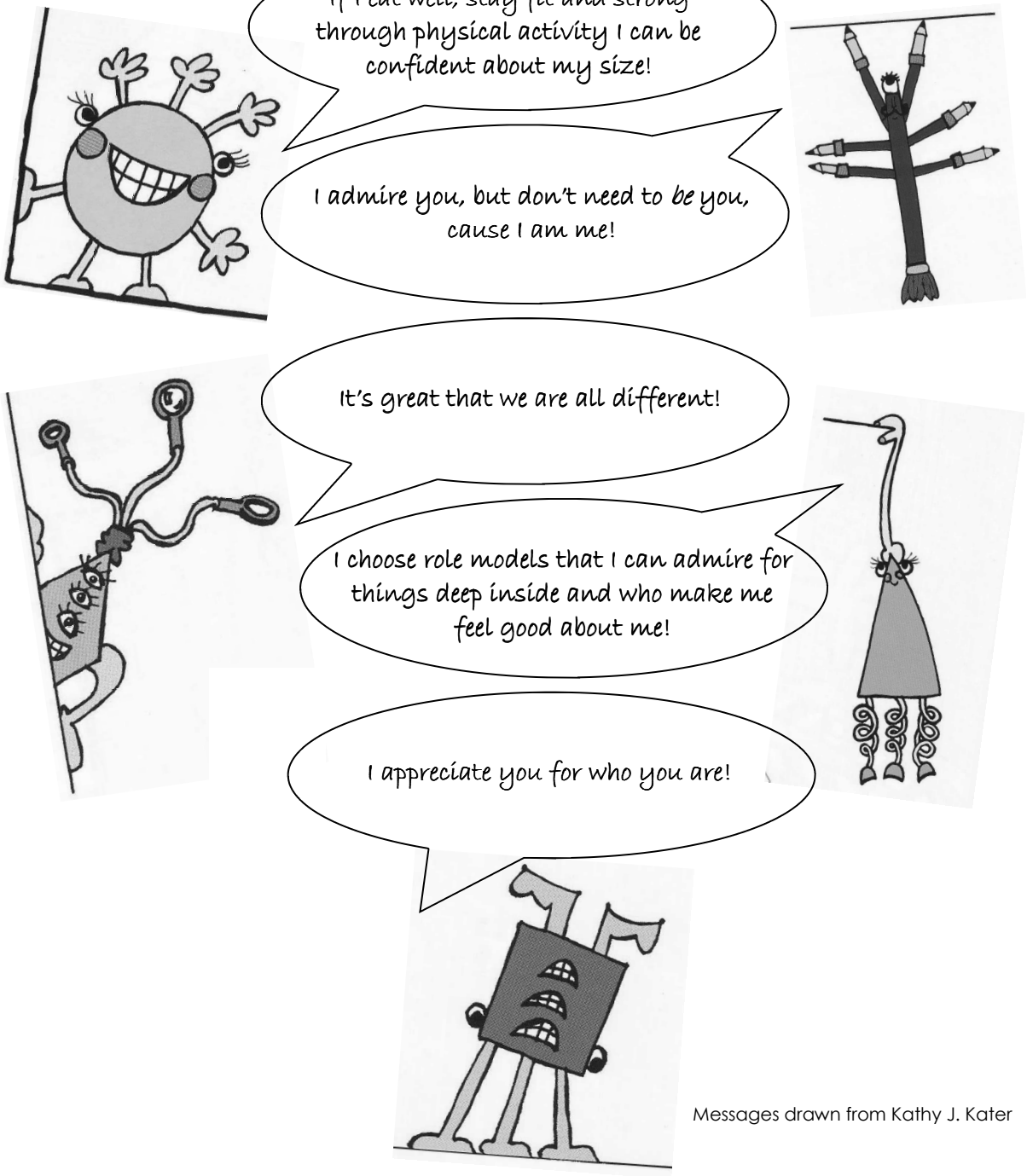
Developed by Chancellor State College

Focus Investigation 4:

How can we appreciate EVERYBODY?

Underlying principles: Self esteem and resilience

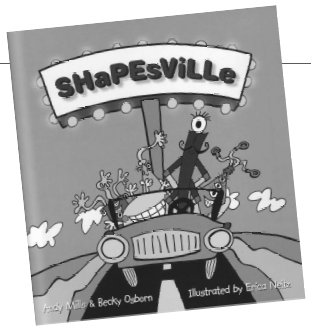
The attitudes we want students to 'walk away' with from this investigation!



Messages drawn from Kathy J. Kater

How can we appreciate EVERYBODY?

Teaching & Learning Opportunities



ACTIVITY 1: 3B… Where lots of SHaPEs play?

Read 'SHaPEsViLLe'. Revisit the key messages drawn out at the beginning of the unit. Focus attention on the opening section and key message of the story. Use **RP (1)** to revisit. '…In Shapesville it doesn't matter what size, shape, or colour you are because here everyone is a star!'

Run through all the wonderful learning experiences that the class has done so far in this unit, highlighting how much more they understand themselves.

Continue to draw parallels between 'SHaPEsViLLe' and your classroom - that differences between people are celebrated and that we all have terrific unique qualities that should be shared and valued. Use the wall display from the 'Characters of 3B' activity.

Display the cover of 'SHaPEsViLLe'. Ask the students to tell you what they see. Draw out the discussion about 5 uniquely valuable but different characters all part of the same community, friends happy in each others company. Continue to draw parallels between 'SHaPEsViLLe' and your classroom. What are some of our class beliefs and values that allow us to work together happily?
List the responses and keep displayed so the list may be added to and refined as this investigation continues.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 2: Are you looking for a friend?

Well, I might be just the person, Just 4 u!

Discuss with the students that the starting point of good healthy relationships is understanding ourselves and knowing that we have a lot to offer other people. Revisit some of the earlier activity products around your room. (Yellow Pages, What am I posters, etc) Explain that this activity is like advertising yourself! (no sneaky tactics now!!) Have students create a colourful paper based 'ad' for themselves. (a4 poster) Your ad will be on display for people in our class to 'respond' to.

Idea drawn from
'Everybody's Different'
Jenny O'Dea 2007

<u>A framework for the 'ad' could be:</u>

- Description
- My strong points
- I am particularly talented at
- I am unique because
- I am a good choice of friend because

After the posters are complete, set a daily rotation so that each and every child gets to spend some time with each other. (1 on 1) They could have a task to complete together or just get some free time to sit and chat or play a game together, share an interest, whatever!

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 3: Me and you!

Students are put into pairs at random. Have the pairs work on creating a **I and You** page. The final draft of the I and You page should have at least 5 I and You statements of the students' choice. I and You statements are based on the students choice of comparative elements. E.g.

I have green eyes, You have blue.
I have blonde hair, Same for you.
I like Simpsons, You like Home and Away.
I like soccer, You love swimming.
I have a dog, You don't.
I like banana, You like strawberry.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

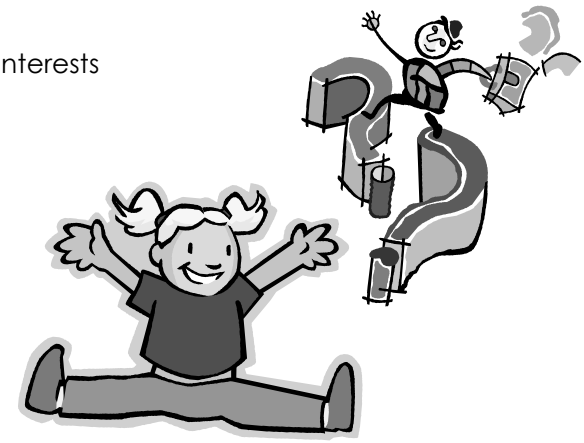
ACTIVITY 4: Bingo!

Discuss the concept of the classroom bingo game, where students will try and find other students that 'fit' to the 'quality' stated in the bingo square.
Have the class assist you to co-construct the bingo square together. Have the square at least 6 or 7 squares in width, making up 36 or more individual 'qualities' to look for.

This co-construction activity summarises and reinforces the message that 'everybody's different', that uniqueness and diversity are terrific and that we all have different valued qualities. Many of them need to be 'seen' to be believed!

Include:

- Personality traits
- Individual abilities and skills, hobbies and interests
- Cultural backgrounds
- Individual beliefs and attitudes
- Values
- Past experiences
- Character traits (such as honesty, trustworthiness, etc)



Some suggestions:

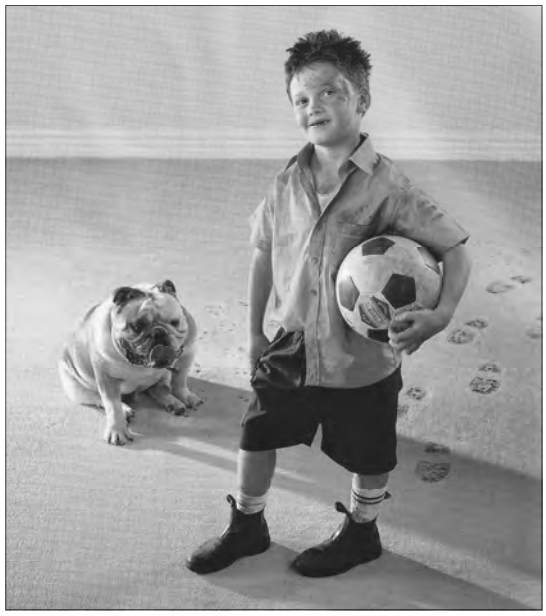
- Can whistle
- Loves swimming
- Is taller than you
- Likes hot chilli food
- Is wearing a watch
- Plays piano
- Does watch Neighbours
- Has brown eyes, etc

Children should work individually first, then pair/share their suggestions, then bring these to the class co-construction session.

Once complete, print out and play the bingo. Encourage students to honour the process of getting correct and thought out answers in each square. Not just finishing first.

Resource Link: **NIL**

ACTIVITY 5: We are all different, aren't we?



Use the picture here **(see resource disk)** and others of your own collection that depict perhaps stereotypical representations, to initiate a discussion.

- Who is in this picture?
- What do you think you 'know' about this person?
- Are all boys this age like this? Do they all play soccer? Etc

Lead discussion around advertising stereotyping and then stereotyping in general life. Discuss any common stereotypes that they might know and are appropriate to share.

Students suggest other statements involving stereotypes that they have heard or read. These can be placed on a chart for later reference.

Discuss how limiting and 'dangerous' stereotyping and assumptions can be. Revisit the picture of the boy above. Have the students think creatively about something 'that may be true' about this boy that would add to someone's understanding about who this boy really is. E.g. Loves watching 'So you think you can dance?'

Express to the students that making assumptions about people based only on what we see on the outside is very limiting and unfair. Flick to the section of the 'SHaPEsViLLe' text and read: *'It's not your shape or the shape of your size, but what's in your heart that deserves first prize.'*

What does this mean to us?

Enlarge the picture of the boy (or another similar) and display it, surrounded with slips of paper which state the suggestions given by the students (above)

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 6: How do we talk to each other?

Discuss that, during this term's investigations, we have had many opportunities to give compliments and to acknowledge the wonderful traits that we have, however different and varied they may be to each other.

Look at the cover of 'SHaPEsViLLe'. What do you see?
Discuss that in the book there isn't any dialogue between the characters. They look happy together don't they? How do you think they speak to each other?

Silent self reflection:

- How do you use words?
- Do you always use kind words?
- Do you use words that support and grow relationships with other people?
- What happens when someone doesn't use words in a kind way?
- Have you ever used words unkindly?
- Have you ever had someone tease you or hurt you using words about how you look?
- How did you feel?
- What did you say to yourself?
- What did you do?

