

Health Education in *The New Zealand Curriculum*

Mental Health & Resilience

Teaching and learning activities for NZC Levels 6-8



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Mental Health and Resilience: Teaching and learning activities for NZC Levels 6-8

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Instructions for printing this resource: Teachers may wish to print a copy of this resource for their own use, in addition to using the digital files.

- The teaching and learning activities file is provided as a pdf. The margins should allow for double sided printed and a spiral binding.
- All pages labelled '**Copy templates**' are provided in an additional **Word document**. It is intended that teachers will adapt these to meet the needs of their students and use them as printed copy, or make them available to students on the school's digital learning platform.

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Part A.

Introduction

Introduction

The opportunity to develop this resource arose in 2017 when the New Zealand Health Education Association (NZHEA) received funding from the Ministry of Education to support health education teachers through the 'Networks of Expertise' pilot project. The decision to focus the resource on senior secondary mental health and resilience was in consideration of other known resourcing in development for junior secondary health education. An added factor was the lack of a comprehensive mental health teaching resource for senior secondary level that helped teachers to design and plan learning programmes in response to the direction provided by *The New Zealand Curriculum*, and supported student achievement in NCEA. Adding impetus to this decision was the ongoing focus on whole school approaches to the promotion of wellbeing in New Zealand schools, where most focus is on mental and emotional wellbeing.

The title of this resource - '*Mental Health and Resilience*' - is to draw attention to the importance of the concept of resilience when students are learning in mental health contexts at senior secondary level. However, it is noted that for teaching and learning purposes, the concept of resilience sits within the broader understanding of mental health as a key area of learning in Health and Physical Education in *The New Zealand Curriculum*.

Structure of the resource

Part A.

The introductory section of the resource contains background information for teachers and outlines some important considerations for teaching and learning about mental health at senior secondary level. This includes planning considerations, indicators of progression of learning across NZC levels 6-8, learning pathways and making meaningful links to NCEA, and ensuring student safety (given the sensitive nature of issues that students may raise in class).

Part B.

The main part to the resource is **the teaching and learning activities**.

The recipe book-like way the activities are written is not intended to limit teachers' decisions about what to teach and how to teach it. Using a cook book analogy, this is not a book of cake recipes where all the ingredients need to be measured exactly, and instructions followed in sequence, to produce the cake shown in the picture. While the activity instructions can be used in this way as teachers build confidence and increase their familiarity with the material, it is anticipated that the 'recipes' offer guidance and are used as a source of inspiration. It is fully expected that teachers will swap ingredients in and out to suit different 'tastes' (interests) and 'nutritional' (learning) needs, and make good use of local 'ingredients' (the social and cultural capital of the students, and other resources) available at the time.

Mental health as a key area of learning in *The New Zealand Curriculum*

The Mental Health Foundation defines mental health as: *“the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice and personal dignity.”* (MHF definition, 2018)

The World Health Organisation states that: *“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”* (WHO definition, 2018)

The intended scope of ‘mental health’ as a key area of learning in health education was established in the *Health and Physical Education in the New Zealand Curriculum* (1999) document:

“In this key area of learning, students will have opportunities to explore the ways in which the physical, mental and emotional, social, and spiritual dimensions of hauora contribute to mental health.

Students will examine social, cultural, economic, and environmental factors that influence people’s mental health, including the effects of media messages. Students will use critical-thinking and problem-solving skills to develop strategies and safety procedures for avoiding, minimising, or managing risk situations.” (p.36)

The range of learning opportunities that students could engage in within this broad understanding of mental health, and which continued to remain relevant for the NZC (2007), include knowledge, understandings, and skills to:

- *strengthen personal identity and enhance a sense of self-worth*
- *examine discrimination and stereotyping, and to evaluate their impact on people’s mental health*
- *support themselves and other people during times of stress, disappointment, and loss*
- *to make informed, health-enhancing decisions in relation to drug use and misuse*
- *recognise and respond to situations of abuse and harassment*

Understanding of:

- *personal and interpersonal skills to enhance relationships*
- *the benefits of physical activity, relaxation, and recreation in relation to mental health*

And:

- *values and attitudes that support the enhancement of mental health for the students themselves, other people, and society such as a positive and responsible attitude to their*

own well-being, respect for the rights of other people, care and concern for other people, and a sense of social justice.

(Adapted from HPE in the NZC, 1999, p.37).

Central to constructing knowledge about mental health at senior secondary level is the consistent use, and increasingly complex application of, the HPE underlying concepts to develop ever-greater depth and breadth of understanding of mental health-related situations and issues.

That is, the concepts of:

- Hauora as a holistic model of wellbeing in which understandings of mental health sit;
- The socio-ecological perspective to explore mental health at a personal (or individual), interpersonal, and community or societal level;
- Health promotion as a process, knowledge of which is required to be able to take individual and collective action;
- Attitudes and values focused on developing respect, care, and concern for self, others and society, and the values of social justice.

Foundations for teaching and learning in HPE at NZC Levels 6-8

High quality teaching in health education, that maximises learning outcomes for all students, draws on a wide range of education policy and research about effective teaching and learning applicable to teachers across the curriculum. This large body of literature fills many library shelves. Attention is drawn to a very small part of this literature for its relevance to senior secondary health education, and mental health education in particular.

(1) Constructivist approaches

The pedagogical approach to teaching in health education

The pedagogical approach to teaching and learning promoted for health education in the 1999 HPE document was a constructivist approach. At its heart, constructivist teaching is based on the understanding that learning occurs as a consequence of students being active participants in the learning process, where students construct meaning and knowledge. For New Zealand purposes, this reflects the principles of teaching and learning for diverse learners (see for example *Tātaiako*, Minsitry of Education, 2011). This is in contrast to other approaches whereby the teacher has already selected the knowledge that will be learned, and passively transmits or tells students what they ‘need to know’, usually in response to a prescribed curriculum.

However, knowledge construction still needs deliberate acts of teaching to guide students through the learning process. Students need help to organise their knowledge in a way that can be shared and communicated so that it makes sense to them and others, and for learning to remain within what is considered to be socially responsible and ethical. Constructivist approaches also need to ensure that students are constructing knowledge that is new to them, building on what they already know, and that they are making progress with their learning – and not simply restating (in a slightly different way) or reorganising what they already know. It also requires students to develop skills for learning that enable them to engage in knowledge construction process. Essential to this process is critical (and creative) thinking.

This is where both the underlying concepts of HPE that help shape the knowledge, and critical thinking as a key competency and process for learning, become all-important in health education. That is, health education knowledge is not ‘made up’ based only on personal opinion and experience. It is constructed by bringing together ideas from students (and others) with some ‘big ideas’ (the HPE underlying concepts and other contextual understandings) to help make sense of, organise, and build knowledge. In this way the teacher provides the theoretical and conceptual framework for the knowledge construction, and the students bring their collective knowledge and experiences, as well as accessing more information along the way. The teacher’s pedagogy provides a range of learning opportunities for bringing these knowledges together. These ideas are captured in the following quote:

The knowledge of the classroom is constructed where students' personal experience intersects with academic knowledge. A key skill of a critical constructivist teacher involves nurturing this synthesis of personal experience and academic knowledge. Such a pedagogical act is extremely complex, and teachers must work hard to bring the different perspectives together. They reveal how their own perspectives came to be constructed and how the social values, ideologies and information they encounter shape their pedagogies and worldviews. (Kincheloe, 2005, p.4.)

The sort of knowledge and understandings that students need to develop to achieve at NZC Levels 6-8, and achieve success in the NCEA Achievement Standards, needs to be constructed. It is not knowledge that can be copied and reproduced from textbooks.

The reason for presenting the activity instructions with the teacher and student activities alongside each other, is to attempt to show how this complex process of knowledge construction unfolds. However, the simplicity of what is written on paper cannot do justice to the intricacies of what happens in the classroom and it takes a lot of practice to become a highly effective constructivist teacher.

Critical thinking as a fundamental process for learning

Through the key competencies of the NZC, the importance of critical thinking as an essential process for learning has been established across all learning areas of the curriculum. A statement about the importance of critical thinking for learning in health education can be found in the Ministry of Education resource *The Curriculum in Action: Making Meaning Making a Difference Years 11-13*.

Health and Physical Education in the New Zealand Curriculum (1999) defines critical thinking as "examining, questioning, evaluating, and challenging taken-for-granted assumptions about issues and practices" and critical action as "action based on critical thinking" (p.56).

For critical thinking to be meaningful in its learning area or subject context requires the selection of questions that support students to synthesise their own knowledge with academic knowledge (the underlying concepts for example). The following list of questions remains a useful foundation for critical thinking in health education. These questions can be selected and adapted to suit specific learning contexts.

Questions for critical thinking

- *What do you know about this issue or situation?*
- *How did you come to know this?*
- *How do you feel about this issue or situation?*
- *What is the evidence for this knowledge?*
- *What are your beliefs about this knowledge? Why do you believe this?*
- *What information is missing from this picture?*
- *Why is this information missing?*
- *Have the social, cultural, economic, political, and/or ethical aspects of this situation been considered?*
- *Whose voice is heard in this writing, article, or classroom activity?*
- *Whose interests are being served? Who has the power in this situation?*
- *Who is being advantaged?*
- *Who is not being heard or served?*
- *Who is being disadvantaged?*
- *What are the inequalities that exist in this situation?*
- *What needs to change?*

- *How can you contribute to this change?*

Source: *The Curriculum in Action: Making Meaning Making a Difference Years 11-13* (Ministry of Education, 2004, p.27, based on Brookfield, 1995, and Smyth, 1992).

(2) Health education as a learning and qualification pathway

This resource promotes health education as a viable learning and qualification pathway at senior secondary school. Most of the NCEA Level 1-3 Achievement Standards require explicit learning about aspects of mental health. The extent of this mental health focus will depend on the specific contexts chosen for learning and assessment.

Teachers are encouraged to negotiate the selection of standards and the contexts for learning and assessment for each standard with their students in order that planning responds to all students' learning and qualification pathways planning. These considerations include gaining enough credits from the course (so that learning in health education will contribute equitably to their overall NCEA level certificate), that they can complete particular standards, or access specific topics that will support other learning, or meet requirements for entry to tertiary pathways.

It is NOT expected that all students will complete all standards for each level. Departmental and senior leadership should provide guidance on this matter.

The following table summarises the way contexts drawn from the mental health key area of learning feature across NCEA Levels 1-3.

AS #	Achievement standard title (and achievement criterion)		Mental health focus in this standard
Level 1			
AS90971 1.1	Take action to enhance an aspect of personal wellbeing.	3 credits Internal	Personal goal setting in relation to enhancing an identified area of wellbeing. Developing a SMART goal and action plan, implementing and evaluating the plan in relation to wellbeing. Students can choose a goal related to managing stress or other self-management skill, or enhancing interpersonal skills that support mental and emotional wellbeing.
AS91097 1.3	Demonstrate understanding of ways in which wellbeing can change, and strategies to support wellbeing.	4 credits Internal	Understanding how changes impact on (mental and emotional) wellbeing and demonstrating understanding of personal, interpersonal and community/societal actions needed to support a person in a situation where their health or wellbeing has changed. This standard leads to Health 2.3 which focuses specifically on building resilience.

AS90973 1.4	Demonstrate understanding of interpersonal skills used to enhance relationships.	5 credits Internal	Demonstrating knowledge of personal and interpersonal skills for healthy relationships including own and joint problem solving, interpersonal communication skills such as effective listening, and assertiveness skills.
AS90974 1.5	Demonstrate understanding of strategies for promoting positive sexuality.	4 credits Internal	Sexuality education is underpinned by considerations of mental health such as knowledge of rights and responsibilities in romantic/sexual relationships and skills for exercising these, and promoting positive sexuality/inclusiveness of diversity.
AS90975 1.6	Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.	4 credits External	Understanding how AoD use impacts wellbeing. Through understanding a range of issues related to AoD use, students can demonstrate the use of a decision making model to make informed decisions.
Level 2			Mental health focus in this standard
AS91235 2.1	Analyse an adolescent health issue.	5 credits External	Adolescent wellbeing issues could include AoD use, body image, relationships, or other contexts (as directed by the examiner). Most adolescent issues have a strong mental health focus. Students need to show understanding of personal, interpersonal and community/societal factors that contribute to the issue (backed up by evidence), how wellbeing is impacted, and strategies (and actions) needed to achieve healthy outcomes in relation to the issue.
AS91236 2.2	Evaluate factors that influence people's ability to manage change.	5 credits Internal	Knowledge of personal, interpersonal and community/societal strategies (and actions) needed to build resilience by developing or enhancing the protective factors, and reducing or mitigating the risk factors.
AS91237 2.3	Take action to enhance an aspect of people's wellbeing within the school or wider community.	5 credits Internal	A group/collective process to identify a goal related to an aspect of school/community wellbeing, plan and implement actions, and evaluate the process and impact of the actions in relation to the goal and its impact on people's wellbeing. Students' selected action may focus specifically on a mental health issue, or a wellbeing issue that has (indirect) implications for mental health.
AS91238 2.4	Analyse an interpersonal issue(s) that places personal safety at risk.	4 credits External	Recognising power imbalances in relationships (bullying, harassment, intimidation, and discrimination), why these have occurred, and the impact on wellbeing. Knowledge of personal, interpersonal and community/societal strategies (and actions), including the use of laws and policies needed to manage incidences, and reduce or eliminate these behaviours.

AS91239 2.5	Analyse issues related to sexuality and gender to develop strategies for addressing the issues.	5 credits Internal	Knowledge of personal, interpersonal and community/societal strategies (and actions), that contribute to social justice in gender and/or sexuality situations. The strategies need to show understanding of the values of social justice.
Level 3			Mental health focus in this standard
AS91461 3.1	Analyse a New Zealand health issue.	5 credits Internal	The selected issue may be specifically related to mental health or have implications for mental health e.g. building resilience at school, AoD use in NZ, the impact of colonisation on wellbeing. Knowledge of the way the social determinants of health have influenced the issues is required along with community/ societal strategies (and actions) needed to achieve equitable health outcomes for all people.
AS91462 3.2	Analyse an international health issue.	5 credits External	
AS91463 3.3	Evaluate health practices currently used in New Zealand.	5 credits Internal	Evaluation of traditional, complementary and alternative, and western scientific health practices includes consideration of whether or not the health practices are holistic or treat only one dimension of health or wellbeing, and how effective the practices are (as relevant to the health or wellbeing situation selected for the investigation). This learning can be applied to a mental health context such as depression.
AS91464 3.4	Analyse a contemporary ethical issue in relation to wellbeing.	4 credits Internal	Analysis of the ethical dilemma includes consideration of the different perspectives of the issue. Regardless of the issue selected, ethical dilemmas all have implications for the way people think, feel and act.
AS91465 3.5	Evaluate models for health promotion.	5 credits External	Knowledge of the way different models of health promotion can be applied to situations, and to evaluate the likely success of these based on what theory says about the effectiveness of models. Learning can focus on application of models to mental health contexts, although the examiner will decide the context for the examination.

(3) Teaching as Inquiry

As a matter of curriculum and teaching policy, the approach teachers take to making all teaching and learning decisions when designing, planning, delivering and evaluating learning programmes derived from the NZC, is the 'teaching as inquiry' approach (NZC p35). For health education learning programmes to meet learner needs and be responsive to diverse learners, this approach ensures that teachers of health education ask and respond to questions like those following.

*‘Since any teaching strategy works differently in different contexts for different students, effective pedagogy requires that teachers inquire into the impact of their teaching on their students. Inquiry into the teaching–learning relationship is a **cyclical process that goes on moment by moment (as teaching takes place), day by day, and over the longer term.**’ (NZC p.35)*

Teaching as inquiry cycle NZC p.35	Health education teachers could be asking and responding to questions such as
<p><i>What is important (and therefore worth spending time on), given where my students are at?</i></p> <p><i>The teacher uses all available information to determine what their students have already learned and what they need to learn next.</i></p>	<p><i>Where are my students ‘at’?</i></p> <ul style="list-style-type: none"> • What does the achievement data tell me about the NZC level at which each of my students is achieving in health education? e.g. previous NCEA data, overall judgement of evidence in their learning portfolio (judged against the HPE AOs or other source of achievement indicators). • What does the evidence show about my students understanding of the underlying concepts – hauora, socio-ecological perspective (personal-interpersonal and community/societal) and other big ideas related to mental health that have been part of their previous learning programme? • What are the literacy levels of my students for reading and writing and what are the implications of this for the activities I need to include in my teaching programme? • How digitally literate and fluent are my students – are they effective and responsible digital citizens? • What do I notice moment by moment and lesson by lesson about where my students are ‘at’? When my students participate in activities, produce learning artefacts individually or in groups for their learning portfolio, or demonstrate skills, what is this telling me about where they are ‘at’? <p><i>Other considerations to help answer the question ‘What is important to focus on?’</i></p> <ul style="list-style-type: none"> • Since no teaching decisions can be made in a knowledge vacuum, and answers to questions need to be grounded in knowledge, what direction does the NZC offer to help me decide ‘what is important to focus on’? • What else do I know about my learners as students and as people (as far as this is ethical to know)? What other data is on the SMS about their cultural backgrounds, languages spoken at home, family situation, health and social data, other subjects they are taking this year? How might I use this information in my programme, or what do I need to be sensitive to when designing my learning programme? • What else could I ethically find out from my students about their learning interests and priorities? How could I build this into a learning pathway that leads to future learning? • What are the planned learning and qualification pathways for the students in my senior classes? What will successful completion of the health education Achievement Standards contribute to their overall NCEA qualification?

