

## Consultation submission – K-6 and 7-10 PDHPE syllabus Have your say

After consultation with our key stakeholder groups including our Board, ACHPER members, teachers of PDHPE and key academics and experts in the health and movement fields we have identified the following high level strengths and concerns with the draft syllabuses:

### Key strengths of the draft syllabuses

- The reduction in outcomes and content is seen as the key strength of the curriculum reform for PDHPE. The reduced content will allow greater time to teach the content that is of the greatest meaning and relevance to students.
- The broad nature of the outcomes and content provides flexibility for schools to personalise their learning programs to suit the needs and interests and experiences of students at their school. It also allows flexibility to suit the context of the school community.
- The inclusion of content on consent, online safety and respectful relationships is welcomed and fully supported.
- The inclusion of content on diversity, including explicit references to sexuality is welcomed and fully supported.
- The move to a digital curriculum and the provision of teaching and learning advice and resources to support implementation is welcomed and fully supported.
- The strengthening of relationships and sexuality education focused content is welcomed and fully supported.

### Key concerns with the draft syllabuses

- The inconsistency in structure between the K-6 (4 focus areas) and 7-10 (5 focus areas)
- The progression of outcomes relies on the verbs too heavily to reflect the change in the complexity of learning from K-10
- The content does not reflect the latest evidence base in relation to mental health and wellbeing, drug use, health decision making, body image, critical health literacy, factors that influence wellbeing, physical activity participation trends and broader movement education.
- The inclusion of content previously taught in Science about the body systems from a biomedical perspective.
- The content in K-6 addressing Aboriginal and Torres Strait Islander Peoples' histories and cultures needs to be reviewed to ensure it doesn't exclude the exploration of other cultures and groups. The use of including as has been done in Years 7-10 could help with this.
- The siloing of Self management and Interpersonal skills as a separate focus area in K-6.
- The lack of visibility of the key skills of Collaboration, Analysis, Research, Creative thinking, Communication and Problem solving that are the focus in Stage 6.

- The lack of opportunities for practical application explicitly highlighted in the content and outcomes.
- The shift back towards a deficit model of thinking about health that focuses on health issues as a problem to be solved rather than a strengths-based approach that focuses on the understanding and skills students need to develop to make healthy and safe decisions now and into the future.
- The reduction in opportunities for students to develop critical analysis and critical inquiry skills in order to recognise, challenge and respond to the contextual factors, media messaging and societal perceptions that influence decisions and behaviours.

Taking into account the feedback from our key stakeholder groups we have prepared the following draft submission. We provide suggested responses to the multiple choice survey questions and more detailed feedback that could be included in the additional comments section at the end of the survey.

*It should be noted that although we disagree with many of the statements proposed in the survey, we believe that with the suggested revisions the final syllabuses can provide all students in NSW with access to a world-class PDHPE curriculum entitlement.*

**Q16. To what extent do you agree with the following statements?**

*The rationale provides a common understanding of the value and importance of the subject for student learning. Response - Disagree*

*The aim provides a succinct statement of the overall purpose of the syllabus. Response – Agree*

**Q17. To what extent do you agree with the following statements for the outcomes and content?**

- *The outcomes are explicit and clear statements of the essential knowledge, understanding and skills. Response - Disagree*
- *The content group headings are clear and appropriate. Response - Disagree*
- *The content is appropriate for the outcomes. Response - Disagree*
- *K-6: There is a clear progression of learning between Early Stage 1 and Stage 3. Response - Disagree*
- *7-10: There is a clear progression of learning between Stage 4 and Stage 5. Response – Disagree*
- *K-6: The access content points provide relevant and meaningful opportunities for students with significant intellectual disability Response – Strongly Disagree*
- *The writing content is appropriate for the subject. Response - Disagree*

**See additional feedback for Q17 included at the end of the survey questions**

**Q18. How well does the syllabus enable you to meet the needs of the diversity of learners in your class?**

**Response:**

The inclusion of access content points in the K-6 syllabus and the separate Life Skills syllabus for PDHPE is not supported. The Disability Standards for Education, 2005 requires systems and schools to ensure that students with disability can access and participate in education *on the same basis* as other students. *On the same basis* means that a student with disability must have opportunities and choices which are comparable with those offered to students without disability. NESA's assessment advice for Life Skills outlines the following exemptions: they are exempt from A-E reporting, exempt from formal assessment, exempt from minimum literacy and numeracy requirements. Essentially students undertaking Life Skills are exempt from the same rigours and high expectations of their peers undertaking a regular pattern of study, and this has taken its toll on the quality of teaching and learning for these students. The non-academic term life skills coupled with the focus on exemption rather than inclusion has left NSW schools with:

- a default curriculum for special schools and support units.
- an opt-out curriculum for students who are disengaged or struggling (academics; behaviour; mental health).
- an opt-out curriculum for teachers/schools struggling to manage challenging students, particularly when Life Skills assessment data does not count.
- a simplified curriculum for non-specialist high-school teachers running a support class or special school class across the whole day on a primary model.
- an alternative to the Australian Curriculum content – there is no Australian Curriculum content tagged in any of the Life Skills syllabuses. That is not to say it is not present, but it indicates an alternative syllabus development process that permits content to be omitted for students who cannot access the regular course outcomes.
- a curriculum that supports segregation and low expectations. Without assessment expectations other than achieved or achieved with support teachers can essentially teach what they like against the same outcome/s for an extended period. There is a widely held belief amongst schools that students only need to achieve one outcome from a Life Skills syllabus.

To design a PDHPE curriculum that is inclusive of all learners without exception requires:

- A multi-dimensional and flexible representation of the essential knowledge, skills and understanding of a learning area to allow teachers to program in response to diverse student needs, including those with significant intellectual disability.
- A progression detailing the development of early communication skills to be incorporated as part of the curriculum. Teachers can use this progression to plan entry points to age-equivalent content for students with more complex needs.
- More flexible measures of assessment. The current draft syllabus outcomes for Life Skills are presented like a checklist. With a focus on product not the learning achieved through the process.

- UDL to be integral to the syllabus development process to ensure the curriculum is presented in a way that can be interpreted flexibly by teachers and enable them to personalise learning. There is no alternative curriculum for students with disability at the national level and if designed well there should be no need for one in NSW.

## 7-10 Life skills

### Q19. To what extent do you agree with the following statements for the Life Skills outcomes and content?

- *The outcomes are explicit and clear statements of the essential knowledge, understanding and skills.* **Response – Strongly Disagree**
- *The outcomes provide appropriate expectations of learning for the range of students.* **Response – Strongly Disagree**
- *The content is appropriate for the outcomes.* **Response - Disagree**
- *The content is accessible for the range of students.* **Response – Strongly Disagree**

### Q19. (K-6)/ Q20 (7-10) To what extent do you agree with the following statements?

- *The draft syllabus appropriately reflects recommendation 1.1.* **Response - Disagree**
- *The draft syllabus appropriately reflects recommendation 1.2.* **Response - Disagree**
- *The draft syllabus appropriately reflects recommendation 2.1.* **Response - Disagree**
- *(K-6 only) The draft syllabus appropriately reflects recommendation 4.1.* **Response - Disagree**

**Additional feedback on Recommendation 4.1:** We agree with the importance of oral language development, early reading and writing skills and early mathematics skills, but strongly disagree that this should take precedence over other aspects of learning. There is a mountain of research that supports the explicit need to teach fundamental movement skills from an early age. The draft K-6 PDHPE syllabus includes evidence that supports the importance of this learning not only for participation in physical activity but there are strong scientific links between movement skill development and fine motor skills, academics and broader learning and wellbeing outcomes.

## Other feedback – K-6 and 7-10

This feedback can be added to the text box at the end of both surveys.

## Structure of draft K-6 and 7-10 syllabus

One of the key reforms is to provide consistent syllabus structure to make it easier for teachers to plan for learning, however, there is a vast difference in the way the K-6 and 7-10 PDHPE syllabuses are structured.

In the K-6 draft syllabus the outcomes and content are presented across four focus areas, each aligning across the three areas of Personal Development, Health and Physical Education. In the 7-10 PDHPE draft syllabus, the outcomes and content are presented across

five focus areas divide across two areas – Health and Wellbeing and Movement – with a single focus area straddling both Health and movement.

Many teachers have reported to us they are comfortable and happy working with the current structure of three strands. They have found it easy to program and see links across the strands to related content and concepts. Teachers have also commented favourably on the ease to look back and see what students are learning in primary school and vice versa as they plan their units because of the consistency in structure and the alignment of content from K-10.