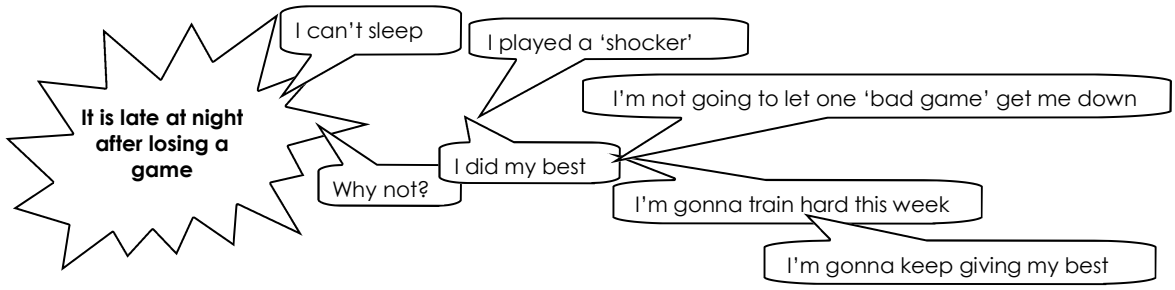
Sit in pairs or small groups of people that you'd feel comfortable sharing your stories with.
As a group collate a list of ideas/ strategies for 'what you would do' if you were teased about how you looked.
Have each group submit their suggestions to create a class construction.
Proudly display this list with a strong message title, such as 'Teasing is not on!' 'We won't let others get us down!'

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 7: How I should talk to myself?

Discuss learning from ACTIVITY 6. Discuss that having a positive image of yourself is the most effective 'protection' from life's 'little problems'. Having a positive self esteem helps us to keep our head up high when we face challenges in our lives.
Discuss that when faced with a challenge, positive 'self talk' is a very effective means of keeping us positive and active to the challenge.
Alternatively, when we negatively 'self talk' we do nothing to help the situation, we drag ourselves down and keep ourselves focused on the negative.

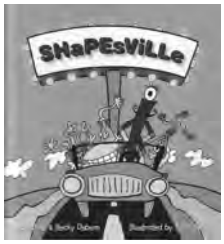
Do several out loud examples/ models of 'positive self talk' based around situations that are relevant to the students. E.g.



Idea drawn from Rosanna Morales 2004

After several modelled and jointly constructed examples done with the class, set a scenario that the students can individually work on, playing out with positive self talk. Have them present this neatly in a speech bubble format. Provide an opportunity for students to share their work.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources



ACTIVITY 8: The people of TV land?

Read the section form 'SHaPEsViLLe'. *'...So tell all your friends, whatever shape they may be, that what matters most may not be on TV.'*
What does this mean?

Revisit the work on advertising that was done earlier in the term.

Lead a discussion about role models and the way that people are represented on TV and the media in general.
Ask the students to have a think about how children their age (or close to their age) are represented on television.

- Are they like the people you know in real life?
- What things are the same and what things are different?
- Why do you think that there is a difference in the real world and TV world?
- Think not only about the storylines of the TV shows but of the people themselves, the way they talk, behave and look.

Try to capture the responses of the children in a mind map, so that this can be revisited when required. The students may focus their attention on one particular character on TV that most or all of them know - capture the details of this discussion in a character profile. Keep refocusing discussion back to the questions above.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 9: People to admire - Role models of mine!

People that we admire often become our role models. You should know more than one quality about your role model. For example, if the only thing you know about a famous athlete is that she/he is a great athlete, that isn't enough.

- Think of 2 people you admire or consider as role models. At least one of these should be someone you know personally. The other may be someone you do not know but have read or heard a lot about.
- List at least 5 qualities about each of these people you admire and would like to develop in yourself. **Consider deeper qualities, not merely surface stuff. What does she/he do or believe in and how do they act? Someone you admire makes you feel positive, they inspire the goodness that is in you and make you want to bring out your best. How do these people do this?**

Try to model this activity through discussion of your own role models or people who you admire. Have the students share their responses in pairs or small groups.

Resource Link: **NIL**
Additional Resources Required: Common classroom resources

ACTIVITY 10: What makes a friend?

Use an appropriate junior fiction text to initiate discussion about friends and friendship. As a class, brainstorm and record the responses to these statements:

- A good friend always….
- A good friend never….
- It's great to have friends because….

Have the list of student responses on display.

One small group (6 students max) at a time, will work with the teacher (during rotation activities) to complete the following activities.

- Review the lists and create any further suggestions to add.
- Present students with an array of photograph images of children (see resource disk)

NB# teacher preparation - on the back of each photo write 3 statements drawn from the class list responses to (1) A good friend always and (2) A good friend never. Remember to use a combination of both. E.g.

Kind
Helps you when your hurt
Snatches things

- Have the students choose (based on the picture only) which of the children they feel that they would be more likely to strike up a friendship with. Discuss each child's individual choice and their reflections of the activity. 'Was it hard to make a decision?' NOTE: It is fine if more than 1 student picks the same picture.
- Have the students choose again, this time allowing them to read the information on the backs of the images. Discuss their individual responses again and their reflections on this activity compared to the earlier choice activity. 'Have your decisions changed?' 'What helped you make a decision?'
- Lead a discussion about how our beliefs about people are better served when we consider the 'whole' person, not how they look. Also discuss how no person is perfect and that we tend to accept things about people because of *everything* they are - not just their 'good' points or their 'not so good' points.

Resource Link: **Photo images on resource disk**
Additional Resources Required: Common classroom resources

ACTIVITY 11: Ladies and gentlemen, can I introduce you to ….

Students work in pairs, preferably with someone whom they do not necessarily know very well. Alternatively, this activity could be done well in pairs of students that know each other particularly well.
Students talk about each other's features and they decide what makes the other person interesting and different, what makes them 'amazing' (talents, quirky things) and why they are a good friend. **RP (4.1)** frames up these questions plus leaves room for an extra 'statement' of each student's choice.

Once the written work is complete, students practice verbally introducing each other. Encourage the students to have fun, exaggeration is often hilarious if done well. Teacher should work individually with students before the presentations to check the appropriateness of the content.

Resource Link: **RP (4.1)** Larger original versions can be printed from resource disk
Additional Resources Required: Common classroom resources

Introducing the one...the only...

Ladies and gentlemen, girls and boys, please allow me to introduce, the one, the only… _____

_____ is:

(gender, age, eye colour, hair colour, other descriptive features)

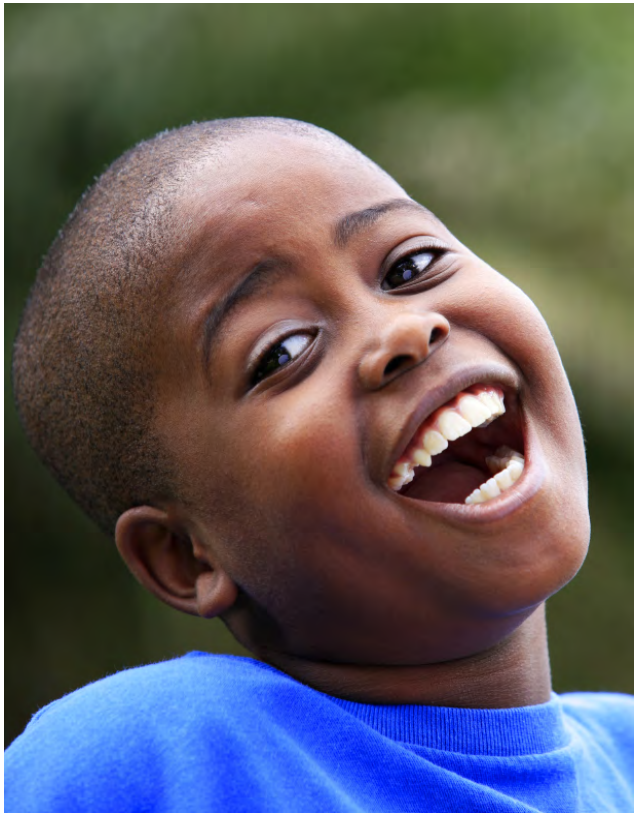
What is interesting and different about _____ is she/he:

He/She is amazing because:

And he/she is a great friend because:

…….:

Ladies and gentlemen, girls and boys, let's have a big round of applause for _____



EVERYBODY in Schools

Student Health Questionnaire

Instructions: Tick the box beside the answer you think is most right for you.

Example:

I like playing soccer	**Agree ☑**	**Unsure ☐**	**Disagree ☐**

Part A: Healthy & Pleasurable Eating

1. Eating fruit and vegetables every day keeps me healthy.	Agree ☐	Unsure ☐	Disagree ☐
2. Most healthy food tastes good.	Agree ☐	Unsure ☐	Disagree ☐
3. Most vegetables taste bad.	Agree ☐	Unsure ☐	Disagree ☐
4. I like eating dinner at the table with my family.	Agree ☐	Unsure ☐	Disagree ☐
5. It is ok to have chocolate sometimes.	Agree ☐	Unsure ☐	Disagree ☐
6. My parents have to encourage me to eat fruit and vegetables.	Agree ☐	Unsure ☐	Disagree ☐
7. I like to try new foods that I haven't eaten before.	Agree ☐	Unsure ☐	Disagree ☐

Part B: Active Living

8. I like to do physical activities that make me huff and puff.	Agree ☐	Unsure ☐	Disagree ☐
9. Every day I do physical activities that make me huff and puff.	Agree ☐	Unsure ☐	Disagree ☐
10. I watch TV and/or play computer games for more than two hours every day (not counting when I am at school).	Agree ☐	Unsure ☐	Disagree ☐
11. My parents have to encourage me to be physically active.	Agree ☐	Unsure ☐	Disagree ☐
12. I like to do physical activities because I get to play with my friends.	Agree ☐	Unsure ☐	Disagree ☐
13. Being physically active every day keeps me healthy.	Agree ☐	Unsure ☐	Disagree ☐
14. Physical activity is just about playing sport.	Agree ☐	Unsure ☐	Disagree ☐

Part C: Fostering Self Esteem & Resilience

15. I feel good about myself most of the time.	Agree ☐	Unsure ☐	Disagree ☐
16. I am happy just the way I am.	Agree ☐	Unsure ☐	Disagree ☐
17. How I look is only one part of who I am.	Agree ☐	Unsure ☐	Disagree ☐
18. There are many different things about me that make me interesting.	Agree ☐	Unsure ☐	Disagree ☐
19. I am not good at much.	Agree ☐	Unsure ☐	Disagree ☐
20. How I look is one of the most important things about me.	Agree ☐	Unsure ☐	Disagree ☐
21. I do things that are healthy for me even if my friends don't think it's cool.	Agree ☐	Unsure ☐	Disagree ☐
22. I choose my friends because I enjoy being with them even if other kids don't like them much.	Agree ☐	Unsure ☐	Disagree ☐
23. I go along with things my friends think are cool even if I don't really agree with them.	Agree ☐	Unsure ☐	Disagree ☐

Part D: Valuing Body Size Diversity

24. You can tell from the shape of a person's body what type of food they eat.	Agree ☐	Unsure ☐	Disagree ☐
25. You can tell from the shape of a person's body how much physical activity they get.	Agree ☐	Unsure ☐	Disagree ☐
26. You can tell from the shape of a person's body how much time they spend watching TV or playing on the computer.	Agree ☐	Unsure ☐	Disagree ☐
27. You can tell from the shape of a person's body if they are nice or not.	Agree ☐	Unsure ☐	Disagree ☐
28. I get teased about my body shape or size (fat, skinny, short or tall).	Agree ☐	Unsure ☐	Disagree ☐
29. I tease other kids about their body shape or size (fat, skinny, short or tall).	Agree ☐	Unsure ☐	Disagree ☐
30. I think my size and shape are right for me.	Agree ☐	Unsure ☐	Disagree ☐

Thank you for completing this questionnaire ☺

in Schools

Student Health Questionnaire Instructions

Questionnaire administration

The Student Health Questionnaire has been designed to enable teachers to evaluate the impact of the Everybody in Schools unit on the knowledge, attitudes and beliefs of the students in their class.