	<ul style="list-style-type: none"> • How well does my programme build on prior learning at junior level and how does each level provide a foundation for, and pathway to the next level – as guided by the levels of the NZC? What do the indicators of progression resources for health education offer (e.g. the NZHEA sexuality and health promotion progressions), to help me understand the level at which my students are learning ('where they are at'), and where the learning needs to develop in breadth and depth so that they make progress in their learning? • As well as being interesting and engaging for students, what learning contexts (topics) are going to be most useful for developing their knowledge and understanding of the concepts and big ideas central to learning in health education? Do these topics offer sufficient learning challenges and provide students with opportunities to develop understanding beyond what they already know? <i>What is my experience teaching this topic and what support might I need if I'm not confident that I can lead my students to a successful achievement outcome with this topic?</i> • What mental health issues are of current interest in the community and in media, and do I have access to (or can I find) suitable teaching and learning resources for my students when they are learning about these issues? • Are there any school wide approaches to promoting mental and emotional wellbeing that have a particular focus this year that learning in health education could contribute to? • Are there any community or national events with relevance for mental health that occur at a useful time of year, that the learning can make connections with?
<p><i>What strategies (evidence-based) are most likely to help my students learn this?</i></p> <p><i>In this teaching inquiry, the teacher uses evidence from research and from their own past practice and that of colleagues to plan teaching and learning opportunities aimed at achieving the outcomes prioritised in the focusing inquiry.</i></p>	<ul style="list-style-type: none"> • What does the collection of student voice (and my observations of students learning in class) tell me about the ways my students learn best? How are these preferred (or successful) strategies connected with the key competencies? Are these learning strategies representative of all key competencies (or are there some ways of learning my students need to develop alongside their learning of health education knowledge?) • How well do my students work together (are they cooperative, do they share ideas, can they work effectively in groups)? How well do my students work independently? How well do my students learn when working with digital tools? Therefore, what teaching and learning strategies do I need to include in my programme? • If health education learning is founded on constructivist approaches, how proficient are my students at using critical thinking and other strategies for constructing knowledge? Where can I build in deliberate teaching around learning how to think critically, as well as opportunities for using critical thinking skills?

	<ul style="list-style-type: none"> • What school wide initiatives are there around implementing or strengthening pedagogy that I need to include to support student learning? e.g. differentiated approaches, culturally responsive approaches, strategies that enable e-learning. • Are there any external providers that could make a meaningful contribution to my programme and enhance student learning? (See NZHEA materials about effective use of external providers in learning programmes.) • How well do my students understand the need to plan their learning time to complete internal assessments – whether that is compiling a portfolio of evidence over time, or completing a task at a designated time? • Do my students understand how they can use conceptual knowledge from one unit as part of their learning (and assessment) for other units or Achievement Standards? • For successful management of external examinations, what preparation and skills do my students need?
<p><i>What happened as a result of the teaching, and what are the implications for future teaching?</i></p> <p><i>In this learning inquiry, the teacher investigates the success of the teaching in terms of the prioritised outcomes, using a range of assessment approaches. They do this both while learning activities are in progress and also as longer-term sequences or units of work come to an end. They then analyse and interpret the information to consider what they should do next.</i></p>	<p>As I informally notice student learning in class, as I sight evidence compiled in their learning portfolio, and as I formally track and monitor my students' learning progress against school/department achievement targets and students' learning goals (using established school systems and the facility for this on the SMS):</p> <ul style="list-style-type: none"> • What learning progress are my students making? Have they reached their personal learning/ NCEA goals? How well have they met these goals? Who hasn't reached their goals and why is this? Could more students be achieving merit or excellence? What do I need to help them to learn in order to do this? • Overall have my students reached the expected school/ department achievement targets? If not, what do I need to do differently? If I don't know, how could I go about finding out? • What do the students' reflections on their learning (collected as student voice) indicate worked well, and therefore what do I need to keep doing? What do I need to do differently to meet the learning needs for all or some of my students?

(4) Programme design and planning

It is recognised that many schools are now designing their school curriculum in ways that are highly responsive to the learning needs of their students and community. This means that the traditional practice of providing (only) subject based courses for senior students is changing, and some courses now include learning from across subjects or learning areas. Regardless of the way schools organise the learning programmes that make up the school curriculum, and whatever these courses are called, it would appear that there is still a commitment to learning being organised into themes or topics which, for the purpose of this resource, will be referred to simply as 'units', and that the learning in each unit leads to assessment by one or more Achievement Standards. This approach

leads to huge diversity in the way schools now design their learning programmes making the development of resources to support overall programme planning highly problematic.

When designing units of learning that are intended to be assessed with the Health Achievement Standards, the following guidance is provided.

Each NCEA Health Achievement Standard is closely aligned to a range of AOs at the specified level of the NZC (NCEA Level 1 – NZC Level 6, NCEA Level 2 – NZC Level 7, and NCEA Level 3 – NZC Level 8). To ensure **sufficient coverage** of the underlying concepts and big ideas specific to the context within the mental health key area of learning, the following planning framework is provided as a form of checklist for planning units and whole programmes. This means that when teachers respond to the part of the focusing inquiry question '*what is important to focus on*', the NZC is an important source of information for answering this question, as well as considering data that shows '*where my students are at*'.

Planning framework

What do students already understand about the HPE underlying concepts from other learning contexts?				
What do students already know about mental health from previous learning?				
Which contexts will build on learning from years 9 & 10, and be the focus across years 11-13? Change, loss, grief, stress, and building resilience; Friendships/relationships, Bullying and discrimination; Alcohol and other drugs; Body image				
To develop the building blocks required for health education learning pathways across the NZC, programme coverage should consider a combination of:		The big ideas		
		Developing understanding of hauora and well-being in relation to mental health	Knowledge about factors that contribute positively and negatively on mental health	Strategies for supporting well-being in relation to mental health – individual and collective action
The HPE strands	Personal or individual aspects of mental health <i>Personal health and physical development</i>			
	Mental health and interactions with others <i>Relationships with other people</i>			
	Wider community or societal considerations of mental health <i>Healthy communities and environments</i>			
What sorts of teaching and learning strategies will best support students' learning of these big ideas in a range of mental health contexts?				
Given the central importance of critical thinking for learning in health education, which activities will be selected to develop this key competency when learning about mental health?				
How will the learning programme support students to develop and use the remaining key competencies? Using language, symbols, and texts, Managing self, Relating to others, Participating and contributing.				
Subject specific literacy development What opportunities will be provided to develop students' abilities to listen and read to take in mental health information, and then write and use oral language for communicating their learning?				
How will the learning programme help students to develop digital fluency and become responsible digital citizens?				
How will evidence of learning be collected? How will the level of learning achievement in the NZC be judged? NCEA achievement standards, monitoring progress against learning intentions derived from the achievement objectives				

Unpacking the HPE achievement objectives at NZC levels 6-8 – with a focus on mental health learning contexts

Part of a teacher's role is to help students to understand the level of the NZC at which they are achieving and, over time, the progress they are making in their learning. This is in addition to formally assessing their achievement using the NCEA Health Achievement Standards. This section provides a collection of possible indicators to describe examples of learning in the mental health key area of learning at senior secondary level. Teachers are encouraged to develop their own indicators of achievement using the learning contexts in the school's health education programme.

NZC Level 6 Students will:	Possible indicators to show the learning intention has been achieved	NCEA links
A1 Personal growth and development: Investigate and understand reasons for the choices people make that affect their well-being and explore and evaluate options and consequences.	<i>In context of AoD education students learn the process of making decisions that support personal wellbeing:</i> Students can fill out a decision making grid to identify the range of choices available in an AoD scenario, their feelings as a consequence of selecting each option, in combination with the consequences for their wellbeing for each option. They can then make a decision about the option that would best support their wellbeing and can justify why this was the best option e.g it took the wellbeing of other people into consideration, it was achievable or sustainable, it reflected their values and beliefs.	AS9075 (Health 1.6)
A3 Safety management: Demonstrate understanding of responsible behaviours required to ensure that challenges and risks are managed safely in physical and social environments.	<i>As part of learning how to act in ways that show respect, care and concern for self and others, and actions that promote wellbeing in situations where there is potential risk:</i> Students can recognise a range of potentially unsafe situations involving AoD, and recommend actions that would minimise harm for self and others; OR Students can recognise situations where someone is using their power over others (e.g. bullying) and know how to act when they are the bystander witnessing this behaviour. <i>As part of learning about ways to manage stressful situations:</i> Students can identify what factors cause them stress, and select strategies that will reduce stress by addressing the causes of the stress.	AS90971 (Health 1.1) AS90973 (Health 1.4) AS90975 (Health 1.6)
A4 Personal identity: Demonstrate an understanding of factors that contribute to personal identity and	<i>As part of learning about the impact of change and loss on wellbeing:</i> Students can identify what is important to them that helps them manage times of change and how this might be different for other people e.g. some people might find comfort and support from being with others,	AS91097 (Health 1.3)

celebrate individuality and affirm diversity.	connecting with culture (etc), whereas others might want to be left to themselves, listen to music or connect with the environment.	
C1 Relationships: Demonstrate an understanding of how individuals and groups affect relationships by influencing people's behaviour, beliefs, decisions, and sense of self-worth.	<i>As part of learning about the way effective use of interpersonal communication skills impacts wellbeing:</i> Students can recognise situations where effective listening and using a joint problem solving approach will prevent a conflict situation worsening, restore the relationship between the people involved, and support individual wellbeing.	AS90973 (Health 1.4)
C2 Identity, sensitivity, and respect: Plan and evaluate strategies recognising their own and other people's rights and responsibilities to avoid or minimise risks in social situations.	<i>In context of learning about rights and responsibilities in friendship situations:</i> Students can identify the rights and responsibilities for each person in the relationship in a range of friendship situations e.g the right to say "no" to anything (such as sneaking out to a party), alongside the responsibilities to respect someone who says no; the right to be spoken to and treated fairly and respectfully, alongside the responsibility of communicating and acting in a way that is fair to and respectful of the other person (such as no back stabbing, no put downs, etc).	AS90973 (Health 1.4)
C3 Interpersonal skills: Plan strategies and demonstrate interpersonal skills to respond to challenging situations appropriately.	<i>In context of learning about eliminating bullying at school:</i> Students can select and demonstrate the use of a combination of assertiveness skills, giving negative feedback, requesting a change of behaviour, and the use of a problem solving model, to respond to and restore a situation where bullying has occurred.	AS90973 (Health 1.4)
D1 Societal attitudes and values: Analyse societal influences that shape community health goals and physical activity patterns.	<i>As part of an investigation into ways to reduce harm from alcohol use:</i> Students can describe ways that young people's wellbeing can be supported through the application of national guidelines for health promotion related to alcohol use (e.g. drinking in moderation or drinking non-alcohol alternatives, safe parties, sober drivers, sober buddies, knowing how much alcohol is in a drink, etc).	AS90975 (Health 1.6)
D2 Community resources: Advocate for the development of services and facilities to meet identified needs in the school and the community.	<i>As part of a unit of investigating the way change impacts wellbeing, students learn how school systems support students experiencing changes:</i> Students can collect and provide evidence to inform school leadership about the aspects of the school system that are working well to support students transitioning to secondary school, and which systems need improvement (e.g. students who arrive at the school after the start of the school year).	AS91097 (Health 1.3)

D3 Rights, responsibilities, and laws: Compare and contrast personal values and practices with policies, rules, and laws and investigate how the latter contribute to safety in the school and community.	<i>As part of a unit investigating the way the school supports and includes students with special education needs or physical disabilities:</i> Students can identify situations where school practices are consistent with school policy and continue to support and promote these, and any instances where the actions of students, staff or other members of school community are not inclusive of all students at the school.	AS90974 (Health 1.3)
D4 People and the environment: Investigate the roles and the effectiveness of local, national, and international organisations that promote well-being and environmental care	<i>In preparation for deciding a personal health action, and as part of a unit investigating the way the school and local community promotes mental and emotional wellbeing for young people:</i> Students can critique the services or health promotion campaign of an agency involved in mental health promotion (e.g. the Mental Health Foundation or HPA) to determine the relevance and usefulness of the service (or campaign) for students at the school. <i>As part of the whole school approach to promoting cybersafety:</i> Students can identify the ways NetSafe support young people's wellbeing in the digital environment.	AS90971 (Health 1.1)
NZC Level 7 Students will:	Possible indicators to show the learning intention has been achieved	NCEA links
A1 Personal growth and development: Assess their health needs and identify strategies to ensure personal well-being across their lifespan.	<i>As part of learning about risk and protective factors and the way these contribute to resilience:</i> Students can recognise that the factors that support their wellbeing as teenagers differ from when they were children. That is, as the nature of their friendships and relationships change, as they become more autonomous, and as they come to understand what is important in life and who they are (their identity), what helps them cope with stressful life events also changes.	AS91236 (Health 2.2)
A3 Safety management: Analyse the difference between perceived and residual risks in physical and social environments and develop skills and behaviour for managing responsible action.	<i>Learning in health education, as part of a whole school approach to eliminate cyberbullying:</i> Students can recognise unsafe situations online, identify a range of ways to stay safe using all forms of digital technologies, know how to act if cyberbullied, and adhere to a set of personal protocols to ensure that they and their friends do not contribute to the problem of cyberbullying.	AS91238 (Health 2.4)
A4 Personal identity: Critically evaluate societal attitudes, values, and expectations that affect people's awareness of their personal identity	<i>As part of an investigation into why or how personal identity is a factor in adolescent mental health and wellbeing issues:</i> Students can critique cultural norms and stereotypes, and expectations about adolescent alcohol use, to explain how some of these societal or cultural attitudes and values directly or indirectly impact their personal identity, and how unfair or uninformed assumptions and expectations about teenage alcohol use may impact wellbeing.	AS91235 (Health 2.1)

and sense of self-worth in a range of life situations.		
C1 Relationships: Analyse the nature and benefits of meaningful interpersonal relationships.	<i>Through learning about resilience and how social relationships are critical for developing resilience to manage stressful life changes:</i> Students can explain what it is about the qualities and the nature of friendships and relationships that helps people to manage stressful life events, and how this links with the protective factors (and how an absence of quality relationships contributes to some risk factors).	AS91236 (Health 2.2)
C2 Identity, sensitivity, and respect: Analyse the beliefs, attitudes, and practices that reinforce stereotypes and role expectations, identifying ways in which these shape people's choices at individual, group, and societal levels.	<i>As part of an investigation into factors that promote a positive body image, and how 'ideal' body appearance is promoted by media and culture:</i> Students can critique media images of celebrities and fashion models (etc) for the way they portray unrealistic and un-representative images of males and females, how viewing these images can shape stereotypical cultural values and beliefs about an acceptable body appearance, and the impact this has on body image and wellbeing of groups and individuals.	AS91235 (Health 2.1)
C3 Interpersonal skills: Evaluate information, make informed decisions, and use interpersonal skills effectively to manage conflict, competition, and change in relationships.	<i>As part of an investigation into factors that cause conflict in adolescent friendships and relationships:</i> Students can identify how a range of personal and interpersonal skills are needed to prevent or manage a diverse range of conflict situations, and why certain skills need to be applied in particular situations (e.g. when own or joint problem solving is needed, where negotiation and compromise is required, or where a change of behaviour needs to be requested).	AS91238 (Health 2.4)
D1 Societal attitudes and values: Analyse ways in which events and social organisations promote healthy communities and evaluate the effects they have.	<i>As an aspect of learning about protective factors that contribute to building resilience:</i> Students can identify which social support structures and systems in their school contribute to protective factors (e.g. sports and cultural groups, peer support and pastoral care systems), why or how these systems or structures help build resilience, and link these with protective factors identified by research.	AS91236 (Health 2.2)
D2 Community resources: Evaluate school and community initiatives that promote young people's well-being and develop an action plan to instigate or support these.	<i>In preparation for planning and taking school wide action to promote mental and emotional wellbeing at school (by reducing student stress):</i> Students can select a range of information provided by mental health promotion agencies about strategies to reduce stress that is relevant to the stressors identified by students, and plan a health promotion campaign for students at the school based on the students' needs.	AS91237 (Health 2.3)
D3 Rights, responsibilities, and laws: Evaluate laws, policies, practices, and	<i>As part of learning about the way power imbalances in relationships lead to behaviours like bullying, harassment, and discrimination:</i> Students can recognise various forms of unfair	AS91238 (Health 2.4)