**Recommendation from ACHPER NSW:**

Use consistent messaging between K-6 and 7-10 when talking about the structure of the learning area syllabus. Recommendation is to use Health and Wellbeing and Movement as the overarching elements in the diagram.

Use a consistent three focus area structure from Kindergarten to Year 10, similar to the current K-10 PDHPE syllabus.

*Suggested focus area titles:*

1. Identity, wellbeing and relationships
2. Making healthy, safe and active choices
3. Moving with purpose and enjoyment

In the K-6 syllabus *Self management and Interpersonal skills* are presented as a stand-alone focus area devoid of any context from relevant content in other focus areas. In the 7-10 draft syllabus they are embedded into only two of the five focus areas through an outcome and associated content.

**Recommendation from ACHPER NSW:**

ACHPER NSW suggests the embedding of Self-management and Interpersonal skills within the focus area outcomes and content, rather than presenting it as a standalone focus area. Embedding within the focus area content provides a more authentic way of teaching the skills within the context of developing knowledge and understanding and more closely reflects how students engage with the skills in real-life situations outside of school.

[The propositions](#)

**Strength-based approach**

With the rationales and framing of the documents around ‘evidence’ related to specific public health issues, this results in a deficit/disease model being taken up in the writing of draft content. As such, the documents move over away from the strengths based approach taken up in the National Curriculum and the current K-10 PDHPE syllabus. A strengths based approach is espoused as being best practice in most health and wellbeing education settings and public health contexts. The narrow focus on key health issues reduces opportunities for engaging in thinking and critical inquiry in relation to various health topics. The interventionist

approach also has reduced opportunities to focus on developing interactive and health literacy skills through a critical inquiry approach.

### **Include a critical inquiry approach**

There is limited opportunity for students to **critical examine** how context shapes health and wellbeing (including inequalities, access to health care, discrimination, social norms etc) shape health and wellbeing. This results in an absence of critical inquiry as being a focus of the focus area, outcome and content. It also results in an overemphasis of focusing on the individual's responsibility to maintaining health - something that Quennerstedt and Louise McCuaig (2018) warn against can lead to victim blaming, the development of anxiety and narrow understandings of health that limited a critical investigation of the way

### [Progression of outcomes](#)

The draft outcomes rely heavily on the verbs to define the change in complexity between the stages of learning. The current outcomes do not reflect the increase in complexity associated with the changing nature of decisions, scenarios and situations that students may encounter and need to apply understanding and skills to. For example the K-6 outcomes for the *Identity, Health and Wellbeing* focus area start in Early Stage 1 with "identifies factors", moves to "describes factors", then "explains factors and then "investigates and explains factors" in Stage 3. This sequence of outcomes does not address the changing nature of the factors, the impact the factors have on the individual and their choices, and the understanding and skills required to respond effectively to these factors.

### [Evidence base for the draft syllabuses K-6 and 7-10](#)

The list of research articles supporting the evidence base for the draft syllabuses are very narrow and does not reflect the diversity of knowledges in our learning area. The list of evidence is not based on the evidence supporting quality health and movement education.

In the movement sphere there is a great deal of current research into the changing nature of physical activity participation amongst our population. The references in the draft syllabuses and the content do not reflect the changing participation data.

In most health fields, including public health, a social-ecological view of health and wellbeing provides the framework for understanding health and wellbeing. The current list of references to the evidence base does not include any related to the social determinants of health and how they shape health and wellbeing. This is also the case for evidence sources related to the strengths-based approach and critical inquiry approach.

### **Recommendation from ACHPER NSW:**

The revision of the draft content should be informed by the most current evidence in the health and movement fields including the key areas unpacked below.

## Health behaviour models

There are a range of behaviour change models that have been developed for teaching, modifying, reinforcing and establishing positive behaviours in relation to health. Many of these models, such as Social Learning Theory, Social Cognitive Theory and Theory of Planned Behaviour, focus on the impact of social norms and perceptions on health decisions. Yeager, Dahl, and Dweck's research that is cited in [BeYou's literature review on Learning Resilience](#) suggests that trying to influence the behaviour of teenagers is often ineffective if you do not honour this age group's greater sensitivity to status and respect. Reputational outcomes of behaviours and decisions are a key aspect of young people's decision-making and should be reflected in the skills and content of the PDHPE learning area. When exploring drug use, risky behaviours, sexual behaviours and help-seeking it is important students analyse and address the social influences and impact of reputational outcomes on strategies proposed for managing situations.