The Student Health Questionnaire is administered and the results of the questionnaire are analysed prior to the implementation of the Everybody in Schools unit. This process is repeated at the end of the unit. The results from before and after the unit can then be compared.

The Student Health Questionnaire consists of four parts: Part A Healthy and Pleasurable Eating, Part B Active Living, Part C Fostering Self Esteem and Resilience, and Part D Valuing Body Size Diversity. Each part includes 7 or 9 questions. Each question has three response options: Agree, Unsure and Disagree.

The questionnaire is to be completed anonymously by each student in class time. It is very important to emphasise to the students that they must tick only one response box for each question, otherwise their responses can not be counted.

Students can be involved in calculating and presenting the class scores for each part. There are no names recorded on the questionnaire and it is advised that the questionnaires are collected immediately after completion and randomly redistributed amongst the class for scoring. This way, students won't be aware of their own scores and no student's scores will be attributable to any individual.

The instructions for calculating the scores are provided below.

Questionnaire analysis

Step 1: Code and score the responses for each question

a. Write the codes 1, 2 or 3 beside the response boxes depending on the direction of the question.

b. For questions that are positively directed, code Agree as 3, Unsure as 2 and Disagree as 1 (see example below).
   - Positively directed questions are: 1, 2, 4, 5, 7, 8, 9, 12, 13, 15, 16, 17, 18, 21, 22 & 30

1. Eating fruit and vegetables every day keeps me healthy.	Agree ☑ **3**	Unsure ☐ **2**	Disagree ☐ **1**
2. Most healthy food tastes good.	Agree ☐ **3**	Unsure ☐ **2**	Disagree ☑ **1**

c. For questions that are negatively directed, code Agree as 1, Unsure as 2 and Disagree as 3 (see example below).
   - Negatively directed questions are: 3, 6, 10, 11, 14, 19, 20, 23, 24, 25, 26, 27, 28 & 29

24. You can tell from the shape of a person's body what type of food they eat.	Agree ☐ **1**	Unsure ☐ **2**	Disagree ☐ **3**
25. You can tell from the shape of a person's body how much physical activity they get.	Agree ☐ **1**	Unsure ☐ **2**	Disagree ☐ **3**

d. Once all response boxes are coded, write the score that corresponds to the code for the box ticked for each question at the end of each row (see examples below).

				Score
1. Eating fruit and vegetables every day keeps me healthy.	Agree ☑ **3**	Unsure ☐ **2**	Disagree ☐ **1**	**3**
2. Most healthy food tastes good.	Agree ☐ **3**	Unsure ☐ **2**	Disagree ☑ **1**	**1**

24. You can tell from the shape of a person's body what type of food they eat.	Agree ☐ **1**	Unsure ☑ **2**	Disagree ☐ **3**	**2**
25. You can tell from the shape of a person's body how much physical activity they get.	Agree ☐ **1**	Unsure ☐ **2**	Disagree ☑ **3**	**3**

e. If more than one response box has been ticked for a question, then you have to ignore that question and write the score as zero (see example below).

8. I like to do physical activities that make me huff and puff.	Agree ☑ **3**	Unsure ☐ **2**	Disagree ☑ **1**	**0**

Step 2: Calculate the individual student summary score for each part

Add up the scores for each question in each part to create a summary score for each of the four parts of the questionnaire for each student (see example below where the summary score for Part C is 17).

Part C: Self Esteem & Resilience

				Score
15. I feel good about myself most of the time.	Agree ☑ **3**	Unsure ☐ **2**	Disagree ☐ **1**	**3**
16. I am happy just the way I am.	Agree ☐ **3**	Unsure ☑ **2**	Disagree ☐ **1**	**2**
17. How I look is only one part of who I am.	Agree ☑ **3**	Unsure ☐ **2**	Disagree ☐ **1**	**3**
18. There are many different things about me that make me interesting.	Agree ☐ **3**	Unsure ☐ **2**	Disagree ☑ **1**	**1**
19. I am not good at much.	Agree ☑ **1**	Unsure ☑ **2**	Disagree ☐ **3**	**0**
20. How I look is one of the most important things about me.	Agree ☐ **1**	Unsure ☑ **2**	Disagree ☐ **3**	**2**
21. I do things that are healthy for me even if my friends don't think it's cool.	Agree ☐ **3**	Unsure ☐ **2**	Disagree ☑ **1**	**1**
22. I choose my friends because I enjoy being with them even if other kids don't like them much.	Agree ☑ **3**	Unsure ☐ **2**	Disagree ☐ **1**	**3**
23. I go along with things my friends think are cool even if I don't really agree with them.	Agree ☐ **1**	Unsure ☑ **2**	Disagree ☐ **3**	**2**
				17

Step 3: Calculate the Adjusted Average Class Summary Score for each part

a. Add up the summary scores for all of the students to create an overall class summary score for each part. You will have four summary scores in total for the class: Part A class summary score, Part B class summary score, Part C class summary score, and Part D class summary score.

b. Divide the class summary score for each part by the number of students that completed the questionnaire.
   - For example if the Part A class summary score is 380 and 23 students completed the questionnaire, the Average Class Summary Score is:

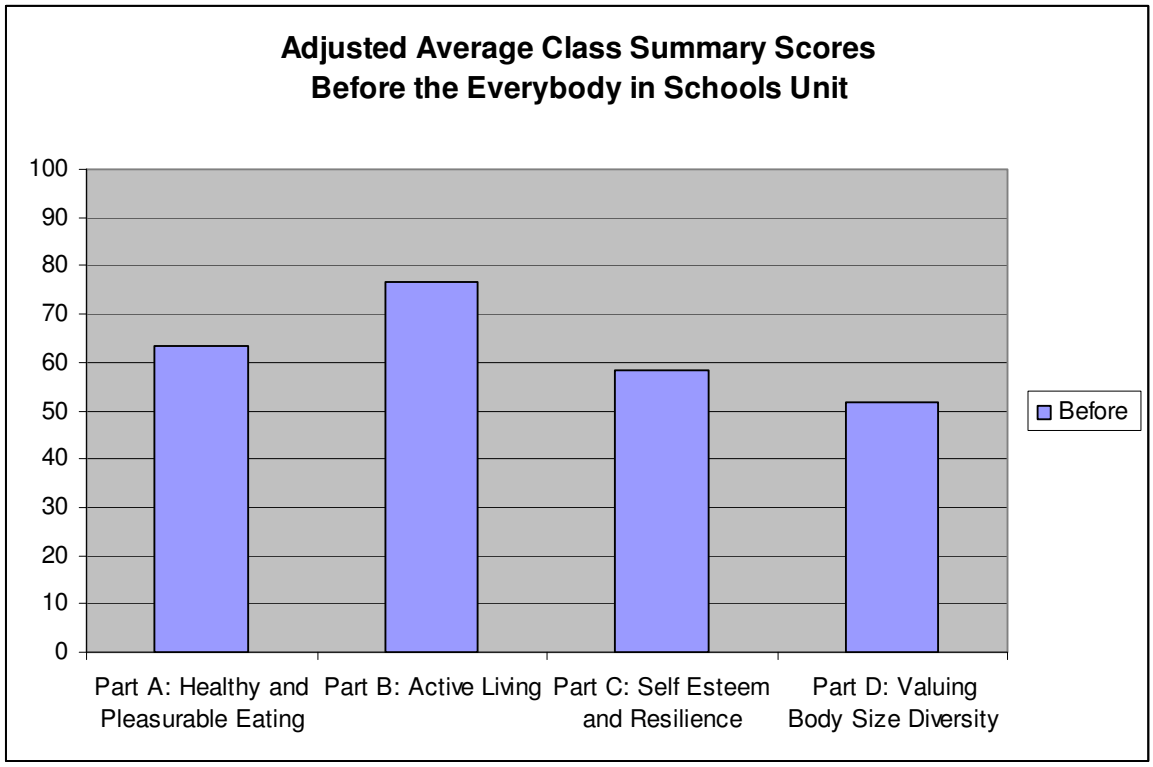
$$380 \div 23 = \mathbf{16.5}$$

c. There are different numbers of questions in each part of the questionnaire, so in order to be able to compare the average class summary scores across the four parts an Adjusted Average Class Summary Score needs to be created for each part. To do this, divide the average class summary score for each part by the number of questions in that part. In order to create a score that is easily compared with other summary scores, multiply the score by 100 and divide by 3 (the maximum score for each question) to calculate a final score out of 100.
   - Part A has 7 questions; Part B has 7 questions; Part C has 9 questions; Part D has 7 questions
   - From the example above, the Part A Average Class Summary Score is 16.5 and there are 7 questions in Part A, so the Adjusted Average Class Summary Score for this part is:

$$17 \div 9 \times 100 \div 3 = \mathbf{63.3}$$

Step 4: Present the results

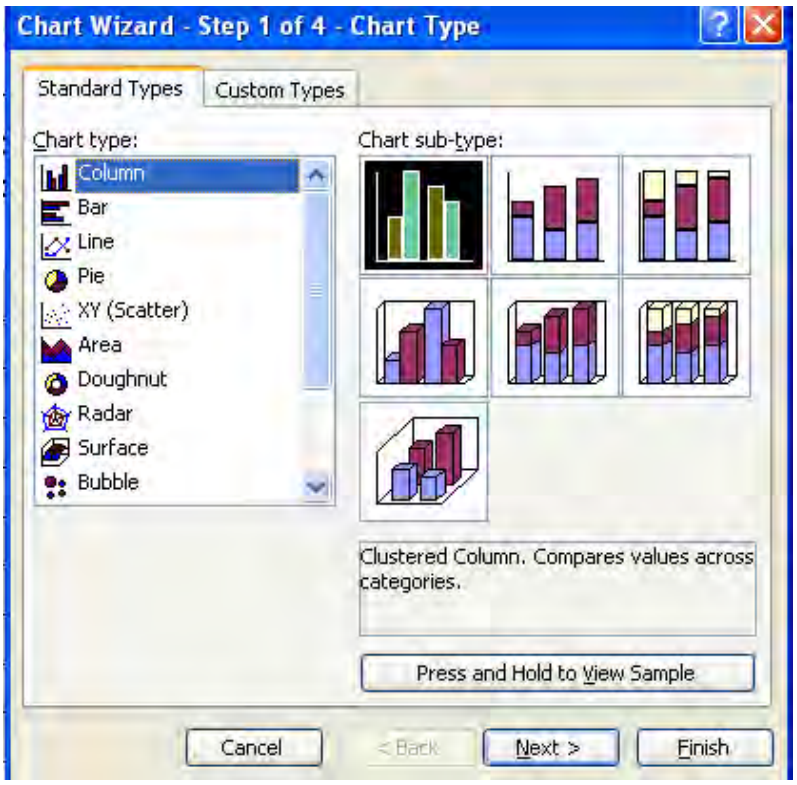
Create a graph showing the Adjusted Average Class Summary Scores for each part (see example below).



This can be done manually or in Excel. If using Excel, create a data sheet with the four parts as rows (see example below).

