

Edith Cowan University
Research Online


ECU Publications Post 2013

2017

Top five 'must-haves' for creating meaningful, valuable, strengths-based and healthful learning

Donna M. Barwood M.Ed

Follow this and additional works at: <https://ro.ecu.edu.au/ecuworkspost2013>

 Part of the [Health and Physical Education Commons](#)

Barwood, D. Top five 'must-haves' for creating meaningful, valuable, strengths-based and healthful learning. *ACHPER Active & Healthy Journal*. 24(4), 16-19. Available [here](#).

This Journal Article is posted at Research Online.

<https://ro.ecu.edu.au/ecuworkspost2013/4867>

Top five 'must-haves' for creating meaningful, valuable, strengths-based and healthful learning



Dr Donna Barwood
Edith Cowan University

Creating meaningful, valuable and strengths-based learning was the principle underpinning Karen Lambert's recent article in the May edition of the Active and Healthy Magazine (2017), in which she discussed the five propositions that now underpin Health and Physical Education (HPE) in Australian schools. In support of Karen and her colleagues' work, this article aims to provide some straightforward practical pedagogical tips for teachers delivering health education (HE), as a means to support and strengthen healthful learning experiences for all young Australians. This article is based on teacher education experiences with pre-service teachers preparing to deliver HPE in Western Australia (WA).

As the Coordinator and lecturer of HPE at Edith Cowan University (ECU) in Perth WA, I am responsible for preparing pre-service HPE teachers for employment in secondary schools. In this role, I assess a large number of lesson plans and forward planning documents, generated by both undergraduate and graduate entry pre-service HPE teachers. To respond to the WA secondary school setting these lesson plans scope and sequence teaching and learning for sixty minutes while the forward planning documents scope and sequence content for ten weeks. Additionally, and as WA has now redeveloped and contextualised the Australian Curriculum for HPE (Australian Curriculum and Assessment Reporting Authority [ACARA], 2015) to suit the WA setting (School Curriculum and Standards Authority, Western Australia [SCSAWA], 2015), the lesson plans and forward planning documents scope learning for either of the two mandatory subjects that formally represent HPE in WA schools. More particularly, these documents scope learning for the subjects of health education (HE) and physical education (PE). This article specifically focuses on the teaching and learning of HE.

Recently I assessed a HE lesson plan that took a strengths-based approach

and promoted critical inquiry and health literacy through a 'Jenga' based brainstorm activity (for more information on the five propositions in HPE please see Wright, 2014). This activity firstly required students to individually develop a response to a given health-related situation and then, as a group, rank the individual responses according to what the group considered to be the safest and the most suitable response for young people. By building an imaginary tower with the responses to resemble the game of 'Jenga', the students were asked to place the safest and most group-valued response at the base of the 'Jenga' tower. The remainder responses were then stacked with the least preferred response placed at the top of the tower (wobbliest). Thus and according to the placement of the responses, the base or the top of the tower symbolises the strength and/or instability of the response. For example, please see the image to the right, which ranks the student generated ways of getting home safely from a party.

The educative purpose of this strengths-based activity is to prompt students to work together to analyse, appraise, evaluate, reflect on and consider all student-generated responses (strengths) and as a group,

decide upon what they consider to be the healthiest and safest response. This activity is strengths-based as it focuses on the health strengths but also challenges students to work together and generate a solution that is acceptable to all. Of course this is not forgetting that in previous lessons these students would have received teaching and learning that focuses on developing ways to work confidently together, respectful disagree, compromise and problem solve.



Some lesson plans and forward planning documents miss the mark and this is often because they are designed in a way that does not connect with the lives of young people. In saying this, the lesson plan or forward planning document might scope and sequence what could be considered as appropriate content for a particular year group but, it is presented in such a way that it becomes meaningless or irrelevant to young people. If we glance back to the 'Jenga' tower in the previous image, we note that the ranked ways of getting home safely make sense to this particular group of students because they were generated by the students themselves. The ways were **not** generated nor ranked by the teacher, a resource or even the syllabus. The ways are personal, contextually-relevant, real-world and community-focused for these students. Thus, to aid the pre-service teachers at ECU to develop meaningful, valuable, strengths-based health learning, which I call '**healthful learning**', I have developed a list of what I consider to be the top five 'must-haves' in HE lesson planning and forward planning.