[Research by Bryan et al.](#) suggests that empowering adolescents to discover the meaning of messages for themselves (rather than telling them what to do and what not to do) engaged with their need for greater independence and autonomy as well as tapping into their beliefs that manipulation and not playing fair should be challenged. This research is supported by other studies investigating e-cigarette use, road safety education, and risky sexual behaviours in young people where exerting their independence and the need for autonomy of decision making are growing stronger during adolescence.

### **Recommendations from ACHPER NSW:**

The current proposed content related to drug use and risk-taking behaviours focuses heavily on the facts about drug use and drug using behaviours. There needs to be a stronger focus on the critical inquiry approach that provides students with the opportunities to deconstruct social norms and contextual influences on decisions and behaviours related to drug use and risk-taking; rehearse and refine assertive communication and refusal skills; explore how drug use and risk-taking attitudes can influence decisions related to other health behaviours such as mental wellbeing, sexual behaviours and road safety.

Content on drug use also needs to be included within the K-6 PDHPE syllabus, at the very least in Stage 3 but research suggests should be introduced in Stage 2.

## Mental health and wellbeing

Stigma associated with seeking help for mental health issues is still high amongst young people. In [a recent study conducted by RUOK? Day](#) 81% of young people agreed that people don't discuss their struggles because they don't want to appear weak and vulnerable and 53% reported they don't like to discuss their mental health concerns because they don't want others to think they are weak and vulnerable. This highlights the need to continue educating students in order to breakdown the continuing stigma attached to mental health issues and mental ill-health.

## **Resilience and social and emotional skills**

[Research by BeYou](#) suggests a clear and significant link between wellbeing and specific aspects of social and emotional learning (SEL) skills in children and young people, including resilience, self-confidence and the skills of identifying and regulating emotions. In addition, there is strong evidence that social and emotional learning interventions promote wellbeing and resilience among children and adolescents. SEL skills are clearly important and can be taught.

### ***Recommendations from ACHPER NSW:***

The current proposed content related to mental health and wellbeing should include content that explicitly addresses:

- the continuing stigma attached to seeking help for mental health issues
- strategies for responding effectively and appropriately to challenges and failures
- awareness of others and empathy
- recognising emotions, and practising strategies to regulate and respond to situations appropriately.
- strategies for building confidence, being persistent and taking calculated and informed risks.

## **Body image and eating disorders**

The report from the National Eating Disorders Collaboration on prevention, early intervention and treatment of eating disorders in schools recommends the following protocols for schools:

- ensuring that there are no anthropometric assessments completed with or by students including weighing and measuring (e.g., calculation of BMI, comparison of weight, food diaries, calorie counting)
- creating a non-diet culture with no comments or discussions about dieting
- creating opportunities for all students to engage in physical activity in a non-competitive, non-weight focused and safe environment
- avoiding unhelpful food labelling (e.g., 'healthy' or 'unhealthy', 'good' or 'bad').

## **Body positivity / neutrality and unpacking media representations from a young age**

The [National Eating Disorders Strategy 2023-2033](#) has been released providing a road map for the prevention and treatment of eating disorders in Australia. Sociocultural appearance pressures, body dissatisfaction, especially weight and shape concerns, and appearance change behaviours such as dieting and excessive exercise are identified in the Strategy as the modifiable risk factors for eating disorder prevention.

The PDHPE learning area in schools provides an opportunity to communicate and deliver positive messaging related to eating, exercise, and body image within schools. The current proposed content only addresses healthy eating behaviours from a factual basis about the benefits of healthy eating and the Guidelines for healthy eating.

A greater focus needs to be included that provides opportunities for students to :

- deconstruct the social messaging about appearance and looks and the links to dieting and restrictive eating practices to achieve the “ideal body”
- Investigate the influence that social media and digital tools have on our perceptions around appearance
- Recognise and respond appropriately to factors that influence excessive and disordered behaviours around eating and exercise to shape the body
- Improve body acceptance, self-esteem, and self-worth
- Enhance their mental health literacy and identify concerns with mental health, eating, and body image
- Develop coping skills, help-seeking strategies, and ability to access and assess support resources
- Develop media literacy, in order to reduce the importance placed on body weight, shape, and appearance
- understand the sociocultural influences associated with the development of body dissatisfaction and eating disorders.