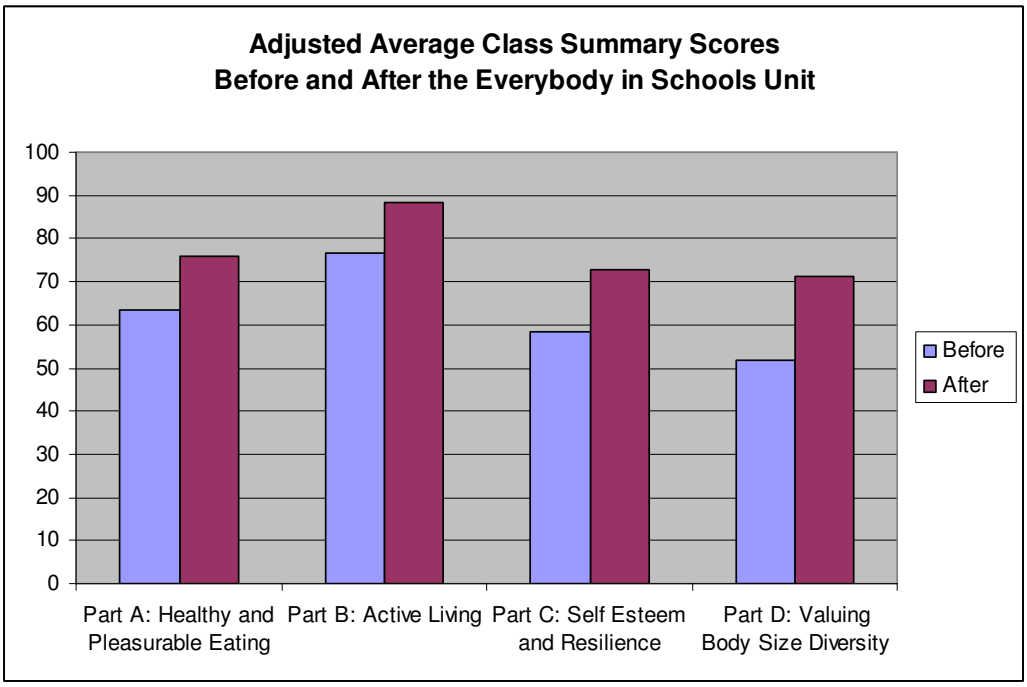
	Before
Part A: Healthy and Pleasurable Eating	63.3
Part B: Active Living	76.6
Part C: Self Esteem and Resilience	58.3
Part D: Valuing Body Size Diversity	51.6

To generate the bar chart, highlight all the information in the table then click on Insert (from the toolbar) then select Chart. There are a number of chart options. To create a chart like the example above, select Column under Chart type and the Clustered Column Chart sub-type. Then click on Finish.



Step 5: Compare the results from before and after the unit

Administer the questionnaire at the end of the Everybody in Schools unit and repeat the analysis steps above. Create a graph showing the Adjusted Average Class Summary Scores for each part for both before and after the Everybody in Schools unit.



If using Excel, enter the After data into the Excel spreadsheet in the next column (see example below).

	Before	After
Part A: Healthy and Pleasurable Eating	63.3	75.9
Part B: Active Living	76.6	88.4
Part C: Self Esteem and Resilience	58.3	72.6
Part D: Valuing Body Size Diversity	51.6	71.1

Create the Chart using the same process described in Step 4 above.

To calculate the change in the scores, subtract the Before score for each part from the After score. This will give you the percentage change for each part. In the example below, there has been a 12.6% improvement in attitudes, values and beliefs about healthy and pleasurable eating etc.

	Before	After	% Change
Part A: Healthy and Pleasurable Eating	63.3	75.9	12.6
Part B: Active Living	76.6	88.4	11.8
Part C: Self Esteem and Resilience	58.3	72.6	14.3
Part D: Valuing Body Size Diversity	51.6	71.1	19.5

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in Schools (Chancellor)

Final Project Report

September 2008

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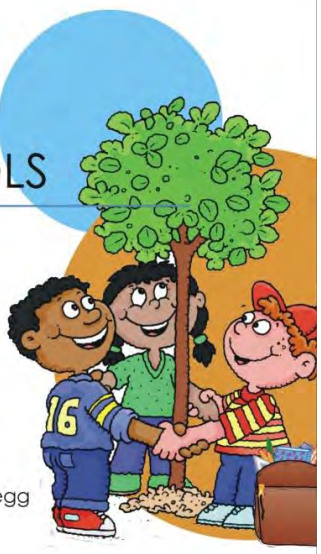
EVERYBODY IN SCHOOLS



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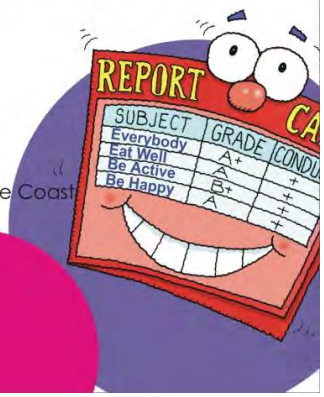

1. Introduction

This report presents the results of the Everybody in Schools (Chancellor) project, funded by the Queensland Community Partnerships Grants Program 2006, project number O-001-00114. Everybody in Schools (Chancellor) was a joint project between Chancellor State College and the University of the Sunshine Coast. The major deliverable for the project was the Everybody in Schools Curriculum Unit. Sections two and three of the report present the results of the impact evaluation of the Everybody in Schools Curriculum Unit on student and teacher knowledge, attitudes, beliefs and behaviours with respect to healthy and pleasurable eating, active living, self esteem and resilience, and valuing body size diversity.

Following the completion of the development, implementation and evaluation of the Everybody in Schools Curriculum Unit at Chancellor State College, a resource kit and professional development workshop were developed to enable other schools to implement the Everybody in Schools Curriculum Unit. Section four of this report presents the results of the process evaluation conducted after the professional development workshop for teachers from the Sunshine Coast region.

2. Impact on students

2.1 Data collection and analysis methods

The impact of the Everybody in Schools (Chancellor) project on students was evaluated using the Student Health Questionnaire pre and post the implementation of the Everybody in Schools Curriculum Unit. The Student Health Questionnaire collected quantitative data on the knowledge, attitudes, beliefs and behaviours of students with respect to four domains: healthy and pleasurable eating; active living; self esteem and resilience; and valuing body size diversity. Data were analysed with the assistance of SPSS version 14.0.

Ninety-five students completed both pre and post questionnaires yielding a 98% response rate. Summary scores for each of the four domains were

created and transformed into a scale from 0 to 100. The Related-Samples Wilcoxon Signed-Rank Test was used to compare the pre and post median summary scores for each domain. The Independent-Samples Mann-Whitney U test was used to compare the median scores across the four classes at each time point.

2.2 Results

From the pre time point to the post time point there were improvements in the scores across all four domains, with a 4% improvement in the scores for healthy and pleasurable eating, 7% improvement for active living ($p<0.05$), 6% improvement for self esteem and resilience ($p<0.05$), and 7% improvement for valuing body size diversity ($p<0.05$) (Figure 1).

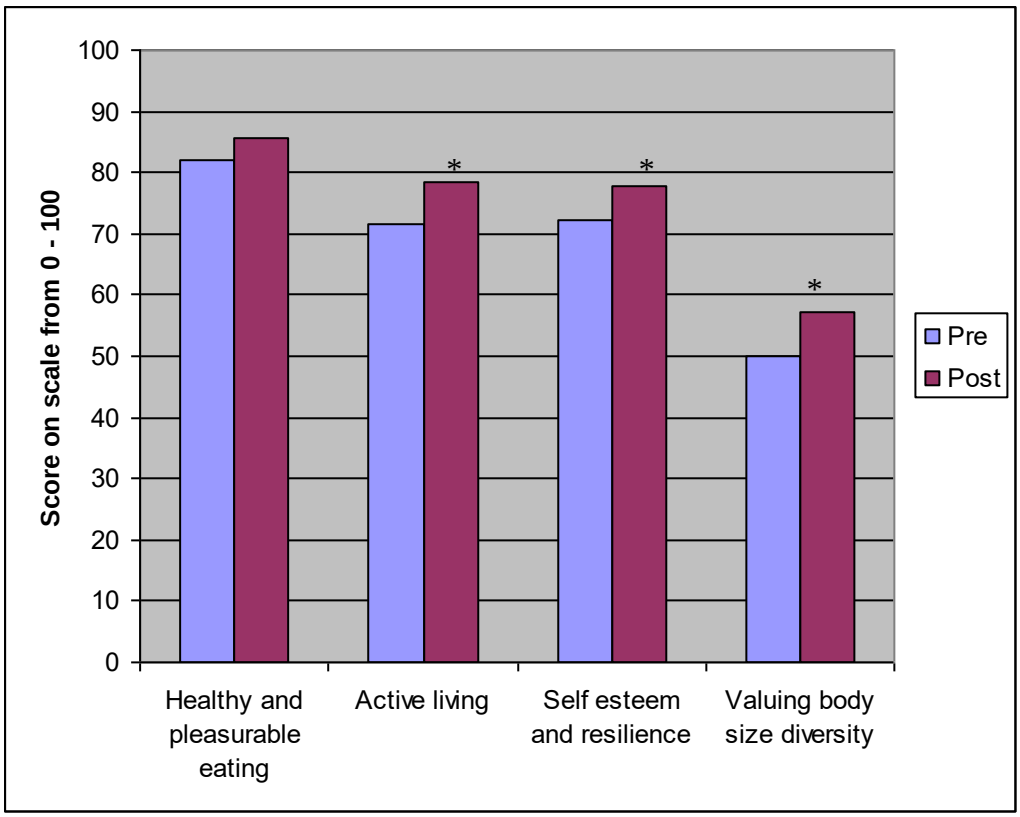

Figure 1: Pre and post scores for four domains * $p<0.05$

There were no significant differences in the scores across the four classes at either the pre time point or the post time point.

3. Impact on teachers

3.1 Data collection and analysis methods

In-depth, semi-structured interviews were used to assess the impact of the project on teachers that participated in the initial design and trial of the Everybody in Schools (Chancellor) Curriculum Unit. Interviews were conducted by the Project Officer for the Everybody in Schools (Chancellor) project post the implementation of the curriculum unit. Teachers were not aware of the student results at the time the interviews were conducted. The four teachers participated in a total of six hours of interviews.

3.2 Results

Data analysis indicated relatively consistent results across the four teachers involved in the project. Overall, teachers reported positive changes in their knowledge, attitudes, beliefs and behaviours with respect to healthy and pleasurable eating, active living, fostering self esteem and resilience, and valuing body size diversity.

3.2.1 Healthy and pleasurable eating

All of the teachers reported that the project had reinforced some of their beliefs about their existing eating patterns, which they rated as reasonably nutritious. They were particularly influenced by the concept of intuitive eating and all agreed that they had become more aware of this in regard to their own personal eating.

They saw the advantages of this approach as not having to follow strict dietary guidelines, but rather becoming more in touch with the needs of their own bodies. The teachers universally reported that this approach to eating was less prescriptive and healthier because it allowed them to enjoy the food they were eating and appreciate food for the benefits that it provided their bodies. Psychologically it gave them the freedom to enjoy a variety of nutritious foods while still enjoying occasional traditional high caloric foods without the associated feelings of guilt.

3.2.2 Active living

The teachers reported that their personal levels of physical activity had increased over the duration of the project. This was in part attributed to them having adopted a broader definition of physical activity through the project. For example, one of the teachers was particularly interested in the establishment of a class garden with her students, but prior to her involvement in the project, she would not have classified this as physical activity.

Teachers reported enjoying their participation in physical activity more since the project, and now appreciate and value exercise not only for the positive physical benefits, but also for the mental and social benefits that it brings. Teachers also reported feeling more capable and motivated to participate in physical activity with their classes as a result of their new-found confidence in the benefits of physical activity.

3.2.3 Fostering self-esteem and resilience

Teachers universally reported that as a result of teaching their students about self-esteem and resilience in the project, they too had felt that their personal levels of self-esteem had increased. They attributed this to the fact that they saw themselves as role models for the children they were teaching.

In terms of resilience they reported little improvement but felt that they were already quite resilient before they began their involvement in this process; a resilience that they claimed came with maturity and life experience.

3.2.4 Valuing body size diversity

This was the area that teachers reported the most significant shift in their knowledge, attitudes, beliefs and behaviours. One of the teachers reported having very strict attitudes towards what, in her opinion, constituted healthy body shapes and sizes. She reported that since her involvement in the project, she now has a more holistic view of health and recognizes that healthy bodies come in all shapes and sizes.