regulations in terms of their contribution to social justice at school and in the wider community.	treatment, know which national laws and local school policies can be used in situations of bullying, harassment, and discrimination, and how the use of these laws and policies promote fairness, and contribute to wellbeing.	
NZC Level 8 Students will:	Possible indicators to show the learning intention has been achieved	NCEA links
A1 Personal growth and development: Critically evaluate a range of qualitative and quantitative data to devise strategies to meet their current and future needs for well-being.	<i>To identify the nature of the issue being investigated and its impact on wellbeing:</i> Students can use data from a published population survey to describe what the health or wellbeing issue is and why it is cause for concern, and interpret data to identify which strategies will be needed to improve health and wellbeing. OR Students can ethically collect data from an interview or survey of their peers to provide information about an aspect of student wellbeing (e.g. bullying or stress), and use the needs identified in the survey to plan a health promotion event.	AS91461 (Health 3.1) AS91462 (Health 3.2)
A3 Safety management: Critically analyse dilemmas and contemporary ethical issues that influence their own health and safety and that of other people.	<i>As part of an investigation into national and international impacts of AoD on wellbeing:</i> Students can describe the position (values and beliefs) of groups for and against the use of performance enhancing drugs in sport. In addition to the wellbeing implications for individuals, they can also explain the impact of use/non-use of drugs on sporting culture.	AS91464 (Health 3.4)
A4 Personal identity: Critically analyse the impacts that conceptions of personal, cultural, and national identity have on people's well-being.	<i>As part of an investigation into how colonisation has impacted on the health and wellbeing of indigenous people, or how globalisation is impacting on the wellbeing of populations:</i> Students can identify how different cultural values, beliefs and practices, introduced from another country or culture, can have a positive or negative impact on wellbeing, and, in particular, how introduced values and beliefs impact identity.	AS91461 (Health 3.1) AS91462 (Health 3.2)
C1 Relationships: Critically analyse the dynamics of effective relationships in a range of social contexts.	<i>As part of an investigation into AoD use in New Zealand:</i> Students can explain how the nature and quality of relationships with family, friends, peers, colleagues, and people in the community can influence AoD use or non-use, and how effective ways of communicating, supporting, and showing care and concern for people, are interpersonal strategies for reducing harm from AoD use.	AS91461 (Health 3.1)
C2 Identity, sensitivity, and respect: Critically analyse attitudes, values, and behaviours that contribute to conflict and identify and describe ways of	<i>As part of an overall school approach to being a 'body positive' school:</i> Students can explain the attitudes and values, and interpersonal communication skills, required by all students to support the wellbeing of themselves and others. This includes ways to give constructive feedback to people who 'fat talk' or self-objectify, or compare themselves, or others with images of	AS91461 (Health 3.1)

creating more harmonious relationships.	celebrities, or who use put-downs and bully people whose appearance they think does not conform to expected ideals.	
C3 Interpersonal skills: Analyse and evaluate attitudes and interpersonal skills that enable people to participate fully and effectively as community members in various situations.	<i>As part of a strengths based approach to building resilience at school:</i> Students can identify the attitudes and values required of all students and staff for a safe supportive and inclusive school environment, and how these attitudes and values are modelled or shown through social interaction.	AS91461 (Health 3.1)
D1 Societal attitudes and values: Critically analyse societal attitudes, practices and legislation influencing contemporary health and sporting issues, in relation to the need to promote mentally healthy and physically safe communities.	<i>As part of an investigation into the different ways health conditions can be managed or treated:</i> Students can compare: how western medicine, and traditional, complementary or alternative medicine could be used to manage or treat a named health condition; how the ideology and principles of these approaches may support or not support wellbeing (beyond the named condition); how policy supports or doesn't support access to these approaches; and the contribution of the different health practices to healthy communities.	AS91463 (Health 3.3)
D2 Community resources: Establish and justify priorities for equitable distribution of available health and recreational resources and advocate change where necessary.	<i>In concluding an investigation into a national or international health issue that has identified inequities and injustices leading to poor health and wellbeing for a group or population:</i> Students can identify and justify a range of strategies needed to redress the factors that have contributed to the issue in the first place e.g laws and policies that seek to shift cultural practices that exclude some people, redistribution of wealth and resources to redress the impact of poverty on wellbeing, education and social marketing to teach people about diversity and to understand other people's lives, and alternative ways of behaving in social situations.	AS91461 (Health 3.1) AS91462 (Health 3.2)
D3 Rights, responsibilities, and laws: Demonstrate the use of health promotion strategies by implementing a plan of action to enhance the well-being of the school, community, or environment.	<i>After learning about a range of health promotion frameworks and models:</i> Students can select and apply the principles of a model to a health promotion initiative at their school, and design, plan, and implement this plan (e.g. eliminating bullying or cyberbullying, connectedness and belonging at school).	AS91465 (Health 3.5)

Safety considerations when teaching about aspects of mental health

A focus on mental health contexts in health education frequently results in the issue of suicide and self-harm being raised by students. This is especially so when these issues are receiving attention in the media through news and current affairs programmes reporting recent statistics, or entertainment media depicting these themes in film and TV programmes. Similarly, a focus on body image inevitably piques interests in eating disorders or body dysmorphic disorder, images and accounts of which are readily found in a variety of online sources.

Teachers can't stop students raising these issues. How teachers respond to student questions and comments about suicide and self-harm, is guided by school policy.

The issue of suicide and self-harm – a health education position on the matter.

What's going on for young people who attempt or commit suicide is often highly complex and a *teacher's* training doesn't begin to prepare them, much less provide them with a professional mandate, to make decisions about a young person's mental health status (see the Education Council teacher standards and code of professional responsibility). It requires a guidance counsellor and/or community-based mental health professional's expertise, working within their codes of professional practice, to manage these situations.

To support student safety, schools will have policy and protocols for what they expect teachers to say and do when:

- students raise the issue of suicide or self-harm in conversation,
- making decisions about what is and isn't appropriate to include in lessons, and what students can focus attention on in research/investigation/inquiry based learning,
- they have concerns about the wellbeing of students e.g. *If you think (or know) a student is self-harming or maybe about to cause harm to themselves, or they have told you they are thinking about committing suicide, what do you do – if you're at school? – After school hours? – If you come to know of this via social media?*

Knowing when to refer

If teachers are at all concerned about the wellbeing of a student they need to report this as soon as possible to the guidance counsellor or other person in the school or school community with the designated responsibility for student welfare. Even if it is a concern without tangible evidence, teachers are still encouraged to talk with the school counsellor about their concerns and not to 'write it off' as being overly cautious, or that 'the student is having a bad day and they will snap out of it'.

The school counsellor is able to make contact with students without the student knowing where the referral came from if need be. They often do this by stating to the student that their teachers (in general) are concerned about the drop off in their school work and would they like to talk about that (for example). Alternatively, teachers can offer to take students (with their permission) to see the counsellor, acting briefly as a go-between and making it the teachers 'problem' and not the student's. For some students this takes the onus off them making contact (*'I'll go because the*

teacher wants me to') especially if there is a negative stigma about help seeking in the school. The counsellor will then act accordingly.

As a teacher of health education it is important that you understand and adhere to your school's policy and protocols on this matter.

These procedures have been decided by those people in the school with the leadership role and authority to make decisions like this, and who have to take responsibility in such situations. It is irresponsible of teachers who are not trained to deal with these situations (nor have the professional role and responsibility to act in such situations in their *role as teacher*) to disregard the professionalism of those with the designated role to act, and who have to follow a range of ethical and legal protocols as part of their own practice. *If you have issues with the way your school manages these matters, talk with the guidance counsellor or a senior leader to develop understanding about why the school requires you, as a teacher, to respond in the ways described. If it can be demonstrated that the school needs to change its policy and practices, this needs to happen in agreement with school leadership.*

The Ministry of Education has guidelines about suicide prevention and school policy related to this.

- Ministry of Education (2013). *Preventing and responding to suicide: Resource kit for schools* <http://www.education.govt.nz/assets/Documents/School/Traumatic-incidents-and-emergencies/SuicidePreventionOCT2013.pdf>

Refer also to the Education Council teachers' code and standards to guide your professional practice that you are policy-bound to comply with as a professional registered, and certificated teacher. See <https://educationcouncil.org.nz/content/our-code-our-standards>

Health education is about the promotion of wellbeing, and learning knowledge, skills, and understandings to be able to engage in health promotion processes.

Suicide prevention isn't 'talking about suicide' as such – it's about promoting wellbeing. A teacher teaching *all* students can contribute to a whole school approach (WSA) to the promotion of wellbeing by providing learning opportunities to develop knowledge, skills, and understanding related to the following contexts:

- Quality friendships and relationships that support wellbeing.
- Eliminating bullying and cyberbullying (and addressing other power imbalances in relationships).
- Developing a safe, supportive and inclusive culture at school, especially for students identifying as same sex-attracted, transgender, or other sex/sexuality/gender identity, or students who are marginalised because of physical, cognitive or behavioural disabilities.
- Teaching skills that support students to manage change and deal with disappointment - and how alcohol and drugs are not a solution.
- Understanding who can help and in what ways – including people in students' own social networks and people in organisations and agencies who can help (and how to contact these people).
- Changing school culture around help-seeking, and that it's okay to seek help when feeling down.

- Providing opportunities for diverse expressions of masculinity, and developing a culture that is accepting and inclusive of this diversity.
- Providing learning opportunities and experiences that make connections with culture, family, ancestors and places.
- Providing learning opportunities and experiences that consider a diversity of identities.
- Reducing stigma about mental health issues such as depression and challenging some conservative cultural/religious attitudes that continue to see mental health issues as shameful, or a sin and something to hide from view.
- The contribution of physical activity, and sleeping and eating well to positive mental health.
- Knowing about, participating in, and contributing to, community activities.

Teachers can make a **positive contribution** to all of this *but they need to be backed up by all other teachers and school leadership*, as well having effective school systems. Schools also need to be able to enlist the support of other sectors, like mental health and social development/welfare to do their job.

Teachers need to teach students to be critical of headline grabbing media reports hyping up the focus on suicide and pointing out the problems and the statistics. Ethical reporting will seek to show understanding of the source of the problem, and highlight what needs to change in order to prevent people self-harming. As a matter of practice, much of the work mental health professionals do requires privacy and protecting individuals from the public or social/family problems that are contributing to the situation, and unethical and uncritical media interference, or schools drawing attention to students in distressing situations, can compromise this work.

Eating disorders and body dysmorphic disorders

Parallel to the above, teaching in health education needs to avoid glamourising and normalising eating disorders and body dysmorphic disorders, and perpetuating the fascination that some students have about this issue. The health education focus is on challenging social norms about body appearance – for both males and females, promoting self-acceptance and a positive body image (a person’s thoughts and feelings about their body), critically analysing societal attitudes about body appearance and how this impacts on body image and wellbeing – and recognising what we can do about it. This matter is discussed further in theme 9.

The Ministry of Health is responsible for New Zealand’s suicide prevention strategies. This site provides statistics and other resources that schools and students can access for reliable information: <https://www.health.govt.nz/our-work/mental-health-and-addictions/working-prevent-suicide>

See also the Mental Health Foundation suicide prevention strategy: <https://www.mentalhealth.org.nz/home/our-work/category/34/suicide-prevention>

For more resources that support youth wellbeing see the Victoria University Youth Wellbeing Study: <https://youthwellbeingstudy.wordpress.com/resources/>

The media guidelines about the reporting and portrayal of suicide can be found at: <https://www.mentalhealth.org.nz/get-help/media/reporting-and-portrayal-of-suicide/>

Part B.

Teaching and learning activities

The teaching and learning activities

Drawing on understandings that began with the *Health and Physical Education in the New Zealand Curriculum* (1999) document, and the themes and topics that have become popular in senior secondary courses, the resource has been organised into nine sections. To assist with the selection of activities when planning, the directory on pages 31-41 provides a list of these sections and a brief description of teaching and learning activities in each section.

It is not intended that each of these topics or themes forms a teaching 'unit' by itself, and teachers will need to select activities from across the sections, supported by materials from other sources, to design and plan learning programmes that meet the learning needs of their students.

Each section begins with a small number of activities recapping learning expected in junior programmes (NZC Levels 4/5). These activities can be used to help determine students' prior learning, and/or to introduce new material, and are indicated at the beginning of each section. As diagnostic or introductory activities they have not been designed with a deliberate learning intention, although, if used as learning activities, these could be added.

The remaining activities in each section aim to develop students' knowledge across NZC Levels 6-8. The resource contains a diverse array of learning activities that utilise a wide range of teaching strategies. Teachers should not be limited by the use of the teaching strategy or approach described for a particular activity or topic. It is expected teachers will 'mix and match' different teaching approaches with different topics. This is especially the case for the activities focused on taking individual or collective action. An additional code is provided in the directory where health promotion (or taking individual or collective action) is the focus of the learning activity.

Each section starts with a statement about the topic or theme. This is information for teachers and, depending on the nature of the theme or topic, may include a brief account of recent research, links with other education policy, definitions or explanations of terms or concepts specific to the topic (to make clear the health education purpose and intent of the learning), and in some cases, specific safety considerations.

Each of the NZC Levels 6-8 activities contain the following information:

A **purpose statement** that describes what the activity is about.

Links are made to the HPE **Achievement Objectives**. **AO levels are only a guide and teachers should not be limited by these.** For example, a lower level activity maybe a useful stepping stone into a higher level activity. Alternatively, the conceptual depth and detailed process of higher level activities might be pared back if student learning needs or interest in a topic make the activity useful at a lower level.

Links are made to the **NCEA Achievement Standard(s)** that the learning *could* contribute to.

Key competencies: Critical thinking is a constant in health education given the way knowledge needs to be constructed. Where other key competencies are deliberately integrated and developed in the activity, these are noted. Following guidance offered about the use of key competencies, shorter activities will tend to highlight only one or two key competencies relevant to the context and the teaching approach, whereas longer processes that require a succession of lessons may include more key competencies.

Digital fluency: Engaging in the digital environment (especially social media) has positive and negative implications for mental health and wellbeing. Students' learning in health education needs to engage critically with digital information accessed in their learning programme. Therefore teaching and learning in health education must aim to develop students' digital fluency, and not only their digital literacy. Using the Ministry of Education e-learning Online description of a digitally fluent student, activities that seek to make a contribution to the development of students' digital fluency will make reference to a relevant aspect of the following statement.

A digitally literate person knows how to use digital technologies and what to do with them.

A digitally fluent person can decide when to use specific digital technologies to achieve their desired outcome. They can articulate why the tools they are using will provide their desired outcome.

A digitally fluent student:

- *knows where and how to find and access information quickly and accurately*
- *can critique the relevance and accuracy of information being accessed*
- *is an adept producer of digital content*
- *can recognise and use the most effective methods of reaching their intended audience*
- *understands and demonstrates how to use digital technologies responsibly including – digital security (self-protection), copyright.*

Source: Te Kete Ipurangi e-learning community. <http://elearning.tki.org.nz/Teaching/Digital-fluency>

Time: Some activities may only require part of, or up to one lesson to complete, whereas others describe learning processes that need to be developed over successive lessons. Each activity includes a suggested time to complete that activity but *this is only a guide for planning purposes*.

The **resources** section lists the material resources required for the activity and/or links to additional sources of information on websites, YouTube clips, digital applications for content curation etc. Many activities include copy templates which are made available in an additional Word document so that teachers can print them, or provide students with access to them through the school's digital learning platform. It is intended that teachers will adapt these templates to meet student needs.