***Recommendations from ACHPER NSW:***

The current draft content descriptions require students to recognise influences, examine perceptions but what the evidence tells us is that students need to do more than just this to respond to these influences.

We would like to see explicit content that supports students to analyse and critique the techniques and tools used in advertising and social media that distort our perceptions, to develop the critical thinking and analysis skills to challenge unrealistic societal norms around appearance and weight and to develop the skills to support peers in building positive self-perceptions about their own bodies.

**Consent and respectful relationships**

Our concerns in this space are around the role that digital technology plays in our relationships and interactions as well as a medium for accessing health information. The ethical use of these emerging technologies isn't captured in the current draft content and in particular needs to be recognised.

***Recommendations from ACHPER NSW:***

That content should be included that explicitly addresses the use of technology as a weapon of control and abuse and strategies to safely respond to situations where themselves or others are experiencing technology-enabled abuse. A stronger focus should be included across the learning stages that teaches the ethical use of digital technologies and the skills needed to recognise and respond to inappropriate use.

## **Valuing diversity**

The following content inclusions in Stage 4 and 5 are strongly supported by ACHPER NSW and its members.

- *Stage 4:* Investigate inclusive practices that support diversity in the areas of culture, sexuality, disability and gender and how these influence a sense of belonging and wellbeing
- *Stage 5:* Investigate how advocating for diversity can influence individual and community health and wellbeing, with a focus on disability, age, religion, race, sexuality and gender

However, there needs to be a continuum of learning about diversity and its value and opportunities from Kindergarten through to Year 10.

### ***Recommendations from ACHPER NSW:***

The current proposed content related to diversity needs to be revised to include learning across the K-10 continuum that addresses:

- discuss the nature of diversity in their local context
- explore ways that diversity presents opportunities for new experiences and understandings
- investigate the opportunities that diversity offers within their school, community and broader Australia
- describe how listening to, and understanding others, supports respectful interactions and relationships
- examine how showing empathy supports relationship-building and sustains respectful interactions
- explore the importance of appreciating diverse perspectives for establishing and maintaining respectful relationships

Content addressing stereotypes, including cultural and gender stereotypes also needs to be included that provides opportunities for students to:

- explore the dangers of making generalisations about individuals and groups
- understand the impact of stereotypes and prejudices on individuals and groups within Australia
- challenge stereotypes and prejudices in the representation of individuals and groups
- design strategies and actions to challenge biases, stereotypes, prejudices and discrimination

## **Connection to nature and link between environmental (planetary) health and our wellbeing**

There is also an absence of the connection and relationship between nature and planetary health on wellbeing (Loureiro et al 2021). Given the current and future impact of climate change and other environmental decline on health and wellbeing, it is troubling to see this absent. Young people and children need to be provided with opportunities to discuss, build

skills, explore, inquire into the relationship of nature, Country, planetary health, and the environment to health and wellbeing. This was a strong shift in the focus of content in the Australian Curriculum Health and Physical Education v9.0 and is not reflected in the current drafts.

## Essential skills and understanding for physical activity participation

### [Justen O'Connor and Dawn Penney's research on the informal sport and curriculum](#)

identifies the skills and understanding required to take advantage of informal participation opportunities. They describe “informal participation” as participation not linked to formal clubs or traditional competition or representative sport structures. Informal participation may be self-organised and/or involve organisation by fellow participants operating independently of formal sport structures, often via social media.

Their review clustered key skills, knowledge and understanding into three broad themes:

- **Personal and social skills for participation:** describes how learners will draw upon a range of social skills to foster relationships, collaborate, solve problems, cooperate, make decisions to support their own and others' participation.
- **Connections with environment, community, culture and history:** describes how learners will be able to identify, connect with and utilise resources for physical activity in their communities and environments, and appreciate cultural and historic aspects of participation.
- **Knowledge, skills and understanding for participation:** describes how learners will be able to draw on varied movement abilities, understandings and resources to engage in, reflect upon and design safe participation opportunities for themselves and others.

### ***Recommendations from ACHPER NSW:***

The current proposed content needs to be reviewed to ensure it reflects the knowledge, understanding and skills required to participate in both formal and informal opportunities. In particular, there needs to be explicit content that addresses:

- skills required to identify and utilise community-based settings and resources to engage in physical activity
- strategies for designing informal opportunities to be physically active with their peers that are safe and inclusive and meet their activity goals
- recognising how culture and history can influence how and why we move and where we move.