Other teachers reported that the project confirmed what they had intuitively felt about their bodies – that they were reasonably healthy. Through the project they had learnt to assess their health by their levels of physical activity, eating habits, and mental and social health rather than the shape of their bodies. This experience seems to have broadened their views on health in the context of their own lives and in the context of how they will approach and teach health in the future.

In summary, all of the teachers involved in the Everybody in Schools (Chancellor) project reported that it was a very valuable experience for them both personally and professionally. Significantly, the teachers reported that through the project they had developed a more holistic perspective on their own health and the health of their students. They now see further reasons to maintain and adopt healthy habits and behaviours, not just because of the obvious physical benefits, but also because of the increased mental, spiritual and social benefits that they can now identify.

4. Impact of professional development workshop

4.1 Workshop description and evaluation method

Following the successful implementation of the Everybody in Schools (Chancellor) project, a resource kit was developed to assist other schools in implementing the Everybody in Schools Curriculum Unit. A professional development workshop was held at the University of the Sunshine Coast on 15 September 2008 to train school personnel in the use of the Everybody in Schools Curriculum Unit Resource Kit.

The workshop was organised into three parts. Part one focused on developing an understanding of the philosophical foundations and evidence base for the unit, including the Values for Australian Schooling, and the Health at Every Size principles. Part two focused on the Everybody in Schools Curriculum Unit, including the curriculum, pedagogy and assessment, and the unit's relationship to the current Essential Learnings. Part three developed practical skills in applying the unit activities in the classroom.

A self completed process evaluation questionnaire was used to assess the workshop.

4.2 Results

Nineteen people participated in the professional development workshop. Fifteen teachers and one deputy principal completed the workshop evaluation questionnaire.

Participants expressed high levels of satisfaction with the workshop, with nine participants reporting that it was great, and the remaining seven reporting that it was pretty good (Figure 2).

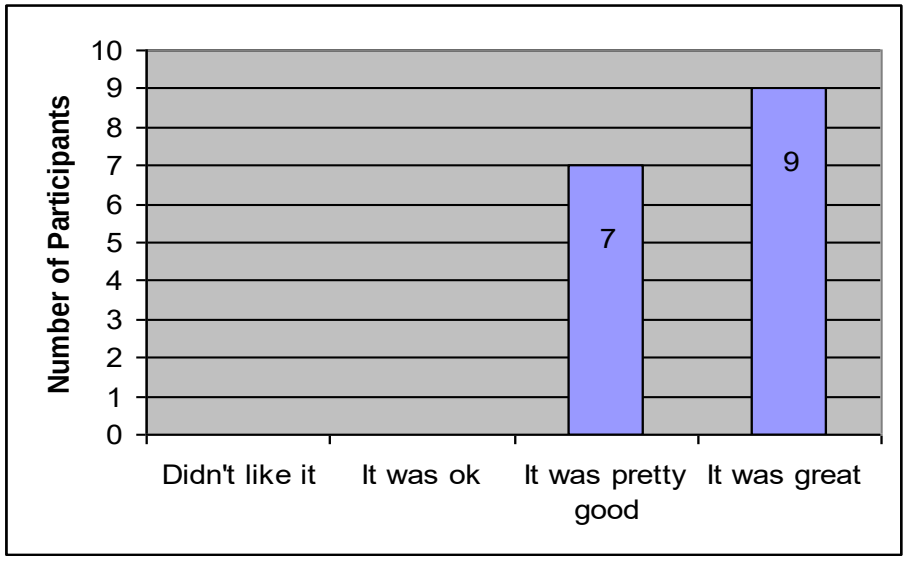

Figure 2: Overall impression of the workshop

Participants rated the facilitators' knowledge in the content area very highly, with 15 participants it as great and one participant as pretty good (Figure 3).

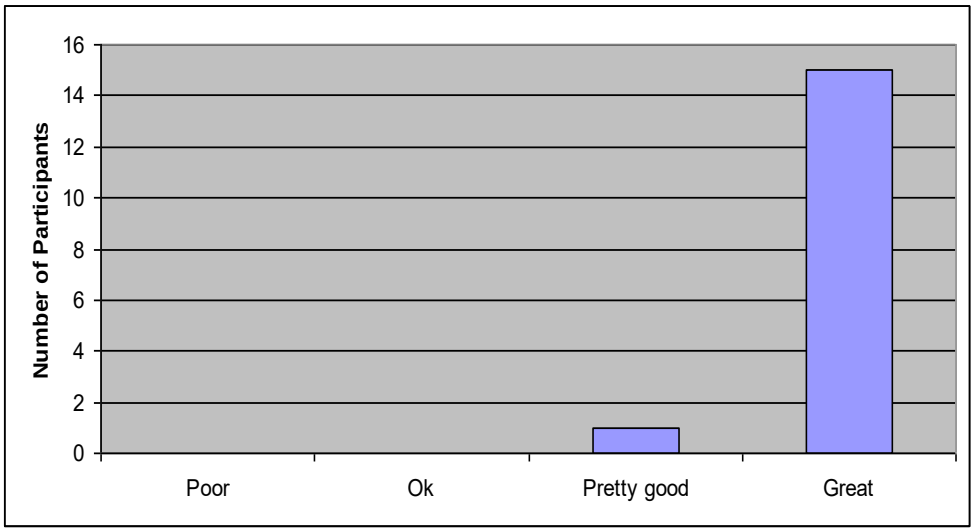

Figure 3: Facilitators' knowledge in the content area

The majority of participants (10) rated the facilitators' skills in workshop facilitation as great, and six participants rated them as pretty good (Figure 4).

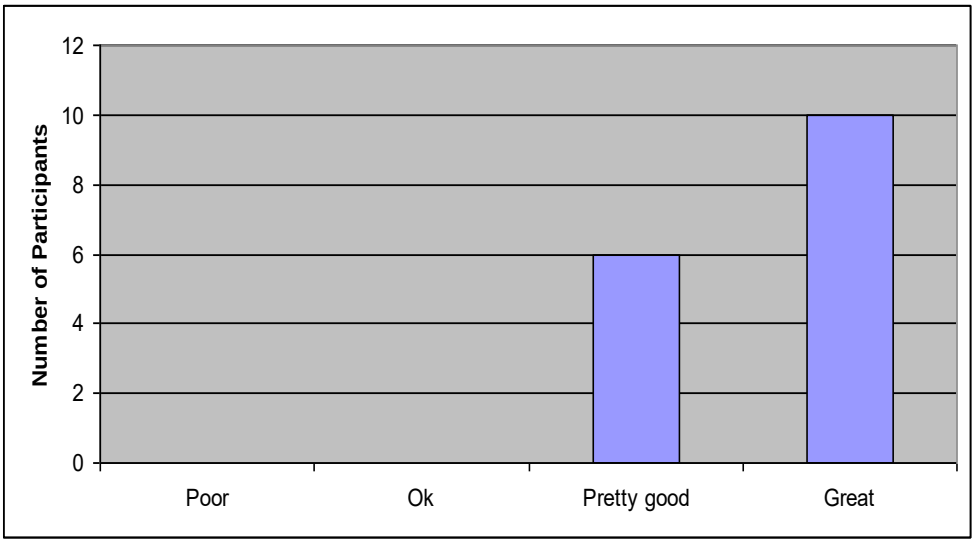

Figure 4: Facilitators' skills in workshop facilitation

The majority of participants (12) rated the Everybody in Schools Curriculum Unit Resource Kit as great and four rated the kit as pretty good (Figure 5).

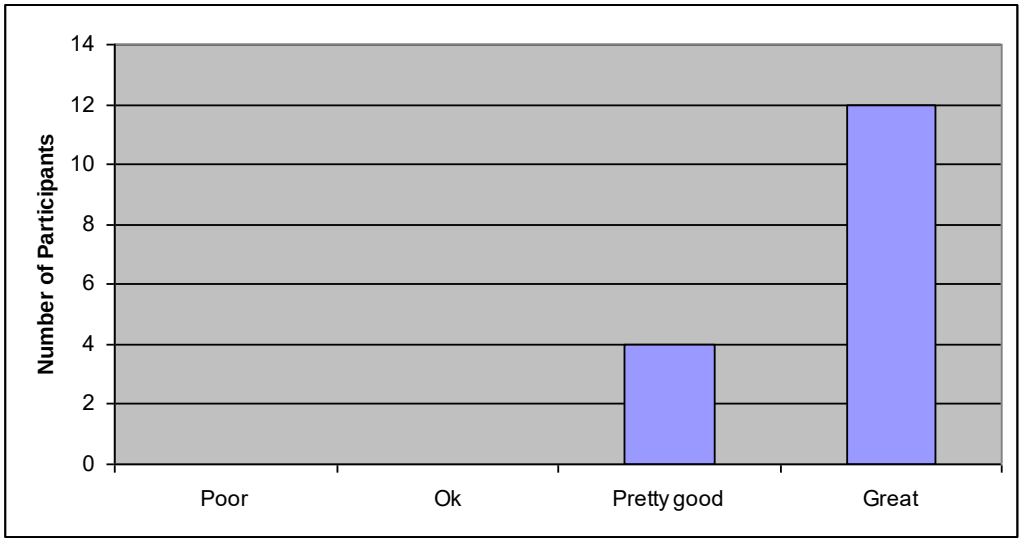

Figure 5: Quality of the Curriculum Unit Resource Kit

In response to the open ended question about the best parts of the workshop, many participants enjoyed learning about the philosophical principles that underpinned the unit, and others enjoyed the practical application of the Everybody in Schools Curriculum Unit Resource Kit.

Participants were asked what parts of the workshop could have been improved. Feedback indicated that the participants would have liked to spend even more time on the practical application of the Everybody in Schools Curriculum Unit Resource Kit.

In summary, participants found the workshop to be very informative and a valuable professional development activity that will enable them to increase their focus on healthy and pleasurable eating, active living, fostering self esteem and resilience, and valuing body size diversity.

5. Conclusion

Everybody in Schools (Chancellor) was a joint project between Chancellor State College and the University of the Sunshine Coast. The project had a positive impact on the knowledge, attitudes, beliefs and behaviours of staff and students with respect to healthy and pleasurable eating, active living, self esteem and resilience, and valuing body size diversity. The professional development program was well received and participants rated the quality of the Everybody in Schools Curriculum Unit Resource Kit very highly.

The results of this program indicate that teachers should be encouraged to plan and develop health education units based on the Health at Every Size paradigm. The nature of this paradigm, which incorporates a holistic view of health, encourages teachers to create teaching units and learning experiences based on pedagogical best practice, therefore enhancing the quality of learning and teaching.

2010 POST SCRIPT

Since this report was written, a more detailed paper describing the impact on teachers has been published.

Shelley K, O'Hara L & Gregg J. (2010) The impact on teachers of designing and implementing a Health at Every Size curriculum unit. *Asia-Pacific Journal of Health, Sport and Physical Education*. 1(3/4):21-28

The impact on teachers of designing and implementing a Health at Every Size curriculum unit

Karen Shelley, Lily O'Hara & Jane Gregg *- University of the Sunshine Coast*

With growing concern over the 'obesity epidemic' in children, schools have become the front line of defence in the 'war against obesity'. However there is a growing body of evidence of unintended harm associated with school-based health education programs framed as 'obesity prevention', including body dissatisfaction, eating and physical activity disorders and size-based bullying, harassment, violence and discrimination. An alternative paradigm known as Health at Every Size (HAES) aims to avoid such unintended negative consequences and to promote holistic health and well being. A HAES focused curriculum unit was designed and implemented at a school in Queensland, Australia. The impact of the project on students and teachers was evaluated. This paper reports on the results of classroom observations and individual semi-structured interviews, which were used to collect qualitative data about the impact on teachers. There was a substantial and positive impact on teachers' knowledge, attitudes, beliefs and teaching skills. The HAES paradigm enabled teachers to design and implement a curriculum unit consistent with the holistic, ecological (social) model of health and syllabus requirements, and have a positive impact on student learning and teaching practice.