The priority for this resource is to provide written descriptions of the teaching and learning processes that reflect the intent of the NZC Levels 6-8 AOs of HPE in the NZC. Apart from tables, diagrams and other formats to help students organise their learning, this resource does not include static images like photos due to complications with privacy and copyright, and the limitations of space to show a range of images reflecting a diversity of people. Nor has the limited funding been used to produce expensive video material. Instead, the activity instructions direct teachers and students to a variety of online materials so that learning can be supported with a selection of visual images and video clips reflecting the diverse cultural and other identities of students. When students seek out or create this material as part of their learning, this approach also contributes to the development of students' digital fluency.

The activity sequence describes the suggested process the teacher follows, side by side with the activity carried out by the students in response to teacher instruction, questioning, or guidance. Teachers are encouraged to adapt these processes to respond to the learning needs of their students. The purpose of documenting the activity sequence this way is to: highlight the reciprocity and interdependence of the teaching and learning process as knowledge is constructed; illustrate the various ways in which a teacher can ‘share power’ with their students throughout the learning process; and exemplify the development of respectful learning relationships with their students.

Ideas are provided for **learning journal entries** – the collection of evidence that, over time, indicates that learning is occurring. Ideally senior students will keep a digital learning journal to record and file artefacts from their learning (as well as access content shared by their peers), although paper options may also be a practical solution where digital technologies (hardware and internet services) remain problematic.

Contribution to NCEA achievement: In addition to the NCEA Achievement Standard links noted above, any additional information relevant to compilation of evidence from the activity needed for NCEA assessment is noted.

Each activity highlights an aspect of **teacher knowledge and pedagogy** specific to the activity. None of these statements is an exhaustive list of everything a teacher needs to know to teach that activity. However, across the entire resource effort has been made to briefly describe a wide range of required content and pedagogical knowledge for teaching about mental health at senior secondary level. Where teachers realise their knowledge is lacking, this information can be used to inform their professional learning and development (PLD). Teachers are also encouraged to make deliberate links between their health education teaching pedagogy and the requirements of the Education Council Teacher Standards [Education Council, 2017].

The **teacher evaluation** section of each activity provides teachers with questions to prompt reflection about the success of the lesson. What worked and what didn’t, and why? What could be done differently? What are the next steps? These questions and the teacher’s responses are intended to contribute to the ‘learning inquiry’ part of the teaching as inquiry approach (NZC p.35). Like the teacher knowledge and pedagogy section noted above, a diverse array of reflective and evaluative questions are suggested across the resource, each specific to the activity. Again these are not exhaustive lists of possibilities and teachers are encouraged to scan across the different activities to mix and match the questions to ensure that a meaningful evaluation and reflection process is undertaken.

Directory to the teaching and learning activities

Key:	Diagnostic/introductory activities - NZC Levels 4/5	Activities to develop knowledge and understanding at NZC Levels 6-8	Activities developing skills and processes for taking individual or collective action
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Activity #	Page	Activity title	Description	NCEA links
1.	42	Programme planning – offering students choice in their learning	Item bank of ideas for collecting student voice that can be used to inform planning of the learning and assessment programme.	Overall planning for Achievement Standards (AS).
	48	Theme 1	Wellbeing and mental health	
2.	50	Saying it with emojis	An opportunity to recollect learning about mental and emotional wellbeing using the language of emojis.	<i>Checking on prior learning.</i>
3.	52	Values for safe and supportive classrooms	Negotiation of class safety guidelines.	<i>Introduction.</i>
4.	54	Mental and emotional wellbeing graffiti wall	Visual activity to check on prior learning about mental and emotional wellbeing.	<i>Checking on prior learning.</i>
5.	56	The language of mental health and wellbeing	Mental health terminology.	AS91236 (2.2), and most Level 3 AS.
6.	59	Hauora revisited – thinking about mental and emotional wellbeing - holistically	Deepening understanding of the concept of hauora, and the way the dimensions inter-relate.	All Level 1 NCEA AS.
7.	62	Spirituality reconsidered	Expanding the vocabulary of terms and what spiritual wellbeing might mean for different people.	All Level 1 AS where application of the concept of hauora is explicitly required.
8.	65	My model of wellbeing	Developing own 'model' of wellbeing.	Supports understanding of the concept of hauora for all Level 1 AS.
9.	67	A map of (mental and emotional) wellbeing	Creating a 'map' of a teenager's mental and emotional wellbeing.	As above.

10.	69	Using whakataukī and inspirational quotes to support wellbeing	Selecting sayings or whakataukī that have relevance, analysing their meaning, and form an opinion about how and why they might help support wellbeing.	AS91097 (Health 1.3) and may offer ideas for personal strategies for Level 1 AS.
	72	Theme 2.	Social support and mental and emotional wellbeing	
11.	74	Friendships revisited	Recall prior learning about relationships in general, and friendships in particular – making a life sized paper cut out ‘friend’.	<i>Checking on prior learning and/or introduction.</i>
12.	76	Prior learning - skills for maintaining friendships and relationships	Mapping current knowledge of a range of personal and interpersonal skills in a card game.	<i>Checking on prior learning and/or introduction.</i>
13.	80	Defining ‘relationships’	Graffiti sheet activity to explore the range of language people use to name or describe relationships with people they have close (or intimate), and less intimate relationships with.	Has application for interpersonal considerations in all AS.
14.	83	Relationships across the lifespan	Visual timeline to show how friendships and relationships change across the lifespan.	Has application for interpersonal considerations in all AS.
15.	86	Skills for relationships (1) effective listening	Building on established understandings, these activities deepen knowledge of the ways interpersonal skills support wellbeing, and how they are used in combination as interpersonal actions to promote wellbeing. Activities have a knowledge learning aspect and a skills demonstration task.	AS90973 (Health 1.4) and could be used as an interpersonal strategy for most Level 1 AS.
16.	91	Skills for relationships (2) assertiveness		
17.	97	Skills for relationships (3) giving and receiving negative feedback (including “I feel” statements)		
18.	102	Skills for relationships (4) negotiation and compromise		
19.	106	Skills for relationships (5) joint problem solving		
20.	109	Skills for relationships (6) giving and receiving positive feedback (compliments)		Interpersonal strategy for most Level 1 AS.

21.	113	Causes of conflicts in relationships	Introductory exploration and discussion about a range of factors that cause, or in some way contribute to conflict in relationships.	AS91235 (2.1) and AS91238 (2.4).
22.	115	Impact of conflict in relationships on wellbeing	Discussion and analysis of how conflict impacts on all dimensions of wellbeing, beyond the obvious mental and emotional impacts, and in the short and long term.	AS91235 (2.1) and AS91238 (2.4).
23.	119	Managing conflict in relationships	Discussion and analysis of strategies for managing conflict in relationships where conflict is unavoidable, and strategies for preventing minor issues becoming major ones.	AS91235 (2.1) and AS91238 (2.4).
24.	125	Showing and providing support	Discussion and analysis of situations to identify the precise nature of the support one person provides to enhance the wellbeing of another person, expanding the networks of social support from junior level.	All Level 1-3 AS where interpersonal strategies involving a form of support.
25.	128	Empathy	Discussion and structured activity to develop understanding of empathy, and practice giving responses that show empathy.	Underpins interpersonal strategies for most L1 & 2 AS.
26.	132	Advocacy	Investigating a range of actions that would constitute 'advocacy' and the type of situation where this type of action is needed to promote (mental and emotional) wellbeing.	Any AS where societal action requiring advocacy is applicable.
27.	136	Social media – help or hindrance?	Developing knowledge and skills for ethical data collection, making a case and justifying a response to the question <i>“how does social interaction through the various forms of social media positively support mental and emotional wellbeing, and/or negatively impact mental and emotional wellbeing?”</i>	Any AS where students need to justify their response with evidence.
28.	142	Social determinants of health	Video and discussion to introduce another framework that explains the social determinants of health.	Level 3 AS.

	150	Theme 3	Change, loss, disappointment, and grief	
29.	152	Roadmap of change	The way change has featured throughout students' lives is depicted on a road map to show where they have already 'travelled' and where the road of change might be heading in future.	<i>Checking on prior learning and/or introduction.</i>
30.	154	The language of change, loss, disappointment, and grief	Developing health education vocabulary around change, loss, disappointment, and grief.	AS91097 (Health 1.3) and AS91236 (Health 2.2).
31.	157	Learning from loss	Discussion drawing on the experience of self and others to identify a diversity of situations where people experience a sense of loss, the range of impacts this has on mental and emotional wellbeing, and what can be learned from these experiences. Students construct a class 'tree of loss'.	AS91097 (Health 1.3) and AS91236 (Health 2.2).
32.	160	Disappointment	Using a scenario to develop understanding of the idea that the disappointment that results from not fulfilling hopes or expectations can be a productive learning experience.	AS91097 (Health 1.3) and may contribute some background understanding for AS9126 (Health 2.2).
33.	164	Understanding and managing grief	Discussion to identify the many effects grief has on all dimensions of wellbeing, that grieving is a healthy process, and that asking for and receiving support from others is a healthy way to help work through a time of grief.	AS91097 (Health 1.3) and may contribute some background understanding for AS9126 (Health 2.2).
34.	168	Children's stories	Analysing what makes a 'good' children's book and develop a story for children as a way to support them during times of change or loss.	Ideas for strategies related to AS91236 and/or a focus for a health promoting event for AS91237.
35.	173	Saying it in song	Consideration of why some people find listening to or playing music useful to help manage grief, as well as analysis of the lyrics of songs with messages about loss.	Ideas for strategies in AS91097 (Health 1.3) and AS91236 (Health 2.2).

36.	177	Media portrayals of loss and grief	Thinking critically about possible impacts of media reporting of tragic events on people's wellbeing, and how media might shape cultural attitudes about grief.	Supports understanding of the way media influences issue for many Level 2-3 AS.
	181	Theme 4	Stress	
37.	183	The game of life stresses	Drawing on a variety of prior learning to construct a simple board game using ideas about causes of stress and ways to manage it.	<i>Checking on prior learning and/or introduction.</i>
38.	186	Stress and wellbeing	Drawing together ideas about stress and the interconnectedness of dimensions of wellbeing, and the impacts on wellbeing when people are stressed.	Contributes to understanding of stressful situations that impact wellbeing for most Level 1 AS. May contribute to AS91235 (Health 2.1).
39.	188	What's stressful – and on whose terms?	Scenarios to explore the idea that what is stressful to one person may not be stressful to another, or that the experience of stress is different for different people.	
40.	191	Stress as a wellbeing issue in schools	Accessing online sources to answer the question <i>"What concerns are being voiced about stress in New Zealand schools, and what are some schools doing about it?"</i>	As a skill, this has application for all Level 2 & 3 AS that require evidence to justify claims.
41.	194	A socio-ecological perspective on stress	Selection of a digital template which is populated with ideas about stress, to show understanding of the SEP.	Has application for all AS.
42.	197	Skills for managing stress (1) rational thinking (positive self-talk or de-stressing thoughts)	Revising knowledge and skills for rational thinking and how using rational thinking is a useful skill for managing and reducing stress.	Personal strategy for most Level 1 & 2 AS.
43.	202	Skills for managing stress (2) own problem solving	The use of a 'general-purpose' problem solving model to solve own, and support others to solve their problems.	Personal strategy for most Level 1 & 2 AS.
44.	207	Skills for managing stress (3) personal decision making	Applying decision making skills as a self-management strategy to prevent unduly stressful situations, or manage them when they occur.	As a personal strategy, could be used for most Level 1 AS.

45.	212	Skills for managing stress (4) relaxation techniques	Learn a range of breathing techniques, creative visualisation (or guided imagery), and physical progressive muscle relaxation techniques.	AS91097, or the focus for a personal wellbeing goal for AS90971, or for AS91463.
46.	215	Critique of websites, apps, and helping agencies	Identification of a range of websites, apps, and helping agencies with an online presence, that specifically aim to support young people, carry out a critique of these, and contribute to a class resource.	Examples of societal strategies for a range of Level 1 & 2 AS.
	219	Theme 5.	Resilience	
47.	221	Coping with big changes and high levels of stress	Using a scenario to draw together learning about change and loss, and the stresses associated with these, in preparation for being introduced to the concept of resilience.	<i>Checking on prior learning and/or introduction.</i>
48.	225	Defining resilience	Discussion to develop understanding of a definition of resilience as a foundation for learning that follows.	AS91236 (Health 2.2).
49.	228	Emphasising protective factors	Structured activities to develop understanding of the risk and protective factors, and how these operate at personal, interpersonal and societal levels.	AS91236 (Health 2.2) and AS91461 (Health 3.1).
50.	233	Reducing or preventing risk factors		
51.	237	Reading and synthesising material in a published report	A scaffolded approach to extract relevant information from a report (the Youth Development Strategy Aotearoa). The process could be used with other documents.	Skill required for all AS when evidence needs to be gathered from published sources.
52.	241	Resilience scenarios	Developing own scenarios which are compiled into a resource and used by peers to develop their understanding of resilience in a range of contexts.	AS91236 (Health 2.2).
53.	244	Personal stories – interviews	An interview with someone who has experienced a major change or loss in their lives.	AS91236 (Health 2.2) and AS91461 (Health 3.1).
54.	250	Film (or story) analysis	View a film and think critically about what is going on in the story – in particular what evidence there is of risk and protective factors and how these are impacting the wellbeing of the person at the centre of the story.	AS91236 (Health 2.2).

	253	Theme 6.	Mental health issues	
55.	255	Mental (ill) health	Discussion to elicit general knowledge about mental health disorders, and understanding about the attitudes of individuals and society toward people with mental illness.	<i>Checking on prior learning and/or introduction.</i>
56.	257	Mental health disorders - what's 'cause for concern'?	Using excerpts from international and national reports about the prevalence of depression, to think critically about the implications of depression for the wellbeing of individuals, of the people they live and work with, and for whole communities.	AS91461 (Health 3.1), AS91462 (Health 3.2), and AS91463 (Health 3.3) depending on context selected.
57.	261	Investigating traditional practices for managing mental health issues	Introducing and exploring ideas about traditional medicine and mental health (<i>preparation for an investigation</i>).	AS91463 (Health 3.3).
58.	266	Social justice and mental health	Constructing a mind map of ideas using evidence from a range of media – news, TV, film, and books, matched to statements explaining what social justice is, and is not.	AS91238 (Health 2.4).
59.	269	Destigmatising mental health	Developing understanding of 'stigma' and how it negatively impacts wellbeing, using current campaigns to identify the type of actions required to reduce stigma about mental health disorders.	AS901461 (Health 3.1 and AS91237 (Health 2.3) depending on context selected.
60.	272	Evaluating mental health promotion campaigns	Evaluation of a current mental health campaign using a selection of health promotion models. <i>This activity assumes students have had some introductory learning about models and frameworks for health promotion.</i>	AS91465 (Health 3.5) and may provide ideas for AS91461 (Health 3.1) and AS91462 (Health 3.2).