I have briefly listed the top five 'must-haves' below and will unpack these further to show how they can support the organisation of healthful learning.

These 'must-haves' are:

- Include the '**What, Why and How**' factors of healthful learning into every lesson;
- Enable students to make decisions and/or solve problems in activities;
- Develop activities that require students to talk and become involved;
- Build opportunities that extend rather than repeat learning; and
- Ensure that the content is explored through the lives, needs and wants of the students.

For the **first** 'must-have' in healthful learning I encourage the pre-service teachers to include in every lesson the '**What, Why and How**' factors of



healthful learning. This process helps the pre-service teachers to create strength-based understandings so that students can recognise **why** the learning is taking place and understand **how** that learning or information is relevant to them or others. For example, by developing knowledge through the *What* factor and skills and relevance through the *Why* and *How* factor, students can access, evaluate and synthesise the appropriateness of the learning to them. Furthermore, skills-based activities can also prompt students to contemplate *Why* the particular health learning relates to their lives and/or the lives of others? Similarly, an activity that requires the students to explore *How* that health learning can help to keep them safer, healthier and more physically active supports their understanding of the choices. For example, the *Why* and *How* factors could be achieved through a simple unfinished sentence activity such as "I can keep safe from cyberbullying by ..." or "This learning is important to me because ..." Alternatively and from a more complex position, the *Why* and *How* factors could be developed through a 'Choose a Corner' activity where students are required to contemplate and then select the corner that best fits how they think and feel about a given situation at that particular time. Including the '**What,**

Why and How' factors into lesson development is a simple but effective way of ensuring that the educative purpose to develop health skills is prioritised and that the attainment of knowledge is supportive rather than a driver in healthful learning.

The **second** 'must-have' in healthful learning is to develop activities that **enable students to make decisions or solve problems**. This could be through scenario-based learning or role plays. A group-based critical inquiry and health-literacy focused activity that I have developed requires a student to toss a die and select a card from a pile of cards depicting various people. For example, if the student throws a number six on the die then the student must select a person from the pile of number six cards (it's always good to have more than one person for the student to choose from for each number). When the student has made a choice, the student must then select cards from the second pile of cards that depict contraceptive devices. And yes, the students can select more than one contraceptive device from this pile. When the student has finished making their selection(s), the student explains to the group why they chose the particular contraceptive device for that particular person. In justifying their decision, the student outlines what

they know about the contraceptive and what they perceive to be the contraceptive needs of the person depicted on the card.

After justifying their selection, the student then turns the photo of the person over to reveal further information about that person's contraceptive needs. For example, some of the people cards have statements on the back such as "this person has no uterus" or "this person has Chlamydia" and even, "this person has chosen to abstain from sexual intercourse." Using this additional information, the student can change or confirm their decision regarding the selected contraceptive device(s) and when finished they may be challenged by other members of the group who require further clarification or disagree with the student's selection. Additional information pertaining to the contraceptive device is found on the back of the contraceptive cards.

The **third** 'must have' in healthful learning is to develop activities that **require students to talk and do** as this provides learning opportunities that prompt students to contemplate others' ways of doing. By listening to what others have to say, students can be assisted to find their own social norm(s) or establish a position/stance/view to which they feel most comfortable at that time. Principally, in the act of talking and doing, students are provided with opportunities that help to confirm, debunk or unpack information to which they may or may not be clear. For example, a partner or group-based Venn diagram activity that requires students to categorise drugs into illegal or legal drugs works well to promote student conversation and debate. Similarly, group-based brainstorming and ranking of coping strategies can expose students to consider new ways of dealing with or coping with something like stress.