Introduction

Governments in many western countries, including Australia, are implementing programs to address what has become known as the 'war on obesity'. Schools have become a target site for 'obesity prevention' programs as they represent convenient sites in which to gain access to all young people (Kirk, 2006). Many Government programs implemented in Australian schools have a dual focus on increasing levels of physical activity and improving diet with a view to reducing rates of overweight and obesity among school aged children. Focusing on body weight as a primary indicator of health, and implementing programs to address healthy eating and physical activity for the primary purpose of changing body weight is known as the weight-centred health paradigm (Robison & Carrier, 2004).

The weight-centred health paradigm is consistent with the broader biomedical model of health (Baum, 2006). The biomedical model concentrates on the prevention and treatment of disease in individuals. In this model, overweight and obesity are viewed as diseases, contributing to illness and disability. Obesity is regarded as needing to be 'cured', usually by diet, exercise or a combination of both and, increasingly by medical intervention such as surgery and the use of medication (Bacon, 2008; Campos et al. 2006; Gaesser, 2002; Gard & Wright 2005). The biomedical model is the most dominant model of health in western society (Baum, 2006; Robison & Carrier, 2004). However the model has been criticised for having a narrow perspective on health that focuses on individual risk factors for diseases of the body (Baum, 2006).

In contrast to the biomedical model, the holistic, ecological model of health offers a broader perspective on health and well being. The holistic part of the model acknowledges that health is not just confined to the physical body, but includes mental, spiritual and social health and well being (Gregg & O'Hara, 2007; Robison & Carrier, 2004). The ecological part of the model recognises that health and well being are created by complex multi-directional interactions between people and their environment at multiple levels, including individual, group, community and population levels. Personal determinants of health include people's biological status, socioeconomic status, attitudes, values, beliefs, behaviours and skills. Environmental determinants of health include the social, cultural, political, economic, natural and built environments in which people live, work and play (Gregg & O'Hara, 2007). The holistic, ecological model of health is also known as the social model of health. This term is somewhat limiting as it appears to only refer to social health and well being and the role of the social environment. However it is clear from the documents that use the term 'social model of health', such as the Ottawa Charter for Health Promotion (World Health Organisation, 1986), that the term is actually consistent with the holistic, ecological model of health (Awofeso, 2004; Baum, 2006). The term 'social model of health' is used in the literature and in policy documents as shorthand for 'holistic, ecological model of health', and is therefore used in this paper in a similar way.

In Queensland schools, health education has traditionally been addressed as part of the combined subject called 'Health

and Physical Education' (HPE). Syllabus documents in Queensland have reflected the social model of health in the primary school curriculum since 1999 (Queensland School Curriculum Council, 1999). The Student Health and Wellbeing Curriculum Framework (Education Queensland, 2005b) acknowledges the pressure placed on schools to "solve a plethora of health and societal problems" and provides guidelines for teachers when addressing particular health issues including nutrition and physical activity. Teachers are asked to display sensitivity to students' self-esteem and body image and to avoid using cardiovascular fitness and BMI as measures of health. The framework explicitly advises teachers to avoid "programs/resources that take a problem-based approach, that is (programs framed as) 'obesity prevention'" (Education Queensland, 2005b).

In 2008, Queensland schools began designing curricula based on the Queensland Curriculum, Assessment and Reporting (QCAR) Framework Essential Learnings and Standards. The Health and Physical Education Essential Learning for students by the end of year 3 is to understand that "health is multidimensional and influenced by everyday actions and environments" and that "the dimensions of health include physical…, social…, and emotional" domains (Queensland Studies Authority, 2007).

Curricula in the HPE Key Learning Area (KLA) related to body weight and health are still firmly based on the biomedical model of health, and therefore reflect the weight-centred health paradigm (Cale & Harris, 2006; Gard & Wright, 2001; Johns, 2005; Kirk, 2006; Kirk & Colquhoun, 1989). This has been attributed, at least in part, to demands on schools to respond to the "pressures of the obesity crisis" (Kirk, 2006). Schools are regarded as the primary institution with responsibility for promoting activity in young people, and the HPE KLA is seen as the most suitable vehicle for the promotion of active, healthy lifestyles among young people (Cale and Harris, 2006).

The use of the weight-centred health paradigm by teachers was evident in the evaluation of the Daily PE Program in Queensland Schools (Kirk & Colquhoun, 1989). The majority of teachers in this study made assumptions consistent with the weight-centred health paradigm, including that "the most common, everyday indicator of unfitness was obesity or fatness" (p. 429). Glasby and Tinning (2002) focused on what had changed in Queensland schools since Kirk and Colquhoun's work in the late 1980s. They concluded that there had been little paradigm shift in Queensland teachers of HPE even with the introduction of the 1-10 HPE Syllabus (Queensland School Curriculum Council, 1999) which explicitly focused on the social model of health. HPE teachers continued to reproduce values associated with the "cult of the body" (p. 111) and the weight-centred health paradigm.

Programs introduced into Queensland schools in recent years addressing the issues of nutrition and physical activity have been explicitly based in the weight centred health paradigm. Smart Choices focuses on improving the quality of food supplied in schools, and Smart Moves and Active After School Communities focus on increasing physical activity levels of students. Despite the broad range of benefits that flow from improving nutrition and physical activity levels for all children, irrespective of their body size, the rationale for all three programs is to address childhood 'overweight and obesity'. In Jensen's review of projects from the Danish Network of Health Promoting Schools, two different approaches to health education were identified – moralistic and democratic – representing "two incompatible and fundamental views on children, health, how children and youth learn, and the pedagogical bases for learning" (Jensen, 1997, p. 419). The weight-centred health paradigm is consistent with Jensen's moralistic paradigm of health education, which focuses on reducing rates of 'overweight' and 'obesity' as a moral imperative (Campos et al., 2006).

The continued dominance of the weight-centred health paradigm in school based health education programs is perhaps not surprising, given the increased coverage in the general media of 'obesity'. O'Hara and Gregg (2006) report that in a review of Australian and New Zealand newspapers from 1996 - 2005 the word "obesity" went from one mention every nine days to 7.5 mentions every day (O'Hara & Gregg, 2006, p. 260).

There are two major criticisms of the weight-centred health paradigm, particularly with respect to strategies that aim to address childhood 'obesity'. The first is that the paradigm is too narrow (O'Dea, 2005; O'Hara & Gregg, 2006). Within this paradigm, strategies that aim to change children's bodies fail to consider issues related to the way children see and experience their own and others' bodies, both physically and socially; their self-esteem and resilience; and the cultural pursuit of the 'ideal body' (Gard & Wright, 2005). Strategies that focus on improving healthy bodies through physical activity and nutrition alone, and particularly those that focus on behaviour change in preference to environmental change, are therefore unlikely to result in any significant, sustained changes to children's weight (O'Hara & Gregg, 2006).

The second major criticism of the weight-centred health paradigm is the emerging evidence of harm that results from strategies that focus explicitly on children's weight (Kater, 2004; O'Dea, 2005). These harms include increased body dissatisfaction, eating and physical activity disorders and size-based bullying, harassment, violence and discrimination (Gaesser, 2002; O'Dea, 2005; Yager & O'Dea, 2005).

The need for a holistic approach

Cale and Harris (2006) conducted extensive research into physical activity interventions in schools and made several pertinent recommendations for practice. They believe that the purpose of school-based programs should be to increase physical activity rather than fitness. They propose guidelines for the design of school-based physical activity intervention practice that include adopting an ecological approach, student-centred focus, teaching styles that encourage decision-making, a broad range of physical activities and programs, and proper evaluation with longer term follow up. Ecological approaches to physical activity recognise and then respond to the multiple facets of intrapersonal and interpersonal behaviours, as well as the physical, policy and legislative environments (Cale & Harris, 2006).

Kirk (2006) calls for "critical pedagogy in physical education to provide a morally and educationally defensible form of engagement with obesity discourse" (p. 121). He further argues for a form of pedagogy that is not "... delivered by adults to young people from a moral high ground" (Kirk, 2006 p.130). One of the goals of the school-based HPE program, according to Kirk (2006) is to produce educational programs that can "emancipate and empower [students] to be free from the tyranny of the 'cult of slenderness' and its oppressive consequences" (p. 130). Glasby and Tinning

(2002) state that current HPE programs are failing "to offer young people a sense of an alternative future to living with(in) the cult of the body" (p. 118). They wonder where in current HPE programs food is discussed as the "emotion of food, food as pleasure, food as comfort" (p. 117) or where students can "experience their bodies through alternative movement practices" (p. 118).

Health at Every Size (HAES) is an approach to health that has arisen in response to the failure of the weight-centred health paradigm to improve the health of all people. HAES advocates do not claim that the approach will make people thinner, but that it will make them healthier. By focusing on health instead of weight, advocates believe that future generations of children will not develop an obsession with thinness that is detrimental to their physical, mental, social and emotional health (Bacon, 2008; Campos, 2004; Campos et al., 2006; Gaesser, 2002; Gard & Wright, 2005; Robison & Carrier, 2004). The principles of HAES are consistent with the holistic, ecological model of health and include the following concepts: holistic health enhancement – attention to emotional, physical, psychological, social and spiritual well being, without focus on weight loss or achieving a specific 'ideal weight'; size and self-acceptance – respect and appreciation for the rich diversity of body shapes and sizes (including one's own), rather than the pursuit of an idealised weight or shape; the pleasure of eating well – encouraging eating based on internal cues of hunger, satiety, pleasure, appetite and individual nutritional needs rather than on external food plans or diets for weight loss; the joy of movement – encouraging appropriate, enjoyable, life-enhancing physical activity, rather than following a specific routine of regimented exercise for the primary purpose of weight loss (Bacon, 2008; Robison & Carrier 2004; Weight Realities Division of the Society for Nutrition Education, 2002).

HAES been used in several school-based health education programs in the United States including Wellness in the Rockies (University of Wyoming, 2005), Hugs for Teens (Omichinski, 1996), and Healthy Body Image: Teaching Kids to Eat and Love their Bodies (Kater, 2005). Each of these programs has been evaluated and the results have demonstrated positive effects on the holistic health of students (Kater, Rohwer & Londre, 2002; Leibman, 2005; Lobel, 1996). Teenagers participating in the Hugs for Teens program had improvements in self-acceptance, self-nourishment, self-esteem, body image and improved food habits, compared to participants in the traditional diet group (Lobel, 1996). The results of the evaluation of the Healthy Body Image: Teaching Kids to Eat and Love their Bodies Curriculum indicated that it had positively influenced students' knowledge, attitudes and intentions related to body image. Other concepts understood by students included the limits to controlling body size and shape, the hazards of weight loss dieting and unrealistic media images (Kater et al., 2002).

According to the Queensland syllabus documents, teachers are required to use the holistic, ecological (social) model of health and not to focus on 'obesity'. Despite this, the popular media coverage of 'obesity' combined with the implementation of school based programs predicated on addressing 'obesity', has contributed to the perpetuation of the weight centred health paradigm in teachers' practice. The paradigm in which teachers operate will lead to distinctly different teaching units that are devised and implemented in their classrooms (Figure 1).