	275	Theme 7	Alcohol and other drugs	
		See the NZHEA resource <i>Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11</i> , (NZHEA, 2017)	This resource contains a wide range of activities for students in years 9-11 suitable for introducing this topic at senior secondary level.	<i>Checking on prior learning and/or introduction.</i>
61.	276	What we know about alcohol (and other drugs) as a mental health issue	Using the HPA (alcohol.org.nz) newsletter 'Ease Up' to answer the question, 'why is alcohol (or any other drug) use a mental health issue'?	<i>Checking on prior learning and/or introduction.</i>
62.	278	"Preparing students to live in a world where alcohol and drugs exist"	Reading and comprehension exercise using The New Zealand Drug Foundation article " <i>Preparing students to live in a world where alcohol and drugs exist</i> " (2017).	AS91235 (Health 2.1), AS91461 (Health 3.1) where AoD is the selected context.
63.	281	Harm minimisation	Developing understanding of harm minimisation as a way to understand the complex array of strategies (and actions) needed to minimise harm from AoD use.	AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2).
64.	285	Using data and evidence	Accessing a data set related to AoD use, and interpreting the wellbeing issue (the problem, the cause for concern) from the data.	AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2).
65.	288	Personal and interpersonal influences on AoD use	Planning frameworks to help identify and document a range of data sources that provide evidence to show the personal, interpersonal, and societal influences on AoD use, and the impacts this has on wellbeing.	AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (health 3.2) depending on topic selection.
66.	292	Social, cultural, political and economic influences on AoD use		
67.	296	Taking action – reducing harm from AoD use	Following Activities 65 & 66, this planning framework is used to identify a wide range of possible strategies and actions to use when compiling a coherent account of an analysis of an AoD situation.	AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) depending on topic selection.
	302	Theme 8	Bullying, intimation, discrimination	
68.	304	What we know about bullying (etc)	A postbox, graffiti sheet (bus stop), or a mindmap to show prior learning about the nature and impact of bullying, cyberbullying and other behaviours such as intimidation, harassment, discrimination, as well as	<i>Checking on prior learning and/or introduction.</i>

			abuse and violence. <i>Instructions for each of these methods are included with this activity.</i>	
69.	309	Definitions and laws	Locate online definitions of bullying, cyberbullying, harassment and discrimination, and identify laws, in preparation for explaining strategies needed to eliminate bullying and other behaviours.	AS91238 (Health 2.4), and may have relevance for a range of other AS, depending on context selected.
70.	314	Power imbalances in relationships	A structured activity to develop understanding of how power imbalances in relationships underpin bullying and other behaviours.	AS91238 (Health 2.4).
71.	317	Bystanders	Consideration of the role and social responsibilities of the bystander, and the knowledge and skills all people need should they find themselves as bystanders in bullying or other such situations. A role play option is included.	AS91238 (Health 2.4).
72.	324	Bullying in New Zealand	Examine recent data about bullying research and consider reasons why New Zealand has such a high rate of bullying among young people.	AS91238 (Health 2.4).
73.	328	Cyberbullying	Using Netsafe material to understand what cyberbullying is, what can be done to be safe in cyberspace, what to do if cyberbullied, and to develop a set of class protocols which describe students' commitment to being responsible digital citizens.	AS91238 (Health 2.4).
74.	332	Discrimination	Using scenarios to clarify the distinction between discrimination and other behaviours, why some people think they can discriminate against others, how discrimination impacts wellbeing, and what legal channels are available for dealing with incidences of discrimination.	AS91238 (Health 2.4).
75.	336	Contributing to whole school approaches to promote student wellbeing	Use of the promoting and responding triangle (or intervention triangle) as a diagrammatic way to summarise how a range of actions need to be used in combination to eliminate bullying in schools.	AS91238 (Health 2.4), AS91235 (Health 2.3) – if safe schools are selected as the health promotion focus.

	339	Theme 9	Body image	
76.	342	Influences on body image	Making a poster to communicate a breadth of existing ideas about body image – what it means, what leads to a positive or negative body image, the notion of the ‘idealised’ body appearance, and the behaviours that result from a negative body image.	<i>Checking on prior learning and/or introduction.</i>
77.	345	Body image bumper sticker	Using photographic images of people celebrated for the appearance of their body (and/or people who are criticised or ridiculed by media for their appearance), to construct a ‘bumper sticker’ with a message that communicates an idea about resisting idealised images and promoting body acceptance.	<i>Checking on prior learning and/or introduction.</i>
78.	347	Body image as a (mental and emotional) wellbeing issue	Defining body image and drawing on knowledge of body image and wellbeing to describe the impact of a negative body image on wellbeing, and what it means to have a positive body image.	AS91235 (Health 2.1) and AS91461 (Health 3.1).
79.	350	Expressing identity vs body image	Using images of people who express their identity through their appearance to make a distinction between expressions of identity and body image, and consider how these ideas might overlap.	AS91235 (Health 2.1) and AS91461 (Health 3.1).
80.	353	Pressure to conform - females and males	Changing the talk as a way to resist pressure to conform to an idealised body image.	AS91235 (Health 2.1) and AS91461 (Health 3.1).
81.	356	Challenging the idea of the ‘ideal body’	Continuum activity to explore a range of considerations related to the notion of the ‘ideal’ body.	AS91235 (Health 2.1) and AS91461 (Health 3.1).
82.	360	Statistics about the body image of young New Zealanders	Interpretation of New Zealand data about body image and related behaviours from the Youth’12 study.	AS91235 (Health 2.1) and AS91461 (Health 3.1).
83.	365	Changing the real to the unrealistic – the use of digital technology to create false images	Selecting enhanced or manipulated images of celebrities provided on the internet, and to think critically about who benefits from practices like this, and who is disadvantaged when photographs of celebrities and models are enhanced to this extent?	AS91235 (Health 2.1) and AS91461 (Health 3.1).

84.	367	The impact of social media on body image	Thinking critically about the purpose of posting images of self and others online, and the impact that commenting on another's appearance has on wellbeing in response to research showing how harmful this is. Establishing a set of personal and social group/class protocols about what (not) to post or say online to promote a positive body image for self and others.	AS91235 (Health 2.1) and AS91238 (Health 2.4).
85.	370	Body shaming: cyberbullying	Framework of ideas that add to the cyberbullying activity which could be developed into a more detailed investigation.	AS91235 (Health 2.1) and AS91238 (Health 2.4).
86.	372	Embellishing the body – is there a relationship between tattoos & piercing with body image?	Developing a reasoned opinion in response to the question <i>“is there a relationship between tattoos (or another form of skin or body piercing) and body image?”</i>	AS91235 (Health 2.1) and AS91461 (Health 3.1).
87.	375	Nip and tuck – does cosmetic surgery improve body image?	Using reality TV shows to think critically about the messages about cosmetic surgery learned from media.	AS91235 (Health 2.1)
88.	377	What is the impact of the ‘war on obesity’ on body image?	Introductory discussion for an investigation into the ways obesity related health messages are impacting body image.	AS91461 (Health 3.1) and AS91462 (Health 3.2).
89.	380	Being body positive	Select and critique an organisation or company who promote body positive messages and practices.	AS91235 (Health 2.1).
90.	383	Framework for organising learning	Framework to help organise evidence of learning and a writing frame for assessment.	All AS.

Activity number 1.



Collecting and using student voice to design and plan the learning programme

Purpose: To respond to senior secondary student learning needs, teachers require information from their students about: what helps them to learn, how they like to learn, what they think they need to learn to do better, what their NCEA goals are, and what their study/training (or other) plans are beyond school. Some of this information may be provided with the student profiles on the SMS (school management system), some may have been collected through previous reflection activities. When designing and planning a programme for a new cohort of students, teachers are encouraged to consult with students and negotiate which standards will be completed by each student, and which learning contexts will form the basis of the units (and therefore the assessment) across the programme.

Key competencies: Managing self, participating and contributing.

Resources:

An item bank of ideas is provided in the copy template from which teachers can develop their own version of a student voice data collection tool. Decide on how much 'tick-the-box' feedback is useful to provide a range of quick information, and which questions would be best asked as open-ended questions where students write their responses individually.

Access to a suitable digital application to collect survey-type information from all students.

Time: 15-20 minutes, or longer if students are using this activity to develop skills and practice compiling, summarising and reporting back information.

Activity sequence: Teacher activity

Explain to the students that as a teacher it is helpful for you to know a range of things about their interests and the way they learn to help you plan the health education programme. In this case you (as teacher) have decided the survey items – although there will be opportunities later in the year for students to design and administer their own surveys for some topics where they need to collect data from their peers.

Explain how the survey will be conducted – individually or with some group discussion, printed survey or digital application (as applicable). Provide time for students to individually complete the survey, in class or for homework.

Activity sequence: Student activity

Students complete the survey in accordance with the data collection method decided.

Students may be assigned the task of summarising and reporting the findings.

<p>Whether completed by the teacher or the students, provide a summary of the data for the class and highlight main patterns and popular responses, acknowledging also the importance of including consideration of less popular or less commonly reported responses. Where possible, indicate how you will be including these ideas in the learning programme. Some of the students' ideas may need to be explored in more detail, or can't be responded to until other information emerges once the programme is underway.</p> <p>Explain to the students that across the year, your teaching will guide some of their learning – especially where 'big ideas' and concepts central to health education are being developed, or where the learning is focused on sensitive issues. Some of the learning will require them to be more independent - where they are given a choice of context for part or all of a unit [<i>adapt this statement to reflect your programme</i>] and consideration of this survey information will be included across the programme, and that you will revisit it from time to time.</p>	
<p>Teacher knowledge and pedagogy:</p> <p>Ideally information is collected from individual students, although a group process to discuss possible responses may be helpful prior to the collection of student voice. For example, group discussion around what a learning programme could include helps students to see how their ideas are similar and different to others. It may be useful to collect an initial range of ideas at the beginning of the programme and revisit this from time to time across the course as students learn more, and as some of their ideas and interests change, or additional ideas for contexts that can be included within units emerge.</p> <p>As students may be collecting their own survey data in future, take time to model ethical data collection processes and ways to summarise and report data back to the group it was collected from.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • What did the collection of student voice tell you about your students as learners? How can you use this information to decide the contexts/content of the learning programme? • How will you use the information to help decide the range of strategies you need to include across the learning programme? • What does the data tell you about what you need to be cognisant of when selecting Achievement Standards, and the way in which you will collect evidence of learning for assessment?

Item bank of possible questions to include in a student voice survey. These need to be selected and adapted so they are relevant to the school, course, and students, and provide information about students for which teachers do not have current data. These items could be rated against a scale as shown below, or extracted from this table and asked as open-ended questions to which students provide their own written or verbal responses. Keep the size of the survey manageable so that it can be completed in a modest amount of time.

In the classroom, what things help you to learn?	Not at all	A little	Quite a bit	A Lot
Working by myself				
Working in groups with friends or people I know well and to discuss what we are learning				
Working in groups with people I don't know well to discuss what we are learning				
Activities that help me to understand the language being used				
Activities that include ideas that are relevant and personal to my life				
Activities that help me to write down what I know				
Activities that allow me to say out loud what I know				
Whole class discussions				
Carrying out an investigation where I find my own information				
Carrying out an investigation in groups where we each contribute information				
Knowing that my teacher is interested in me and my learning				
Knowing that my teacher knows me as a person				
Knowing that my teacher has high expectations of me and that I will do well in my NCEA assessments				
Knowing that my teacher respects me, my individuality, my identity, my culture				
Knowing that my teacher is there to help me learn and not judge me if I get things wrong				
Knowing how well I am doing				
That if I need to do better, my teacher tells me what I need to improve on				
When learning about new things that are less familiar to me (which is an important part of learning at senior secondary level)				
When I need to complete work after class, it helps ...	Not at all	A little	Quite a bit	A Lot

Having a quiet place to work at school				
Having access to a computer at school				
Having access to the library at school				
Being able to ask questions using an online forum (e.g. a closed Facebook group, sharing through Google classrooms <i>[or name the platform used by your school]</i> ...				
Being able to email my teacher				
Having a quiet space to work at home				
Having a computer at home				
I enjoy ...	Not at all	A little	Quite a bit	A Lot
Presenting or sharing my ideas to the whole class				
Demonstrating skills though activities like roleplay				
Sharing my work with others online (e.g. Facebook group, blog, Google doc <i>[name the platform(s) used by your school]</i>)				
Thinking through difficult or challenging situations and making sense of them by myself				
Thinking through difficult or challenging situations and making sense of them using ideas shared with other people in my group				
Getting feedback about my work so I know what to do next	Not at all	A little	Quite a bit	A Lot
I like to have feedback written on my work				
I like to have a face to face conversation with the teacher about my work				
I like to have feedback provided through email or Facebook (or other online facility <i>[name the school's digital platform]</i>)				
Using digital technology (for non-BYOD schools or where schools do not require students to have their own laptops)	No	Sometimes	Yes	
I have access to a computer at home that I can complete my work on				
I have internet access at home that allows me to work online (e.g. to use the school's digital learning platform and to access the internet)				
I rely on using the computers provided at school for completing my homework and assessments				

Thinking about the topics that are included in health education	Your responses
In years 9 and 10, in which topic(s) do you think you learned the MOST new ideas?	
In years 9 and 10, in which topic(s) do you think you learned the LEAST new ideas (because you already knew it or it wasn't relevant to you)?	

For success in NCEA, your teacher will need to decide in broad terms which topics you will focus on, although there will be some choice within these broad topics. Thinking now about your NCEA goals in health education ...

(Select NCEA levels appropriate to course.)

Listed below are the Achievement standards available to you in this course

Q1. Thinking about your NCEA programme and the number of credits you want to gain from health education, which health standards do you aim to achieve this year?

Q2. Which topics or issues do you think you would like to cover in the learning for this assessment (as best you understand it from the AS title)?

Level 1			Q1. AS I aim to achieve	Q2. Topics
AS90971 1.1	Take action to enhance an aspect of personal wellbeing.	3 credits Internal		
AS90972 1.2	Demonstrate understanding of influences on adolescent eating patterns to make health-enhancing recommendations.	4 credits External		
AS91097 1.3	Demonstrate understanding of ways in which wellbeing can change and strategies to support wellbeing.	4 credits Internal		
AS90973 1.4	Demonstrate understanding of interpersonal skills used to enhance relationships.	5 credits Internal		
AS90974 1.5	Demonstrate understanding of strategies for promoting positive sexuality.	4 credits Internal		
AS90975 1.6	Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.	4 credits External		

Level 2			Q1. AS I aim to achieve	Q2. Topics
AS91235 2.1	Analyse an adolescent health issue.	5 credits External		
AS91236 2.2	Evaluate factors that influence people's ability to manage change.	5 credits Internal		
AS91237 2.3	Take action to enhance an aspect of people's wellbeing within the school or wider community.	5 credits Internal		
AS91238 2.4	Analyse an interpersonal issue(s) that places personal safety at risk.	4 credits External		
AS91239 2.5	Analyse issues related to sexuality and gender to develop strategies for addressing the issues.	5 credits Internal		

Level 3			Q1. AS I aim to achieve	Q2. Topics
AS91461 3.1	Analyse a New Zealand health issue.	5 credits Internal		
AS91462 3.2	Analyse an international health issue.	5 credits External		
AS91463 3.3	Evaluate health practices currently used in New Zealand.	5 credits Internal		
AS91464 3.4	Analyse a contemporary ethical issue in relation to wellbeing.	4 credits Internal		
AS91465 3.5	Evaluate models for health promotion.	5 credits External		

What plans or ideas do you have for when you leave secondary school (tick all that apply and then rank these from most to least likely)	Go to university to do a degree	Go to polytech or other training organisation e.g. to do an apprenticeship	Get a job / Work	Travel	No idea
If you have study or career plans about what you want to do once you leave school please state these here					

Theme 1.

Wellbeing and mental health

“The Mental Health Foundation defines mental health as the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice and personal dignity.”

At senior secondary level, students learning about wellbeing through HPE mental health contexts (or topics) will develop the understanding that:

- Mental and emotional wellbeing is an integral part of a holistic understanding of wellbeing, and that positive and negative impacts on mental and emotional wellbeing are interconnected with all other dimensions of wellbeing.
- There are many life contexts that impact on mental and emotional wellbeing. Understanding the way these life situations impact wellbeing requires consideration of a range of personal, interpersonal, and community or societal factors.
- Maintaining and enhancing wellbeing – and achieving a state of ‘mental health’ or ‘wellbeing’ - requires individual and collective action to maintain our own wellbeing, support the wellbeing of others, and create safe supportive communities for everyone.

As a HPE key area of learning, ‘mental health’ includes a wide range of topics such as:

- friendships and relationships, and the skills to maintain and enhance these;
- power imbalances in relationships that result in behaviours like bullying, intimidation, harassment, discrimination and abuse;
- understanding change, loss, disappointment and grief;
- managing change and stress, and building resilience;
- learning to live in a society where alcohol and drugs exist;
- personal identity and self-worth; and
- taking action to create safe communities and a fair and just society.

Units within a learning programme are not bound by topics or themes indicated by the list above. Teachers, with their students, can design a learning programme in a way that meets student learning and qualification pathways needs.

The way the different social sectors, and even the different parts of education (e.g. curriculum teaching and wider school systems and practices) use the language of ‘wellbeing’ and ‘mental health’ can be confusing. It is not the intent of this resource to prescribe what language and which meanings must be used for health education teaching and learning. Instead the purpose for highlighting the issue in this section of the resource is to draw attention to the issue of language, and encourage teachers to help students use language that conveys their intended meaning, and is appropriate to the learning context.

In summary, ‘**mental health**’ refers to:

- The name of the key area of learning in HPE that covers a wide range of health education learning contexts or topics;

- An all-inclusive term describing a person's overall mental health status – such as the MHF definition, noting that other sources use a definition like this to describe 'wellbeing';
- A clinical term used in the health sector to refer to a person's mental health status from a medical perspective. This understanding is still needed for some learning (e.g. in relation to taking action to destigmatise mental health disorders, or consider the ways traditional, and western medical practices are used to understand and manage mental health problems).