Now this discussion-based activity may appear to be simple and straight forward but to ensure that students are kept on task, I advise my pre-service teachers to be very specific in the setting up of such activities by

attaching clear and precise parameters to the task. However, I also remind the pre-service teachers that it is the nature of students to go off task but that a simple re-direction or prompt works well to bring students back to focusing on the task at hand.

The educative purpose of the **fourth** 'must-have' in healthful learning is to build opportunities that extend rather than repeat learning. A lot of our pre-service teachers fall into the trap of starting lessons with a recap of the previous lesson and although well intended, I question them as to why they are doing this? Quite often the pre-service teachers report that it is to consolidate the learning, to which I advise them to try to re-develop the activity to place the prior learning into a different context that extends rather than repeats what has already been learnt. By positioning the learning into a new or different context, students are prompted to transfer what they already know and in some cases, adapt it, to suit the needs of the new situation. For example, instead of asking a student to revisit ways of dealing with peer pressure, ask students to justify why three of the ways works for them. Additionally, instead of revisiting why 'Saying No' could be an important skill for an individual, ask the students to do a 'Saying No' line-up. In this activity

the students are required to place the scenarios on a continuum line with one end of the line depicting the easiest 'Say No' to the other end depicting the hardest 'Say No'. For example, saying no to drugs may be easy for some while saying no to a bottle of alcohol that is passed around at a party may be the hardest for others. I have found that the most successful approach with this activity is to give the students lots and lots of examples and some of which they may never experience. This activity works well on paper but it is also great as a physical line-up across the classroom but be careful **not** to place students in a position where their choice exposes questionable health behaviours.

Finally, the **fifth** 'must-have' in healthful learning is to explore the chosen content through the lives of the students and **not** through what the teacher or curriculum/syllabus suggests. For example, and whenever possible, I encourage our pre-service teachers to develop activities where students are required to generate their own scenarios so that the situations that are described and need to be solved, are those in which the students may find themselves. To make this work, I suggest outlining some parameters such as the scenario should include a person(s), an environment and a



dilemma that needs to be solved. Again, this 'must-have' works well with the group-based 'Send a Problem' activity, which requires a group of students to generate a problem that is to be sent to each group in the class. The problem is written on the outside of an envelope, which is then sent to another group. When the group receives the envelope they work together to develop a response/solution to the problem, which is then placed inside the envelope. The envelope is then passed from group to group until it is finally returned to the original group who on return, discuss and decide on the best response out of all the responses found inside the envelope. The group must then justify to the class why they believe the said response is the best response of all the responses.

Initially the top five 'must-haves' were developed to assist HE planning of pre-service teachers at ECU but at the request of HPE teachers grappling with recent curriculum developments in WA, they were redesigned as a

practical way to support strengths-based learning in HE. As a collective, the top five 'must-haves' engage with the five propositions as they convey educative purpose, develop health literacy and take a critical inquiry, strength-based and valuing movement approach to healthful learning. It would be great to hear how others are engaging with the five propositions and the ACHPER Active and Healthy magazine is a wonderful way of sharing such stories.

References

- Australian Curriculum, Assessment and Reporting Authority. (2015). *The Australian curriculum: Health and physical education*. Sydney, Australia: Author.
- Lambert, K. (2017). Health and physical education: The five propositions. *Active and Healthy Magazine*. 21(1), 12-13.
- School Curriculum and Standards Authority, Western Australia. (2015). *WA P-10 Syllabus for health and physical education*. Perth, Australia: Author.
- Wright, J. (2014). The role of the five propositions in the Australian Curriculum: Health and physical education. *Active and Healthy Magazine*. 21(4), 5-10.

About the Author

Donna Barwood is Coordinator and lecturer for Health and Physical Education in the school of education at Edith Cowan University. Donna's research interest focus on health education.

ORCID iD, 0000-0001-7447-6333