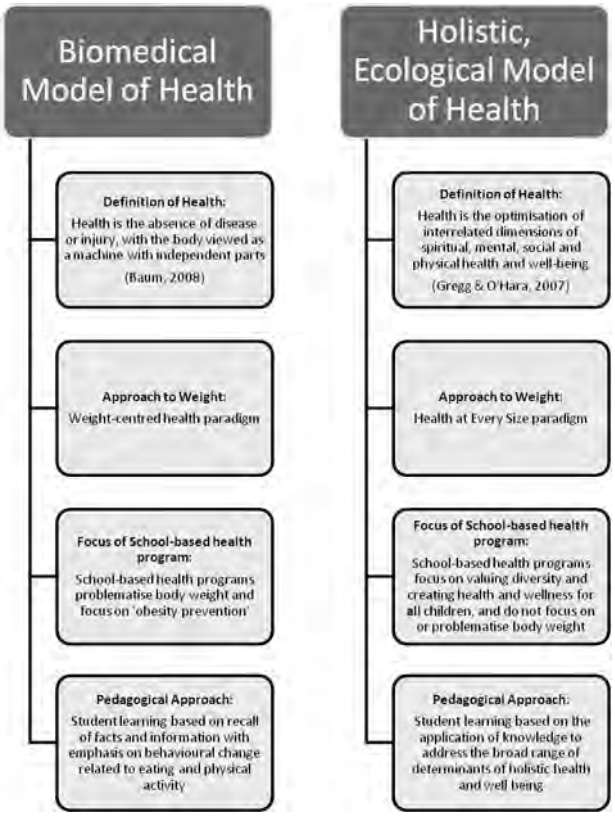

Figure 1 - A comparison of how adherence to either the biomedical health paradigm or the holistic health paradigm can be translated into distinctly different health programs and pedagogical approaches in school settings.

Everybody in Schools

The Everybody in Schools project involved the design, implementation, evaluation and dissemination of a HAES focused curriculum unit. A partnership between the University of the Sunshine Coast and a large P-12 State College on the Sunshine Coast was established and funding for the project was obtained from the Queensland Government's Community Partnerships Grants Program. The Curriculum Head of Department (HOD) for the Primary Campus of the State College determined that the HAES focused curriculum unit would most comfortably sit within year 3, replacing an existing curriculum unit titled *How Do I Best Look After Myself?*. Year 3 teachers were then consulted and agreed to collaborate on the design and implementation of the new curriculum unit.

Teacher in-service training for the Everybody in Schools project commenced in November 2007. This took the form of a full day of professional development training with the teachers who would be teaching year 3 in 2008. Half the day was dedicated to a presentation from an academic from the University of the Sunshine Coast (LOH) on HAES and its relationship to the syllabus. The second half of the day was dedicated to the collaborative planning of the HAES focused curriculum unit.

A further two collaborative planning days were attended by the four year 3 teachers, the Curriculum HOD and a researcher (KS – hereafter referred to as 'the researcher') in terms one and two of 2008. The goal of the collaborative planning sessions was to produce 10 core lessons ready for implementation at the start of term three, 2008. As a result of the collaborative planning process a new HAES focused curriculum unit titled *How Can I Be the Best That I Can Be?* was developed. The unit used a cross-curricula approach and was primarily based on the

HPE Essential Learnings and Standards (Queensland Studies Authority, 2007), but also incorporated other KLAs including English, Mathematics and The Arts. The principles of HAES were translated by teachers and the Curriculum HOD into four inquiry-based focus investigation questions to be studied over the duration of the school teaching term (Table 1).

The HAES focused curriculum unit was implemented by teachers in term three 2008. Evaluation of the Everybody in Schools project included assessing the impact of the project on students and teachers. This paper focuses on the impact on teachers. In term 4 2008, a workshop for teachers across the Sunshine Coast was conducted to disseminate the findings of the project and provide assistance to other schools interested in implementing the HAES curriculum unit.

HAES Principle	Everybody in Schools curriculum unit focus investigation questions
Health enhancement with a holistic focus	What does it mean to be me?
The joy of movement	What movin' makes me feel good?
The pleasure of eating well	What can food do for me?
Size and self acceptance – respect and appreciation of the diversity of body shapes and sizes	How can we appreciate EVERYBODY?

Table 1 - Application of the Health at Every Size Principles to the Everybody in Schools Project Curriculum Unit Focus Investigation Questions.

Data Collection and Analysis Methods

The study used classroom observations and post implementation semi-structured, in-depth interviews with the year 3 teachers to collect qualitative data about the impact of the program on their teaching practice.

It has long been recognised that teachers have some apprehension and resistance to having their practice scrutinised (Withall & Wood, 1979). Freeman (1982) outlines three different approaches to observing teachers teach, with the "non-directive" (p. 24) approach being the most collaborative, where the power and control rests with the teachers. Using this approach the researcher builds relationships that are "supportive in the fullest sense" (p. 24) with the teachers being observed. The objective of the observations is not to judge or evaluate but to understand and clarify. It was anticipated that this approach would be the least threatening for teachers and further allay fear and anxiety around this process. As such the researcher met with the participating teachers to discuss the classroom observation process (Radnor, 2001; Withall & Wood, 1979; Wragg, 1999). The teachers in this study expressed a desire for the researcher not to sit at the back of the room and take notes during the observations, but rather to interact with the students and become part of the lesson. They were of the opinion that this would assist them in feeling less like they were being 'inspected'. This then placed the researcher in the role of "participant observer" (Lichtman, 2006; Radnor, 2001).

A classroom observation instrument was developed to collect data related to the observation and assist the teacher and researcher to reflect on a number of issues with respect to the lesson. These included the following questions: 1) Was the lesson one of the jointly planned lessons; 2) If not, was the observed lesson consistent with the HAES principles; 3) Which strand(s) of the HPE KLS did the lesson focus on; and 4) To what extent did the lesson reflect good pedagogical practice, as measured against the Productive Pedagogies.

The Productive Pedagogies were articulated in the Queensland School Reform Longitudinal Study (QSRLS) of 2001 in which researchers were investigating how students' academic and social learning could be enhanced (Education Queensland, 2004). The Productive Pedagogies have been streamlined into four overall organisers: Intellectual Quality, Supportive Classroom Environment, Recognition of Difference and Connectedness (with 20 sub-categories) and explicitly adopted by Education Queensland in the Professional Standards for Teachers (2005a). The Productive Pedagogies have also been adopted, albeit less explicitly, by the Queensland College of Teachers in the Professional Standards for Queensland Teachers (2005a). In the Professional Standards for Teachers (2006) then Director General of Education, Ken Smith, advised that the standards (with the productive pedagogies embedded within them) should be used by teachers as a framework to review and strengthen teaching practice.

The classroom observation instrument was designed to comprehensively (but not exhaustively) address the Productive Pedagogies. The primary purpose of the instrument was to stimulate discussion and assist teachers to engage in the process of professional reflection. After each observation the teacher and researcher jointly reflected on the lesson and worked through the classroom observation instrument, with the researcher making notes throughout the discussion. The classroom observations and collaborative reflection on those lessons were intended to collect impact evaluation data as well as create a supportive environment for reflective practice for the teachers (Gersten & Brengelman, 1996).

While it was planned that the researcher would observe 20 teaching lessons for each teacher over the duration of the school term, 18 lessons conducted by three of the four teachers were ultimately observed. This was due to the implementation of the National Assessment Program – Literacy and Numeracy (NAPLAN) being conducted with year 3 students during this time. Teachers requested that the researcher not conduct observations during the week that testing occurred. Observations of lessons of teachers A and C occurred over the full duration of the term. The lessons observed of teacher B all occurred at the beginning of the term. Teacher D did not feel comfortable participating in the classroom observations, and declined the researcher access to her class while she was teaching. She did however agree to show the researcher examples of student work, discuss how the planned lessons were being implemented, and reflect on the receptiveness of students to the concepts and learning experiences. Notes were made during these meetings addressing the same questions used in the classroom observations. These notes were added to the classroom observation notes and are referred to collectively as classroom observations.

At the start of term after the curriculum unit was implemented, all four teachers were interviewed by the researcher. Interviews lasted between 90 minutes and two hours, in which participants reflected on their experiences of being involved in the collaborative design and implementation of the Everybody in Schools project. Guide questions for the interviews focused on the impact on teachers' knowledge, attitudes, beliefs and skill. Questions concentrated on the impact of the professional development in-service, the collaborative design process with the university as a partner, collaboration with and between the teachers themselves, and any barriers or limitations of these experiences. Interviews were digitally recorded and transcribed into a Word file. Transcripts were provided to participants for verification, providing them with the opportunity to make any necessary corrections and/or additions.

The two data collection methods were designed to complement each other and to assist the researcher in understanding how teachers' knowledge, attitudes and personal

behaviours are translated into individual teaching practice, uncovering links between these phenomena (Bradley, Curry & Kelly, 2006). Interview transcripts and classroom observation notes were compiled and analysed with the assistance of the NVivo 8 software program (QSR International, 2008). The Qualitative Data Framework of Ayr, Cheser-Jacobs, Razavieh and Sorensen (2006), was used to guide the analysis process. This involved four sequential stages: familiarising and organising; coding and recoding; summarising and interpreting the data. An impact evaluation framework was developed to assist in the process of coding and recoding the data. The results of classroom observations and interviews are reported jointly according to the impact evaluation framework indicators of knowledge, attitudes, beliefs and skills.

Results

There were four teachers involved in the collaborative design and implementation of the HAES curriculum unit. All participants were females aged 40 to 54 years, with an average of 30 years teaching experience. They had completed their undergraduate teacher training between 1976 and 1987. Only one had completed further study since graduating; a Bachelor of Education in 1990. Three of the participants had participated in the in-service professional development training. Teacher B had not attended this training.

A total of 18 lessons were observed for teachers A, C and D. Only five of the 18 lessons had been collaboratively planned. The remaining lessons were developed by teachers themselves, and were all consistent with the HAES principles. The majority of lessons observed related to the Health and Personal Development strands of the HPE KLA. Only one lesson relating to the Physical Activity strand was observed (Table 2).

Teacher	Number of planned lessons observed	Number of non planned lessons observed	Total	Essential Learnings HPE strand of lesson*
A	3	5	8	H = 3 PA = 1 PD = 4
B	0	3	3	H = 1 PA = 0 PD = 2
C	2	5	7	H = 4 PA = 0 PD = 3
Total	**5**	**13**	**18**	**H = 8** **PA = 1** **PD = 9**
* H = Health, PA = Physical Activity, PD = Personal Development				

Table 2 - Summary of Classroom Observations Conducted with Teachers.

Impact on teachers' knowledge, attitudes and beliefs

Teachers reported a positive impact of the collaborative design process, including the professional development in-service, on their personal knowledge, attitudes and beliefs. All four teachers reported never having heard of the term 'Health at Every Size' nor seeing the concepts used as an educational approach. The teachers reported that knowledge acquired about the HAES paradigm had a substantial impact upon their attitudes and beliefs. They expressed a heightened awareness of how society regularly judges people on their looks and makes assumptions based on their physical appearance. Teachers believed that they had made these types of assumptions in the past, but had not vocalised them. Teachers reported that this new knowledge was "liberating" and "wonderful" for them personally, as it provided them with the knowledge that they can focus on being healthy now, no matter what their current body size or shape is. They reported feeling that the new knowledge provided them with the opportunity to "focus more on enjoying life", secure in the knowledge that they can still be healthy at their own weights and sizes.

Impact on teachers' skills

Teachers reported that the HAES paradigm made it easier for them to communicate basic knowledge and to develop advanced thinking and problem-solving skills with their students. Teachers unanimously reported increased use of teaching strategies and learning experiences based on the four main areas described in the Productive Pedagogies (Education Queensland, 2004), specifically: connectedness to the real world and a problem-based curriculum; deep knowledge and deep understanding; supportive classroom environment; student direction and self-regulation; and recognition of difference. This was consistent with observations of teaching practice.