'Mental and emotional wellbeing' tends to refer specifically to situations where learning in health education is unpacking a holistic understanding of wellbeing (using the concept of hauora) to determine how a person's thoughts and feelings interconnect with their physical, social, and spiritual wellbeing, and contribute to an overall sense of 'wellbeing'. This resource will tend to use the term 'mental and emotional wellbeing', reflecting the way health education uses the concept of hauora, unless the learning is making specific reference to a person's health status or 'mental health' which is needed for some learning contexts.

In preparation for the context-specific learning featured in the following sections, activities in this section focus on developing students' understanding of the language of mental and emotional wellbeing and 'mental health'.

Activities in this section could be included in the introductory stages of a range of units in the learning programme. An essential step in the learning process is a detailed examination and analysis of the concept of hauora, and the interdependence of all dimensions of wellbeing so that the focus on 'mental health' – or rather, mental and emotional wellbeing - is not taken out of context of this holistic understanding of wellbeing. This includes an additional focus on understandings of spirituality and the connections this has with mental and emotional wellbeing.

Activity number 2.

Saying it with emojis



Purpose: This activity provides students with the opportunity to recollect their learning about mental and emotional wellbeing from a range of mental health contexts included in their junior secondary health education programme. Students select a group of emojis and create a short story about mental and emotional wellbeing. These are shared with the class.

Key competencies: Participating and contributing.

Resources: Digital device and/or internet access to a wide selection of emoji images (these can be printed if necessary).

Digital fluency: Find and access information quickly and accurately.

Time: 30 minutes preparation and additional presentation time.

Activity sequence: Teacher activity

Ask students to recall what they remember learning in their junior health education about mental and emotional wellbeing.

Explain that they are going to work in small groups (3-4 students). Each group will select several emojis and they will use these as the basis for a short story about an aspect of wellbeing. Some students may use the imagery of the emojis literally and directly, while other students may like to invent a 'back-story' or scenario and apply the emojis to this.

As a group they need to create a 'story board' (e.g. a simple Word table (or other digital application) which has their emoji images cut and pasted or drawn in, and brief text added to tell the story).

Invite groups to present their story.

Ask questions of each group to draw out further information about their learning around mental and emotional wellbeing from junior health education.

Activity sequence: Student activity

Students contribute a range of ideas about mental and emotional wellbeing e.g. topic specific ideas, knowledge about mental and emotional wellbeing and the concept of hauora and te whare tapa whā model.

In groups, students decide where to search for emoji images, which they will select, and what their story will be about.

The storyboard is completed and the story presented to the class. Students file a copy of their emoji story in their learning journal.

Students add further ideas about their learning in mental health as prompted by the teacher.

<p>Teacher knowledge and pedagogy:</p> <p>A fun activity like this might be useful for developing students' group work and cooperative skills, especially early in the year when students are still getting to know each other.</p> <p>Be aware of copyright on emojis if sharing these stories beyond the classroom.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • As a check on prior learning, how easy did students find this activity? Did the activity reveal anything useful about student knowledge? e.g. information you would expect them to know but they didn't, or knowledge that was well developed (as noted by you through the way some ideas were repeatedly used). • What are the implications of this for the lessons that follow that will deepen students' knowledge of these mental health contexts?
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Activity number 3.

Values for safe supportive classrooms



Purpose: A feature of junior secondary health education programmes is the negotiation of class safety guidelines. Processes for this can be found in a range of health education resources. At senior secondary level, this is still an important process to include early in the learning programme. As a variation on the methods used at junior level, this activity draws on students' understanding of the attitudes and values of HPE to identify ways of working as a class that will contribute to a safe, supportive learning environment.

Key competencies: Relating to others, Participating and contributing.

Resources: Access to print or online resources that describe the meaning of fairness, respect and inclusiveness (and any other value based practices included in the lesson).

Digital fluency: Accessing online sources of definitions that are suitable for use in health education.

Time: 30 minutes.

Activity sequence: Teacher activity

Asks students to recall the class safety guidelines that they have negotiated in the past, and the items listed on these. What were the most common ideas? What were the most important (do you think)? Re-check meanings of terms like 'confidentiality', 'the right to pass', 'showing respect' etc.

Remind students that the values of HPE include ideas like 'respect', 'care and concern', 'social justice' (which includes ideas like 'fairness' and 'inclusiveness').

Pose the questions: "If we are to create a classroom environment where everyone is treated fairly, with respect, and that what we do in health education lessons is inclusive of the diversity of everyone in the room? What do we need to understand about the meaning of these terms if we are going to put them into practice?"

Activity sequence: Student activity

As a class, students respond to teacher questions.

Working in small groups, students draw on current knowledge (added to with information from online sources if needed), to establish what each person in the room needs to do (and not do) to:

- Be fair to,
- Show respect for,
- Be inclusive of everyone in the room.

Students share ideas to come to an agreed understanding about the ways people need to communicate, behave, interact, etc. to create a safe, supportive classroom environment.

For example: "**Respect is how you feel about someone (yourself or others).** Having respect for someone means you think good things about who a person is or how they act. You can have respect for others, and you can have respect for yourself.

Respect is also how you treat someone. Showing respect to someone means you act in a way that shows you care about their feelings

	<p><i>and wellbeing. Showing respect for others includes things like not calling people names, treating people with courtesy. It also includes caring enough about yourself that you don't do things you know can hurt you."</i></p>
<p>Teacher knowledge and pedagogy:</p> <p>At senior secondary level students need to be developing explicit understanding of the values of HPE. Take every opportunity to help students deepen their understanding of the values, identifying situations where they are present in people's actions (or not), and practice using the terms in sentences. This development of knowledge about values is useful for when students come to learn about social justice in detail.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • What did this discussion raise for you about the students' understanding of fairness, respect, and inclusiveness that has implications for the learning that follows? • What ideas will need further work so that the class members treat each other with fairness and respect, and that they are inclusive of the diversity of their peers? • Which ideas will need to be developed to deepen students' conceptual knowledge to support their learning progress?

Activity number 4.

Mental and emotional wellbeing graffiti wall



Purpose: With contexts drawn from the mental health key area of learning providing a significant focus in health education, students begin their senior secondary learning programmes with a lot of existing knowledge about mental health. In addition to student voice (Activity 1), activities like this aim to check on prior learning in context specific areas, without resorting to 'testing' student knowledge. This activity requires the construction (drawing) of a wall on which 'graffiti' is written, identifying a wide range of situations that students already know about which contribute to negative mental and emotional wellbeing. Added to the wall are steps leading up to a door - symbolically representing the idea of an opening, a way through to something better. Additional graffiti is added to the door to show what is needed to support positive mental and emotional wellbeing.

Key competencies: Participating and contributing.

Resources: Large sheets of paper to create a wall. Prior to the lesson arrange for a student(s) to draw a brick wall with lots of individual bricks that students can write in. In the middle of the wall there needs to be a large door with steps going up to it - allow plenty of space for writing on the door (search online for a basic 'wall with door' diagram and recreate this on a large scale). The door could be decorated with a design such as mesh, lattice lots of swirls etc – to represent interconnectedness of the ideas to be written on it.

OR

The activity can be rescaled and groups make individual walls on a large sheet of paper.

Time: 30 minutes plus prior preparation of the wall.

Activity sequence: Teacher activity

Explain that this activity is to check on what students can recall about learning in a range of situations related to mental and emotional wellbeing. Explain to the students that they are going to create a graffiti wall of ideas to show what they know about situations that lead to negative mental and emotional wellbeing, and what actions lead to positive mental and emotional wellbeing. Check that students know what is meant by 'positive' and 'negative' in this context.

As a suggestion, ask pairs of students to identify a situation they learned about in junior health education (or use other ideas of their own) about situations that make people feel negative.

Activity sequence: Student activity

Students respond with ideas like positive mental and emotional wellbeing is about being content, happy, relaxed, cheerful, confident etc, and negative wellbeing is related to feelings like being anxious, stressed, 'down', bad mood, angry, etc.

Each pair write this as a piece of graffiti on the brick part of the wall.

<p>Ask for other ideas to fill up the wall, prompting students where you can see some ideas are missing.</p> <p>Once the wall is full of negative situations, pose the thought that the steps up to the door, and the door itself can be seen as a way through all of these negative situations. What we are now going to do is graffiti the door with all of the things people can do to enhance their wellbeing – things they can do for themselves, and things other people can help with. Supervise the ideas being added to ensure a wide range of ideas is being contributed. Again, prompt students if it appears some obvious ideas are missing.</p> <p>Validate the students' knowledge by acknowledging the large amount of information that they already have and that their course this year will build on that.</p>	<p>Each pair identifies a personal, interpersonal or community action that could be used in response to one or more of the situations on the wall. This is written on the steps or door.</p> <p>Personal actions (requiring knowledge and skills) for: <i>Self-management e.g. stress management, time management, self-nurturing; positive self-talk (rational thinking); expressing feelings appropriately; effective interpersonal communication; decision making - taking personal responsibility for acting in ways that promote wellbeing; asking for help from trusted others; help seeking - accessing and using systems and agencies (school and community) that support wellbeing; personal goal setting.</i> Interpersonal actions to support the wellbeing of the other person and/or support the relationship between people, such as: <i>effective communication, effective listening, negotiation and compromise, using 'I feel' statements, assertiveness, problem solving, giving constructive feedback; respectful communication; supporting and caring; showing empathy; valuing others - respecting the diversity of others.</i></p> <p>Students can take a photo of their class wall and file it in their learning journal.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Providing students with structured activities to show what they already know serves to provide the teacher with information to help decide 'where my students are at'. Such activities can have a dual purpose in that they help make connections between previous learning and new learning to follow, as well as introduce new learning.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How representative was the students' graffiti wall in terms of the breadth of the health education learning in junior secondary programmes? • If there appears to be significant gaps in their recollection or understanding of some main ideas about mental health that had featured in previous learning, where will you ensure some of these ideas are 'caught up' with in preparation for the senior learning programme?

Activity number 5.



The language of mental health and wellbeing

Purpose: The term 'mental health' has multiple meanings depending on the context in which it is being used. In this activity students will unpack some officially recognised definitions from the NZ Mental Health Foundation and the World Health Organisation, and look at the way taha hinengaro as a dimension of hauora is used in te whare tapa whā model. They also consider popular usage of the term, and how all of these understandings relate to 'mental and emotional wellbeing' as it used in health education.

Learning intention and NZC HPE achievement objective: Students will be able to understand and use the language of 'mental health' and 'mental and emotional wellbeing'. *Contributes background knowledge for a combination of A4, C2 and D1 across the senior levels.*

Achievement Standard links: AS91236 (2.2), and most Level 3 standards, depending on learning context selected.

Key competencies: Using language and texts.

Time: 30 minutes.

Resources: Copy template of definitions and extracts in a form that students can cut up and write on. Note that other definitions can be added if required.

Activity sequence: Teacher activity

Ask students what they think of when they hear the term 'mental health'. Why do they think this? What might some other people think 'mental health' refers to?

Acknowledge that the term 'mental health' can mean similar but different things to different people in different situations – which gets confusing. This activity will provide opportunity for students to explore different meanings to determine where it might be important to use a particular meaning of 'mental health' or 'mental and emotional wellbeing'.

Provide students with the definitions and excerpts on the copy template.
(Briefly) Support students to develop understanding of each definition or extract, by reading through them, noting especially where they are unsure of word meanings. Instruct students how to complete a 'compare and

Activity sequence: Student activity

Students respond to questions using own knowledge and ideas. Other people's ideas could include, for example, meanings they heard or learned growing up, they are a doctor and they use it as a medical term, etc.

Students identify any word meanings they are unsure of and, in discussion with the teacher, achieve a reasonable understanding of the meaning of each statement.
In groups, students complete a type of 'compare and contrast' exercise. As a suggestion, cut out each definition or excerpt, arrange these on a larger sheet of paper e.g.

<p>contrast' activity to identify similarities and differences between the statements.</p> <p>Facilitate a discussion with the class to identify similarities and differences between the statements.</p> <p>Summarise by asking "is it important that we adhere to a particular meaning?" why or why not? If yes, in what situations would you say it might be important to do so?</p>	<p>Highlight and draw lines between parts of the statements that seem to be saying much the same thing (try and use a different colour highlight for each similar idea). Then with another colour or code, identify sections of the statements that seem to be different to each other.</p> <p>Students contribute ideas about similarities and differences to the class discussion.</p> <p>Taking cues from the statements students might say that: <i>it's important to understand and use particular meanings depending on the job some people do – they might need to have a particular understanding. If working with Māori communities, then an understanding of taha hinengaro in context of te whare tapa whā could be deemed most appropriate, or if a health student (since their knowledge is being assessed in relation to the curriculum) then understanding the curriculum meaning is important for learning success.</i></p>
<p>Student learning journal entry:</p> <p>Students take a digital image of their 'compare and contrast' activity and in their journal answer the question "Is it important that we adhere to a particular meaning?" Why or why not? They also keep a record of the definitions for use in future learning activities.</p>	<p>Contribution to NCEA achievement:</p> <p>Indirectly this activity is useful for many AS in that it provides students with the opportunity to practice carrying out 'compare and contrast' tasks, as well as becoming confident with using a variety of language where similar words and terms can have different meanings or application.</p>
<p>Teacher knowledge and pedagogy:</p> <p>It is not always easy when the teacher's own language has been shaped by years of formal and informal learning, but try and use language related to mental health with some consistency to support students to develop their knowledge and understanding of the terminology. See also the discussion that introduces this theme of activities, and the introduction to theme 6.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How responsive were students to the idea that similar language has slightly different meanings in different situations? • Did this cause undue confusion, concern or stress? If so, what strategies could be used to reduce confusion about what terms to use and when?

The Mental Health Foundation (NZ)

“The Mental Health Foundation defines mental health as the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice and personal dignity.”

Source: <https://www.mentalhealth.org.nz/home/glossary/>

The World Health Organisation

The World Health Organisation states that: “Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

Source: www.who.int/features/factfiles/mental_health/en/

Professor Mason Durie in *Whaiora: Maori Health Development* explains how ‘*taha hinengaro is about the expression of thoughts and feelings*’. For Māori, ‘*thoughts and feelings derive from the same source located within the individual*’. The idea that thoughts and feelings are essential for health is well-recognised among Māori. He acknowledges that Western health systems have reached a similar conclusion even though it has taken many years and involvement by many different specialists in the health field. Professor Durie adds that ‘*Māori thinking can be described as holistic*’. Understanding is less by analysis – breaking the ideas up into smaller and smaller parts, but rather *synthesis into wider contextual systems so that any recognition of similarities is based on comparisons at a higher level of organisation*’.

Reflecting this way of thinking, ‘*health is viewed as an inter-related phenomenon rather than an interpersonal one. Healthy thinking from a Māori perspective is integrative not analytical; explanations are sought from searching outwards rather than inwards; and poor health is typically regarded as a manifestation of a breakdown in harmony between the individual and the wider environment.*’

Extract from *Whaiora: Maori Health Development* by Mason Durie (1994, p.70-71).

The New Zealand Curriculum

Taha hinengaro [ideas related to] *Mental and emotional well-being*

- *coherent thinking processes, acknowledging and*
- *expressing thoughts and feelings and*
- *responding constructively.*

Source: Health and Physical Education in *The New Zealand Curriculum* (1999).

Activity number 6.

Spirituality reconsidered



Purpose: The abstract nature of spirituality (in that it's not a tangible, observable 'thing' and more a 'sense of something') tends to mean that students make more sense of the idea as they mature. This is not just because they have learned more, but also a consequence of their developing ability to think more abstractly. This activity provides students with opportunities to expand the vocabulary of terms they can use when describing what spiritual wellbeing might mean for them and other people. The activity also helps students to make links with mental and emotional wellbeing.

Learning intention and NZC HPE achievement objective: Students will show understanding of a range of factors that contribute to an HPE understanding of 'spirituality'. *Contributes learning to many AOs where an explicit understanding of wellbeing is required.*

Achievement Standard links: All Level 1 AS where application of the concept of hauora is required, and underpins aspects of all learning and assessment across all levels.

Key competencies: Critical thinking.

Digital fluency: Access accurate information.

Time: 30 minutes.

Resources: Copy template for students to complete.

Activity sequence: Teacher activity

Invite students to provide any words or ideas they can recall from previous learning that helped them to develop understanding of what 'spirituality' means in context of wellbeing.

Validate all reasonable answers. If any responses seem to be referring more to thoughts and feelings, note these and indicate that you will come back to them.