## Games and sports categories

There is also a shift in the types of physical activities young people are engaging in and the venues of those sports. The latest additions to the Olympic Games include BMX freestyle, surfing, skateboarding, breakdancing, and competition rock climbing (sport climbing). The Olympic focus on these sports also coincides with the growth in participation in outdoor ‘in-the-environment’ sports such as mountain-bike riding, bushwalking, canoeing and kayaking.

People engaged in these infection-safe activities during the pandemic, along with the greater use of green and blue public spaces such as parks, beaches, rivers, lakes, bushland and forest areas.

Fuelled by a greater proportion of the global population living in larger and denser city environments, urban sports (such as breakdancing, parkour, skateboarding, BMX biking, street skating and urban climbing) make use of the existing urban spaces such as parks, streets, transport routes, vacant blocks as the settings for participation. The new urban sports can include a performative element and are often filmed or showcased with music on social media platforms.

Justen O'Connor has also [developed a paper that proposes](#) changes to classification boundaries around games and sports in PE to establish a classification system that is inclusive of a wider range of games and sports and growing forms of participation. The paper argues for a broader conceptualisation of tactics, with social, environmental and affective dimensions a focal point for a revised, contemporary classification framework. O'Connor proposes the following framework which aligns with the current evidence of participation.

Classification	Sub-classification	Examples
Invasion/territory games	Goal or line	Ultimate, park soccer, 3v3 basketball, touch rugby, etc.
Court or net/wall games	Divided or wall	Pickleball, park volleyball, 4-square, spikeball, etc.
Striking and fielding games		Wanaa, park cricket, softball, rounders, etc...
Target games	Moving, opposed and unopposed	Tag-it, bocce, kolapa, finska, cornhole, etc.
Travel sports	Lap or circuit sports	Lap swimming, pump track, thurnda-gua, track running, parkrun, cyclocross, etc.
	Route or journey sports	Road/gravel/XC cycling, trail/fun/event/obstacle running, OW swimming, SUPping, paddling, orienteering, etc.
Action or trick sports	Rush or action sports	DH MTB, surfing, BMX (track), skateboarding (park), speed climbing, etc.
	Stunts or tricking sports	Skateboarding (street), cycling (jumps/stunts), parkour, pirrhaa, freestyle gymnastics (tricking), trampolining, etc.
Rhythmic or aesthetic sports		Rhythmic gymnastics, sport aerobics, dance, hip/hop, a TikTok, etc.

## Physical activity participation trends

The latest [Sports Megatrends report](#) details six megatrends that have been identified as shaping the sport sector over the coming decade. Whilst the report focuses on the evidence base that will shape the sport sector into the future it provides some key trends about today's participation that are important to consider in relation to the draft syllabuses and can inform our feedback on possible gaps in content.

COVID changed the way people engaged with exercise with the introduction of home-based activities, fitness apps and wearable technologies. There was an increase in non-formal and semi formalised participation through specific exercise communities, greater use of green spaces and outdoor recreational infrastructure.

A significant proportion of Australian youth stop participating in sports in their high school years (between 13 to 17 years old). Young women and youth from culturally and linguistically diverse backgrounds are more likely to leave organised sports. Barriers to participation include sports costs, transport needs, lack of interest, skill, family support or fitness. Peer pressure, parental expectations on academic achievement, and social and gender norms are also barriers to sports in the teen years. Non-sport activity increases significantly in high school when other priority learning areas often crowd out time dedicated to sports and physical education. (ASC, December 2022).

### **Recommendations from ACHPER NSW:**

The current proposed content needs to be reviewed to ensure it reflects the contexts in which young people are accessing physical activity and the reasons they are choosing to participate in certain activities in order to prepare them to be lifelong physical activity participants. The sports-focused content needs to be future-proofed to account for the emerging categories of games and sports being accessed by young people in and beyond schools.

### [Alignment to Stage 6 Health and Movement Science syllabus](#)

Opportunities to develop the skills required in the new Stage 6 Health and Movement Science syllabus are not currently evident in the draft syllabuses. There needs to be a continuum of development from K-10 for the development of these skills in the context of the PDHPE learning area so that rather than learning these as new skills at the start of Stage 6 they are applying, refining and extending these skills to the content they are studying.