With respect to the pedagogy of creating deep knowledge and deep understanding, the teachers reported that the HAES curriculum unit facilitated learning experiences and teaching strategies that promoted deep knowledge and deep understanding for students. They compared it to the previous curriculum unit, which was based on the biomedical model of health, and involved students learning about the structure and function of the human body, and the ability to recall it. One teacher described the knowledge expectations of the unit as "surface knowledge". In comparison, all of the teachers reported that the HAES curriculum unit enabled students to be engaged in material that promoted deep knowledge and understanding. One teacher articulated her preference by saying she thought "that finding out about themselves and the way they work and recognising qualities about themselves – whether it is emotional or physical or a combination – I think that's a whole lot more substantive". The classroom observations confirmed regular engagement of students with concepts that promoted deep knowledge and deep understanding of subject matter. For example, in one lesson students were asked to pick a friend from a group of picture of children of similar ages. Pictures included a diverse range of physical body types and ethnicity. Students were then given three personality descriptions of these children and then asked to pick again. Students had to justify their choices which resulted in substantive conversation around what makes a good friend and how we sometimes judge people based on their looks. The teacher reported that the student made insightful comments about the process of making and selecting friends and wrote their observations in their journals.

The teaching strategy of responding and reflecting was evident in many of the observed lessons. The three teachers observed during the classroom observations all had students using learning logs and reflective journals to keep notes about their learning and reflect on it accordingly. The reflective process was heavily scaffolded so that it was suitable for the developmental nature of students in year 3, but it was evident in all three teachers' observed practice. The teachers reported seeing real value in challenging students' accepted attitudes and beliefs about weight and health and having students reflect on this process, with one teacher reporting that it was like "opening their eyes".

The camaraderie that resulted from teachers being part of a professional learning community was reported as being a positive impact of the collaborative design process. According to one teacher this was a key factor in the success of the collaborative process. She stated that "another reason this worked…is because the four teachers who were doing it…communicate very well, we do get along very well and support each other".

The four teachers consistently reported lack of time and a number of workload issues that impacted on their ability to effectively plan and implement this unit. They all referred to the "crowded curriculum", identifying it as a barrier to effective collaboration by all teachers. Notably the NAPLAN was reported as a time consuming task that was given highest priority by all teachers in the period during which this research project was taking place. They also identified that assessment and reporting deadlines represented a barrier to collaboration as they were given a higher priority than the planning and implementation of this unit.

Discussion

One of the overarching aims of the Everybody in Schools project was to consider all three strands of the HPE KLA – health, personal development and physical activity – and incorporate them into the HAES focused curriculum unit. Earlier research suggested that when teachers consider the three strands of the KLA they do so in isolation to each other (Macdonald, Hunter, Carlson & Penney, 2002) and that many classroom generalist teachers view the Physical Activity strand as the responsibility of the PE specialist teacher (Kirk & Colquhoun, 1989, Kirk & Macdonald, 2001). The results of this research project are consistent with this finding. Only one lesson of physical activity was observed during 18 lessons of classroom observations, however as the students were involved with the Jump Rope for Heart program at this time, it was felt by the teachers that they were addressing the physical activity strand.

This current study suggests that there is an observable and clear link between teaching practice and the exploration and extension of teachers' knowledge, attitudes and beliefs about health in general and body weight specifically. However this link was not articulated by the teachers. This is consistent with the work of Griffiths, Gore and Ladwig (2006) who acknowledge that despite the considerable body of research that demonstrates a strong correlation between teachers' knowledge, behaviour and attitude and their classroom practices, there is "still debate and uncertainty about how beliefs and practice are related and how they interact" (Griffiths et al., 2006, p. 1). Chen and Ennis (1995) also discuss the apparent disjuncture between personally constructed pedagogical content knowledge (as opposed to subject content knowledge) and teaching practice. They recommend the enhancement of teachers' pedagogical content knowledge as the link between subject content knowledge and curriculum delivered in the classroom (Chen & Ennis, 1995).

This research project confirmed the advantages of group professional development identified by Garet et al. (2001) and others (Boyle et al., 2005; Darling-Hammond & McLaughlin, 1995; Nayler & Bull, 2000). Garet et al. (2001) found that teachers who work together have "more opportunities to discuss concepts, skills and problems as they arise" (p. 922). This was consistently reported as a strength of this process by all teachers involved, with three of the four teachers expressing a desire for even more formal time to undertake professional development.

Training teachers specifically in the HAES paradigm had a positive self-reported impact on their knowledge. This also translated into an observed and self-reported positive impact on their teaching practice. This is consistent with research by Yager and O'Dea (2005) and Guskey (2003), who believed that teacher in-service professional development training should help teachers "to more deeply understand the content they teach" (p. 4).

Research by Jason et al. (2002) found that there is a large gap between research and practice in the development and implementation of validated school health programs. They suggest one way of bridging the gap is through ensuring teachers have a clearer understanding of the theoretical underpinnings of what they are teaching. This is consistent with the intent of the professional development in-service component of the Everybody in Schools project and confirms earlier research that improving teachers' content knowledge of the subject matter they teach has a significant impact on teaching practice (Garet et al., 2001; Griffiths et al., 2006; Guskey, 2003).

The Everybody in Schools project was designed with an agreed 10 core lessons, which equated to approximately one lesson per week. This allowed teachers to develop other lessons based on the core lesson and provided opportunities to follow their own or their students' interests, age or abilities. Teachers favourably reported that this suited their teaching styles and was one of the strengths of the collaborative design process. This is consistent with research by Kirk and Macdonald (2001), who found that few teachers will actually run with a set program as they like to put their "own stamp" on the materials presented. They state further that "teachers provide the conduit between what we think is really appropriate in terms of curriculum, and what they think is appropriate in terms of their day-to-day interactions with students" (Kirk & Macdonald, 2001, p. 561). This was clearly evident in the classroom observations, where the researcher witnessed teachers regularly modifying lessons including the core content lessons. However it is important to note, that the modifications were consistent with the principles and intent of the HAES paradigm, therefore reinforcing the value of the professional development in-service training and collaborative design process.

Teachers reported and were observed using a predominance of desirable pedagogical approaches in the implementation of the HAES focused curriculum unit. There was a conscious effort made to use the Productive Pedagogies as a guide for the learning experiences in the 10 core lessons of the curriculum unit. Teachers believed that the personal, self-reflective nature of the HAES paradigm and the core lessons naturally lent itself to the use of more desirable pedagogical approaches consistent with the Professional Standards (Education Queensland, 2005a).This contrasted with the teachers' recollection of the previous curriculum unit that was based largely on the weight-centred health paradigm. The teachers who had taught this unit reported learning experiences and teaching strategies that were based on students recalling basic facts and information such as body systems and the food pyramid, that were largely teacher-led. Teachers identified the pedagogical shortcomings of this unit, and were previously unaware of the dissonance between the biomedical model of health underpinning the curriculum unit and the social model of health explicit in the syllabus.

Teachers of health education, who are often teachers of health and physical education, operate within conflicting paradigms of health, particularly when it concerns the issues of 'overweight' and 'obesity' in children (Gaesser, 2002; Gard & Wright, 2001; Johns, 2005; Kater, 2004; Kirk, 2006; Kirk & Colquhoun, 1989; O'Dea, 2005). The reasons for this paradigm dissonance are complex and cumulative, and include drivers at a number of levels. The weight-centred health paradigm is most likely to be consistent with teachers' training and socialisation, given that it has been the most dominant paradigm in western societies for many years (Robison & Carrier, 2004). Teachers are subjected to the same social production of knowledge as others in the

community (Gard, 2007; Johns, 2005; Kirk, 2006). The increasing emphasis on 'obesity' in the community and the media has created a political climate that has lead to a range of programs in schools framed as 'obesity prevention' (Gard, 2007; O'Dea, 2005). Within education circles, there has been increasing emphasis on the legitimisation of Physical Education as a subject, and this has resulted in the adoption of the biomedical health model as a more 'scientific' approach (Gard & Wright, 2001). Physical Education valorises the 'slender' body as a 'fit' body, and emphasises exercise and achievement of physical skills, as opposed to physical activities in which all students can experience the joy of movement (Glasby & Tinning, 2002; Kirk & Colquhoun, 1989). These are all broad environmental drivers that reinforce the use of the weight-centred health paradigm in curriculum units.

For the teachers in this project, additional drivers preventing them from recognising the paradigm dissonance included the fact that they were time poor, struggling to manage a crowded curriculum, relying on the assistance and direction from a Curriculum HOD, and being unfamiliar with specific syllabus requirements. It is therefore not difficult to understand why teachers have continued to use what is familiar to them – the weight-centred health paradigm – despite it being inconsistent with syllabus requirements to use the social model of health.

This research project had a number of strengths and limitations. The use of qualitative evaluation methods allowed the participants to express a wide range of attitudes and opinions that may not have been uncovered using quantitative methods alone. Boyle et al. (2005) reported that teachers actually had a very poor return rate of questionnaires of 31.3% even after a reminder. This was most likely due to work commitments and time pressures, therefore in this research project, providing teachers with paid time to be able to sit and discuss issues with the researcher was a significant strength.

The fact that the project was partly funded meant that teachers were relieved from teaching, and therefore had sufficient time to participate in professional development in-service training and contribute to unit planning. This had a positive impact on both personal and professional knowledge. The process also ensured that teachers had opportunities to properly plan the teaching unit, along with dedicated time for reflective practice. Teachers reported that they often did not have time to dedicate to these processes within a crowded curriculum. The collaborative process allowed the teachers involved in the program to fully immerse themselves in both the evidence-based content and best pedagogical practice in delivering the content.

The classroom observations, despite initial teacher anxiety about the process, were ultimately seen as strength of the methodological design. They encouraged teachers to reflect on and discuss report classroom practices. In addition, in post-implementation interviews they were conscious of the fact that the researcher had witnessed many lessons. This potentially avoided the situation of participants just reporting what they felt the researcher wanted to hear. The observations also provided an opportunity for the researcher and teachers to bond and to jointly consider ways that the teaching unit could be extended and improved through the process of joint reflection. The fact that there were only four teachers and the Curriculum HOD involved, meant that good personal relationships could be formed between all involved in the project.

The small number of participants is also a limitation of the study. A larger study may shed more light on some of the issues raised in this research. However given the difficulties experienced by the researcher in this project, researchers may find that the larger the study, the more impersonal and the more difficult for the researcher(s) to build trusting, working relationships with the teachers involved. This research involved female teachers, all of similar age and with a similar wealth of teaching experience. There were no male teachers or teachers new to the profession. The impact of a project like this on teachers in these demographic categories remains unknown.

Conclusions

This research project evaluated the impact of the collaborative design and implementation of the HAES focused curriculum unit of the Everybody in Schools project on teaching practice. Overall the results from the evaluation demonstrated a positive impact on teachers' knowledge, attitudes, beliefs and skills. One of the major findings was that the Health at Every Size paradigm lends itself to better pedagogical practice by teachers than the weight-centred health paradigm. Teachers reported using more classroom teaching strategies based on good pedagogical practice because of the nature of the content. The HAES focused curriculum unit included information for students that required higher intellectual quality and the core concepts encouraged deep knowledge and deep understanding by students. There was more learning based on students' prior knowledge and connections to their own lives and worlds, more learning focused on recognition of difference, and a more supportive and student-centred classroom environment.

The teachers in this study reported that they do not have the time to possess deep and extensive knowledge of all key learning areas in the Essential Learnings and Standards, and therefore rely heavily on the Curriculum HOD to reduce the amount of syllabus knowledge they must absorb. This may explain why the teachers were unaware that the syllabus document directs them to use the social model of health in their teaching. The previous curriculum unit was reflective of the biomedical model of health, yet was inconsistent with the Essential Learnings and Standards for HPE. Although the teachers were unaware of this dissonance, they reported a strong preference for using the new paradigm in teaching health education, because of the perceived inherent value of the learning experiences for their students. The holistic, ecological (social) model of health in general, and the Health at Every Size paradigm in particular, provides opportunities for teachers to design and implement curricula consistent with the Essential Learnings and Standards for HPE, and have a positive impact on both student learning and teaching practice.

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