Where ideas are missing, offer more words (and explanations of these) to build up a list of possible ideas such as having:

- Values and beliefs
- A sense of identity or a sense of self – who I am
- Faith that life has meaning
- Purpose and meaning in life
- A sense of belonging and connectedness

Activity sequence: Student activity

Students recall terms such as: *having values and beliefs, having things that are important to you, ancestors, belonging, religion (faith and practice), etc.*

Students can add more to this list or give examples of what these mean to them.

<p>Acknowledge that ideas about spirituality are often hard to untangle from mental and emotional wellbeing because what we think about (and know), and how we feel, tend to go hand in hand with spirituality – it's hard to identify what we value and what is important to us without thinking and feeling something about it.</p> <p>Provide students with the copy template. Work through what is required to complete the activity using the worked example provided. Ask for feedback for each idea on the list and any other ideas students have added.</p> <p>Where opportunity exists, provide students with access to someone from the school's Māori community – a kaumatua, or kuia, or a teacher, who can explain what 'wairua' means to Māori, and add these ideas to their other understandings of spirituality.</p>	<p>Students work in pairs or small groups to find and discuss meanings and possible examples, and complete the table in a way that is meaningful for them. Further ideas are added to the table after hearing about a range of ideas from other students in the class.</p>
<p>Student learning journal entry:</p> <p>The completed copy template is filed. This also provides students with a list of ideas about spirituality that they can use across their learning programme when they need to apply their ideas about spirituality in different contexts or topics.</p>	<p>Contribution to NCEA achievement:</p> <p>In preparation for Level 1 assessment, this activity supports students to use a diversity of ideas when stating how ideas about spirituality relate to particular contexts.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Like their students, the concept of spirituality can be a challenge for many teachers as well. Teachers are encouraged to expand their own vocabulary alongside that of their students in situations where some of the learning in this activity is also new for them. In school communities where understandings of spirituality are deeply embedded in religious or other cultural beliefs, provide opportunities for students to develop understanding of the ways religious beliefs and practices make it an important part of some people's spiritual wellbeing e.g. the sense of identity, and the sense of belonging and connectedness religious practices provide, and that it is something to 'believe in'.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • What aspects of these understandings did students appear to 'get'? • What terms and ideas appear to need more work? • What learning opportunities in the programme ahead might provide useful contexts or situations in which to keep developing students' ideas about spirituality?

Idea linked to spirituality	What these ideas mean to me <i>e.g. a dictionary definition or how they apply to me</i>	An example of a situation where this idea could apply	How these ideas could link to mental and emotional wellbeing
<i>Values (worked example)</i>	<i>e.g my values are the principles I live by, they are the things that are important to me</i>	<i>My values are that it is wrong to treat people unfairly and when this happens, the person who treated someone else unfairly should have to make amends</i>	<i>It helps if can think and feel about situations in a way that I am able to judge when things are fair and unfair. If I see a situation where someone is being verbally abused and putdown, my thoughts – based on my values - tell me ‘this is wrong’ and I feel angry and upset.</i>
Values			
Beliefs			
Identity – who I am			
Faith that life has meaning			
Purpose and meaning in life			
Belonging and connectedness			
(Add own ideas)			

Activity number 7.



Hauora revisited – thinking about mental and emotional wellbeing - holistically

Purpose: A deep understanding of the concept of hauora, and the way the dimensions inter-relate, are a key indicator that students are achieving at NZC Level 6. This version of a learning activity, using the concept of hauora and the te whare tapa whā model, requires students to consider the ways in which life situations impact on thoughts and feelings (mental and emotional wellbeing), which then impact on all other dimensions.

Learning intention and NZC HPE achievement objective: Students will show understanding of the way impacts on mental and emotional wellbeing affect all dimensions of wellbeing. *Underpins understanding for A1, A4, C1, C2.*

Achievement Standard links: All Level 1 NCEA standards.

Key competencies: Critical thinking.

Time: 30 minutes.

Resources: Copy template for students to complete.

Activity sequence: Teacher activity

Ask students to recall their knowledge of the concept of hauora. How do they explain the use of te whare tapa whā (the four sided house) as a model for wellbeing? How is this 'holistic'? What does 'holistic' mean in this sense?

Stress that for learning at NZC Level 6/NCEA Level 1, it is important to understand the way the dimensions interrelate, AND to be able to apply the concept of hauora to a range of wellbeing situations.

Provide students with the copy template. Work through an example to explain what is required to complete the activity *e.g. a student doesn't achieve an NCEA assessment, or they are not selected for the sports team/school production.*

To summarise the activity, ask students from each group to share an example of their responses.

Activity sequence: Student activity

Students provide understanding of mental and emotional, social, spiritual, and physical wellbeing, and the Māori terms that relate to these – taha hinengaro, taha whānau, taha wairua and taha tinana. The 'holistic' aspect might be explained for example as *'all of the walls and the roof need to be strong and support each other for the house to stay standing.'* *'Holistic means that wellbeing is about a combination of mental and emotional, social, spiritual, and physical wellbeing, and not just one thing in isolation.'*

After working through an example with the teacher's guidance, students work in small groups to discuss each situation and use a combination of their ideas to complete the table of ideas. Students may wish to use different situations based on examples discussed in previous activities.

Students share their ideas and respond to teacher questions.

<p>Ask students which dimension(s) were more difficult to make links to (if any)? Why do you think this was the case?</p>	
<p>Student learning journal entry:</p> <p>File a copy of the completed table in the learning journal. A reflective comment is added finishing the statement</p> <ul style="list-style-type: none"> • <i>To me 'holistic' wellbeing means ...</i> • <i>When te whare tapa whā is used as a model for wellbeing it is showing that ...</i> 	<p>Contribution to NCEA achievement:</p> <p>Showing how the dimensions of wellbeing interconnect is a key indicator of learning at NZC Level 6/NCEA 1. Students need to be able to apply the concept to all contexts they encounter in their learning programme. They need to be prepared to respond to specific questions about the dimensions, and the ways these inter-relate in any/all of their learning contexts.</p>
<p>Teacher knowledge and pedagogy:</p> <p>It can feel like the concept of hauora is 'thrashed' at Level 1 NCEA. However the concept is so fundamental to understanding wellbeing in health education that some revisiting of the concept is essential. Teachers need a variety of teaching and learning activities to develop students' depth of understanding and application of the concept of hauora.</p> <p>Talking or writing about wellbeing being 'affected', or to say 'hauora is affected' (<i>as in "my hauora is affected by ..."</i>) is not grammatically correct. HPE uses hauora as the name of a concept and we use te whare tapa whā (as a model to explain hauora) as a framework of understanding to describe the wellbeing of ourselves and others. That is, the concept of hauora doesn't change (hauora is not affected). What is 'affected' (or what changes) are aspects of our wellbeing and when one or more dimensions of wellbeing are impacted directly by an event then all other dimensions are in some way 'affected'.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • How well were students able to make cause-and-effect-type connections between the thoughts and feelings experienced in a particular situation, with a combination of physical, social, spiritual consequences (noting these could be direct, or indirect consequences depending on the nature of the situation)? • What are the implications of this for future learning contexts when students need to describe the inter-relatedness of the dimensions?

Situation 1: A teenage romantic relationship comes to an end when one person cheats on the other. <i>Think about the mental and emotional wellbeing of the person who has been cheated on.</i>		
How the person might FEEL after this happened? (Name some feelings.)		What THOUGHTS the person might have after this happened? (Give examples of some thoughts the person might have.)
How could these thoughts and feelings lead to changes to the remaining dimensions of wellbeing? (Think of how the person might react, what the person might do, their behaviour, etc.)		
SOCIAL wellbeing	SPIRITUAL wellbeing	PHYSICAL wellbeing
Long term: If the person who has been cheated on <u>does nothing, and receives no support</u> , what might their wellbeing be like in several months? <i>Think about all dimensions of wellbeing.</i>		Long term: If the person who has been cheated on <u>takes action to restore their wellbeing, and receives support</u> , what might their wellbeing be like in several months? <i>Think about all dimensions of wellbeing.</i>
Situation 2: A student discovers that someone has taken personal and embarrassing photos of them and posted them on social media for everyone to see.		
How the person might FEEL after this happened? (Name some feelings.)		What THOUGHTS the person might have after this happened? (Give examples of some thoughts the person might have.)
How could these thoughts and feelings lead to changes to the remaining dimensions of wellbeing? (Think of how the person might react, what the person might do, their behaviour, etc.)		
SOCIAL wellbeing	SPIRITUAL wellbeing	PHYSICAL wellbeing
Long term: If the person who has been cyberbullied <u>does nothing, and receives no support</u> , what might their wellbeing be like in several months? <i>Think about all dimensions of wellbeing.</i>		Long term: If the person who has been cyberbullied <u>takes action to restore their wellbeing, and receives support</u> , what might their wellbeing be like in several months? <i>Think about all dimensions of wellbeing.</i>

Activity number 8.



My model of wellbeing

Purpose: To help deepen students' understanding of te whare tapa whā as a 'model' of wellbeing, students are provided with the opportunity to develop their own model. They take inspiration from a variety of other models to decide their own image or symbol and dimensions of wellbeing.

Learning intention and NZC HPE achievement objective: Students will show understanding of the use and value of a 'model' of wellbeing. *Contributes learning to many AOs where an explicit understanding of wellbeing is required, especially when different cultural perspectives are an added consideration.*

Achievement Standard links: Supports understanding of the concept of hauora for all Level 1 standards.

Key competencies: Using language and texts.

Digital fluency: (Optional) produces with confidence appropriate digital content.

Time: 60 minutes.

Resources: Digital device suitable for creating images, or paper and drawing or collage materials – as appropriate for the class. Access to a range of other models of wellbeing e.g. Te Wheke, Fonofale. The Health Promotion Forum of New Zealand: Runanga Whakapiki Ake i te Hauora o Aotearoa is a useful source of these models <https://hauora.co.nz/>, as is the Ministry of Health website <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models>

Activity sequence: Teacher activity

Ask students what they think it means when we use a 'model' to show an idea or a concept. Explain that te whare tapa whā is the model of wellbeing we use for health education, but there are many other models of health and wellbeing. Direct students to online examples of models like Rose Pere's Te Wheke (the octopus) model, the Pasifika Fonofale (house) model and various other Pasifika models based on waka, tivaevae quilts, and other images. Include other cultural models as known and as relevant to the class.

Explain to the class that they are going to develop their own model. First they need to

Activity sequence: Student activity

Students respond with their ideas *e.g a model is a pattern or a replica or representation of something, someone who shows off clothes, or shows how make up is worn.*

Students briefly brainstorm some ideas for their image and decide on one of their own.

<p>decide on an image – it can be an actual object or identifiable thing, or something more symbolic like a motif or a pattern – something that has meaning for them. If any students are struggling to come up with an idea, be prepared to make some suggestions based on what they are interested in.</p> <p>Once they have decided what their image will be they need to decide what ‘dimensions’ or factors are important for their wellbeing. Students can reuse ideas from the models they have seen or use ideas of their own.</p> <p>Ask students to share their model with their group or the whole class (see safety note below).</p>	<p>They then draw or otherwise create the image for their model (digital or on paper).</p> <p>Students decide which dimensions are important for them and add these to relevant parts of their image.</p> <p>Students share their model saying why the image is meaningful for them, and why they chose their dimensions.</p>
<p>Student learning journal entry:</p> <p>Students file their completed model of wellbeing. They add a written reflection to say:</p> <ul style="list-style-type: none"> • I chose this image because ... • I selected these dimensions for my model because ... 	<p>Contribution to NCEA achievement:</p> <p>Although this activity has no explicit links with NCEA assessment, it helps students to understand the idea that te whare tapa whā is a ‘model’ and we use many different sorts of models to help us make sense of concepts.</p>
<p>Teacher knowledge and pedagogy:</p> <p>If teachers have not done this activity themselves in their teacher education programme or PLD workshops, it is highly recommended they develop their own model to experience the thinking process required to develop a personal model of wellbeing.</p> <p>As these models tend to be quite personal, think carefully about how they will be shared.</p>	<p>Teacher’s evaluation of the activity</p> <ul style="list-style-type: none"> • What additional insights did this activity provide about what is important for your students? • How can some of this information be used in future lessons?

Activity number 9.



A map of (mental and emotional) wellbeing

Purpose: Artistic expression, or the process of engaging in artistic or other creative pursuits, is an important part of maintaining mental and emotional wellbeing for many people. Artworks are an expression of the artist's thoughts and ideas, and sometimes their feelings. This activity offers an alternative way to collect and present ideas about mental and emotional wellbeing. In the first instance the activity idea is based on UK-based artist Grayson Perry's *Map of an Englishman* (2004), although teachers may know of other artworks to use as well as, or instead of this one. The activity requires students to create a 'map' of a teenager's mental and emotional wellbeing. This could be used as an alternative to the activity for where students create their own models of wellbeing.

Learning intention and NZC HPE achievement objective: Students will use alternative ways to depict and express understandings of mental and emotional wellbeing. *Lies across many AOs that contribute to understanding the many aspects of mental and emotional wellbeing.*

Achievement Standard links: No specific links.

Key competencies: Critical thinking, using language and (visual) texts.

Time: 60 minutes.

Resources: Access to images of artworks where the artist's work expresses something about mental and emotional wellbeing e.g. Grayson Perry (UK artist), *Map of an Englishman* (2004) – many images of this can be found online, along with many other images of Perry's work depicting his thoughts and feelings about a range of cultural traditions, attitudes, values and practices about masculine identity being male.

Materials for creating a map – large sheets of paper, and drawing and/or collage materials.

Activity sequence: Teacher activity

Explain to the class that many artworks are an expression of the artist's thoughts and ideas, and sometimes their feelings. Provide online access to Grayson Perry's *Map of an Englishman*. Use close up images to see what is written all over this work (it's a detailed exploration of the many anxieties, fears and hang ups of men – it is all about wellbeing and mental and emotional wellbeing in particular).

Assign students the task of creating their own map. They can choose to make a map of themselves, or teenagers in general.

Activity sequence: Student activity

Students may offer other examples of artworks that express the thoughts and feelings of the artist that they are familiar with from learning in visual art.

Students create their own map of teenage mental and emotional wellbeing (a map of their own wellbeing or teenagers general).

<p>It may help to talk briefly about different types of maps (topographical maps, treasure maps, directional maps, and different types of land (or sea) masses such as islands or continents, and the terrain that makes up these land or underwater masses.</p> <p>Share maps – but taking care to protect students who include very personal details on their map.</p>	<p>Students use ideas from the example(s) of the artwork provided, previous learning about mental and emotional wellbeing, and the class discussion, to create their own (individual) map of wellbeing.</p> <p>Students share with their group or the class, aspects of their map that they are happy for others to know about.</p>
<p>Student learning journal entry:</p> <p>A photo is taken of the completed work and filed in the learning journal. Students are encouraged to take their maps home and display them in their bedroom or have as a keepsake at home. A brief reflective comment is added to the learning journal explaining the thinking behind their image.</p>	<p>Contribution to NCEA achievement:</p> <p>No explicit links to assessment but as a way of expressing ideas, it might provide inspiration for an alternative way for students to present some evidence, other than filling in templated assessment tasks. It can also reinforce the idea of using art/creativity as a personal action to promote and support wellbeing.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Throughout the health education programme there will likely be opportunities to connect with other subjects or learning areas. As an optional subject it is unlikely that many students will currently take visual art at senior school, just like a minority take health education in most schools. However, there may be opportunities to make links across the learning areas through activities like this. In this case, other examples of artworks that students might relate to could be recommended by the art teacher.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How well did students respond to this activity – was it engaging? • To what extent did it appear to draw on and reinforce health education learning about mental and emotional wellbeing? • Or did it appear to have more therapeutic value and therefore model the importance of creative activities for mental and emotional wellbeing? • What's your evidence for your answer to these questions?

Activity number 10.



Using whakataukī and inspirational quotes to support wellbeing

Purpose: Using sayings and proverbs to inspire, 'lift the spirit' and promote mental and emotional wellbeing, is a practice that has existed for centuries across many cultures. Whether these are historic words from the wise or traditional sayings like Māori whakataukī, or the plethora of inspirational quotes from popular culture that are accessed readily through an internet search, these phrases are repeated time and time again because they have meaning for people. This activity requires students to select sayings that have relevance for them, analyse their meaning, and form an opinion about how and why they might help support wellbeing.

Learning intention and NZC HPE achievement objective: Students will critique the use of sayings as a way to support wellbeing (6A1).

Achievement Standard links: AS91097 (Health 1.3) and may offer ideas for personal strategies for Level 1 AS.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access appropriate information.

Time: 60 minutes.

Resources: Online source of whakataukī and inspirational quotes

The book *Mauri ora: Wisdom from the Māori world*, by Peter Alsop and Te Raumawhitu Kupenga (2016) is highly recommended for both the whakataukī and the historic photographic images. Material for making A4 size inspirational posters – paper, pens/crayons, collage materials.

Activity sequence: Teacher activity

Ask students if they can recall any inspirational sayings, whakataukī or proverbs they have learned.

Explain to the students that they are each going to select a saying, decide what it means and in what sort of situation a person would apply this saying, and form an opinion as to whether or not they think it supports wellbeing. The copy template provides a framework for the task. Encourage students from diverse cultural backgrounds to select something from their own culture. Girls may want to search inspirational quotes for girls (this is optional). Students with other interests or identities may search for sayings that have relevance for them.

Activity sequence: Student activity

Students share any sayings or whakataukī they know.

Working in groups or pairs to search, students each select their own saying or whakataukī.

<p>Allow time for the students to work through the copy template thinking frame. Provide materials for making the poster.</p> <p>Be aware of copyright restrictions for sayings and images if sharing these beyond the classroom.</p>	<p>Students work through the thinking frame, completing their own summary of ideas after discussion with their group. Students share aspects of their thinking frame and make their poster available for class display.</p>
<p>Student learning journal entry:</p> <p>A photo of the inspirational poster (or the poster itself) is filed along with the completed thinking frame.</p>	<p>Contribution to NCEA achievement:</p> <p>May be used as a personal strategy for some Level 1 AS e.g. AS91097 (Health 1.3).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Opportunities for students to bring aspects of their own cultural traditions or contemporary popular culture into lessons can support engagement in learning by giving it added meaning and relevance. However it shouldn't be assumed that because a student is from a particular ethnic group they will want to select from their cultural traditions, and may instead identify with other groups and draw meaning from other interpretations of culture (or counter culture/subculture).</p> <p>Many sayings have been written by adults, for adults, from an adult perspective of the world. Some sayings require abstract thought to decipher what they are saying as well as an understanding of nuance or symbolism, or understanding of the cultural or political context of the people who wrote them. Developmentally, young people are still building capability and capacity for abstract thought. Consider looking for quotes written by young people, or adults writing deliberately and purposefully for young people.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • What were the range of opinions expressed by students about the value of using sayings to support wellbeing? • Did anything surprise you about their insights? • Did anything useful surface out of this activity that could be carried over into other activities? If so, what was this and where could you further develop the students' ideas?

Taking inspiration from sayings and whakataukī

Use an internet search to find an inspirational quote or whakataukī that you like, and which says something to 'lift the spirit' and promote mental and emotional wellbeing.

Thinking frame	Your responses
TASK 1. Saying or whakataukī.	
Source/author (if known).	
The meaning or message in the saying.	
Situation(s) in which a person might use this saying.	
How does the saying relate to ideas you have learned in health education? e.g. hauora	
Do you think this saying would support a person's mental and emotional wellbeing? Why or why not?	
What is a cliché or a platitude? Do you think this saying is a cliché? Why or why not?	
Why do you think the use of sayings has been popular by many cultures across many centuries? Why do we keep using them?	
TASK 2. Sayings sourced online often come with images or illustrations related to the saying – inspirational posters are common in many places. Some books of whakataukī, or other traditional cultural sayings, are often illustrated (your teacher or school library may have examples of these). Select a saying or whakataukī of your choice (it can be the one above or another one you like better). Prepare an A4 sized poster with your saying and an appropriate image. Try to avoid becoming too clichéd in your selection of saying and image. Share your poster with the class.	

Theme 2.

Social support and mental and emotional wellbeing

“Peer groups: Healthy relationships among young people with similar experiences or interests are very important for positive development. Within peer groups, young people can gain friendship and support, role models, opportunities for leadership, feedback they can’t get from parents or teachers, a place for developing and expressing, autonomy, opportunities to test decision-making skills in the absence of adults, a natural setting for talking, negotiating, socialising and exploring future options, opportunities for leisure.” Youth Development Strategy Aotearoa (Ministry of Youth Development, 2002, p.19).

At senior secondary level, students’ learning about the importance of social support for wellbeing through HPE mental health contexts (or topics) will develop the understanding of:

- How and why social support is an essential aspect of wellbeing, and specifically how social interactions impact mental and emotional wellbeing.
- How a range of personal self-management and interpersonal communication skills need to be used together to positively influence mental and emotional wellbeing in social situations, and which skills apply in which contexts.
- How wider societal factors like cultural attitudes and values, especially subcultures (based on gender or age, geography or environment e.g the digital online environment, or present in sites like schools, etc) all contribute to the way social networks support wellbeing or, conversely, undermine social support and social cohesion.
- Why safe supportive social environments are important for wellbeing and the actions needed to develop and maintain these.

Learning related to understanding the qualities of healthy relationships and friendships, and developing personal and interpersonal skills to maintain and enhance friendships and relationships, are popular in junior secondary level health education learning programmes. This learning remains an important aspect of senior secondary programmes.

However, in order to engage students in learning reflecting the intent of NZC Levels 6-8, there needs to be a conceptual step up in order to critically analyse and examine social support networks in far more detail - friends, family, schools and other community settings, and the online social environment.

Some of this learning may appear overly analytical and contradictory to the ‘holistic’ nature of health education, especially when tasks require students to explore friendships and relationships through concepts such as hauora and the socio-ecological perspective, as they untangle what is ‘personal’, ‘interpersonal’ and ‘societal’. However, to engage students in critical thinking processes, it is these types of analytical skills that need to be developed. In order to understand

how wellbeing is 'holistic' (and in this case, how friendships and relationships are an integral part of mental and emotional wellbeing), means to understand how all the parts come together. To maintain balance requires knowing about all the factors that help maintain the balance. When friendships and relationships experience stresses and challenges – which they inevitably do from time to time – what exactly is it that is contributing to the problem and, therefore, what needs to change to restore a sense of balance and harmony?

To provide added meaning and relevance, combinations of the interpersonal skills activities in this section – effective listening, assertiveness, “I feel” statements, giving and receiving positive and negative feedback, and joint problem solving – could be taught in a different contexts like AoD and sexuality education.

Activities in this section also prepare students for examining power imbalances in relationships which lead to bullying, discrimination and other such behaviours (Theme 8).

For learning to support NZC Level 8 (NCEA Level 3 assessment) a revised framework for understanding the social determinants of health is provided, to introduce student to the concepts of 'social cohesion' and 'social capital'.

Note that a detailed focus on romantic and sexual relationships is provided in the companion resource *Sexuality, Gender and Relationships*. Some scenarios in this section may still include consideration of romantic and sexual relationships where it is useful to do so to indicate the range of situations to which the ideas being learned can be applied.

Activity number 11.

Friendships revisited



Purpose: Learning about the qualities of friendships and relationships, and the importance of these for wellbeing, is a common feature of junior secondary health education programmes. At senior secondary level, knowledge of these qualities and the diversity of skills needed to maintain friendships remains important. This is in order to understand interpersonal strategies when applying a socio-ecological perspective to a health or wellbeing issue. This activity invites students to recall prior learning about relationships in general, and friendships in particular.

Key competencies: Participating and contributing.

Resources: Large sheets of paper to cut out a life-sized 'friend'. Pens, crayons and other collage materials for decorating (as available).

Time: 30-60 minutes.

Activity sequence: Teacher activity

Explain to students that this is an introductory activity for the unit and a way to recall their learning from Years 9 & 10. Explain to them they are going to make a new life-sized 'friend'. They will first need to cut out a body outline.

The 'friend' is then decorated as they deem appropriate to convey what they think are the qualities of a good friend. Implicit within these ideas should be consideration of the things that help and hinder friendships, what makes a 'healthy' friendship, rights and responsibilities in friendships, personal and interpersonal skills to maintain a healthy friendship, the attitudes and values of a good friend, etc. Encourage students to be as creative as they like. The decoration can be symbolic (the ideas don't have to be stated in words).

Invite groups to introduce their new friend to the class, highlighting their qualities as a good friend. Display the friends around the classroom.

Activity sequence: Student activity

Working in small groups, students make their friend using the resources available, taking into consideration a range of prompts provided by the teacher and ideas discussed among the students in the group.

The qualities of their friend are shared with the class.

<p>Invite the class to summarise the qualities that featured recurrently among the new friends. Conclude the activity by asking:</p> <ul style="list-style-type: none"> • How have your friendships changed since Years 9 & 10 (if at all)? If they have, why do you think this is the case? • Why are friends important for mental and emotional wellbeing? <p>Acknowledge that these ideas will be expanded in the lessons that follow.</p>	<p>As a whole class discussion, students summarise the qualities of friendships. Students respond to questions.</p>
<p>Teacher knowledge and pedagogy:</p> <p>If used early in the learning programme this activity could also be used as a group building exercise.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • What 'gems' of ideas were shared by students that could provide useful contexts for learning in subsequent lessons?

Activity number 12.



Prior learning - skills for maintaining friendships and relationships

Purpose: Hand in hand with developing understanding of the qualities of relationships and friendships, students in junior secondary health education also learn many personal and interpersonal skills that help maintain and enhance relationships. This activity provides the opportunity for students to map out their current knowledge of a range of personal and interpersonal skills in preparation for deepening their understanding about application of these when taking a socio-ecological approach to the promotion of wellbeing.

Key competencies: Participating and contributing.

Resources: Sets of card – enlarge copy template card 2-4 times and cut out. The optional prompt card is a source of ideas.

Time: 15 minutes.

Activity sequence: Teacher activity

Explain to the students that this activity is a quick check on what they can recall from their Year 9&10 programme about the many different personal and interpersonal skills needed to maintain friendships and relationships.

Provide each group with a set of cards and instruct them that they need to, one at a time, pick up a card and complete the sentence starter. If required, a prompt card is provided as a resource for the teacher or the students as source of ideas.

Although each card alludes to a particular skill, this is open to interpretation and there are no 'must-have' right answers. Encourage students to come up with as many different ideas as possible across all cards, rather than repeat the same ideas about skills that could be used.

Debrief:

Ask students if there were there any situations where the group was unsure which skill(s) could be used? Which one(s)? As a class, what would you suggest? Take the opportunity to

Activity sequence: Student activity

In groups of 5-6, students one by one pick up a card from the downturned pile and complete the sentence starter by identifying a skill that could be used in this situation. Other members of the group may offer additional suggestions, or provide ideas if the person with the card is not sure. Repeat until all cards have been responded to.

Students respond to questions with ideas emerging from the experiences of their group.

<p>draw attention to skills that will be revisited (or taught) in the lessons that follow.</p> <p>To check what students recall about the idea of personal and interpersonal skills, ask them to place in one pile all of the cards that would tend to be ‘personal’ skills and which skills are more ‘interpersonal’ using the distinction that: personal skills – <i>those skills I have that mean I can do things for myself and for my own wellbeing (so that I can then be a good friend because my wellbeing is in balance)</i>, and interpersonal skills – <i>skills I have but I use them when I communicate and interact with other people and support the relationship between us</i>.</p> <p>Acknowledge that what is ‘personal’ and what is ‘interpersonal’ can get confusing because of the different ways we think about and apply some of these skills, and that future lessons will try to clarify some of this confusion.</p>	<p>Students attempt to place cards in separate piles of personal and interpersonal skills.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Making a distinction between personal and interpersonal skills can get slippery and it is not the intent to set in concrete which skills must be thought of as ‘personal’ and which as ‘interpersonal’, as it is all about the context in which they are being discussed and used.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • Which skills did students appear to be well informed about? • Which skills had students not encountered before? • What sense have students made of the idea of personal and interpersonal skills? • What are the implications of this for the learning that follows?

Prompt card - Personal and interpersonal skills for maintaining friendships and relationships

Use these ideas, as well as ideas of your own, when completing the sentence starter on the card:

- Self-management e.g. stress management, time management, self-nurturing
- Positive self-talk (rational thinking)
- Expressing feelings appropriately
- Decision making - taking personal responsibility for acting in ways that promote wellbeing
- Asking for help from trusted others
- Help seeking - accessing and using systems and agencies (e.g. at school or in community) that support wellbeing
- Personal goal setting, action planning, implementing, reflecting and evaluating
- Effective interpersonal communication
- Effective listening including paraphrasing, reflecting feelings, and non-verbal communication
- Negotiation and compromise
- Using "I feel" statements
- Assertiveness
- (Joint and own) problem solving
- Giving constructive feedback
- Respectful communication
- Supporting and caring
- Showing empathy
- Valuing others - respecting the diversity of others

Cards: Personal and interpersonal skills for maintaining friendships and relationships

When someone says something to me that is offensive and I need to tell them how hurtful their comments are I use ...	When I do something embarrassing in front of my friends and start to think negatively about myself, I need to change this and use ...	When my friend is telling me something, I check that I have understood what they mean by ...	When my friend is deeply upset or crying but doesn't want to talk I could ...
When someone is telling me about something that is important to them I need to ...	When faced with a situation where I could make a range of different choices, for my own wellbeing I need to make ...	When someone says or does something that does not support my wellbeing I need to respond to the situation by being ...	When someone says or does something that makes me angry and I need to express those feelings I could ...
When I am feeling really stressed and this is making me lose sleep and feel sick, so much so that I don't spend time with my friends, I could ...	When someone is talking to me and it's important to let them do the talking and not to interrupt, I encourage them to keep talking by ...	When a friend experiences a major loss in their life I support them by seeing the situation from their perspective and showing ...	When I have a personal problem that I don't know how to deal with by myself I could ...
When I feel I have been giving too much of my time and attention to my friends and I need to do something to look after myself I could ...	When my friend and I disagree on something and it is causing conflict between us, we could resolve this by ...	When someone pays me a compliment (e.g. saying how well I've done) I could say ...	When I am feeling really stressed and overwhelmed by everything - I can't get anything done, and don't have time for my friends - I could ...
When my friend and I each want to do different things we could reach an agreement by ...	When someone makes a 'put-down' comment to me I could respond with a comment that ...	When having a conversation with someone whose beliefs and values are very different to my own I could ...	When I know I need to take action to do something to support my wellbeing I could ...
When I am feeling really stressed and I find myself getting irritated by people and getting into arguments with them I could ...	When I object to something my friend has done but they don't think it's a problem for them I could ...	When my friend is telling me about something that has upset them, I check that I have understood how they are feeling by ...	When I need to find out information to help me to decide what I could do about a relationship problem I am having, I could ...

Activity number 13.



Defining 'relationships'

Purpose: The language people use to describe relationships is diverse. This activity provides the opportunity for students to explore the range of language people use to name or describe relationships with people they have close (or intimate), and less intimate relationships with. Note that 'intimate' is being used here simply to indicate the closeness of the relationship, with no sexual connotations. An outcome of the activity is that students will decide on a suitable vocabulary to name the different types of relationships that feature in health education learning contexts.

Learning intention and NZC HPE achievement objective: Students will develop understanding of the language used to name and describe relationships in order to communicate their intended meaning with clarity. *Supports all learning related to Strand C (Relationships with other people).*

Achievement Standard links: Has application for interpersonal considerations in all standards.

Key competencies: Using language and texts.

Time: 30 minutes.

Resources: Paper for graffiti sheets. If using a digital application for this activity, ensure that there is scope for collecting lots of responses for a succession of questions.

Activity sequence: Teacher activity

Explain to students that this activity aims to explore the meanings of some everyday language in order to decide on a common vocabulary for the health education course. In order to get information from everyone, a graffiti sheet/bus stop type approach will be used.

Head the graffiti sheets with the questions provided in the copy template. Provide sufficient time (~15 minutes) for students to circulate around all sheets and add their ideas to each sheet – endorsing with a tick any responses already on the sheet that are the same things they would write.

Once ideas are exhausted, divide the class into as many groups as there are graffiti sheets and allocate a sheet to each group. Assign the group the task of preparing an answer to the question based on all of the ideas on the sheet.

Activity sequence: Student activity

Students circulate around the graffiti sheets adding their own ideas.

In their allocated groups students prepare a summary of the responses and answer the question on the sheet, using the ideas from the class.

<p><i>If there are few responses to a question, what might this suggest?</i></p> <p>Using ideas from these sheets:</p> <ul style="list-style-type: none"> • Negotiate with the students what language will be formally used in class to describe different sorts of friendships and relationships? • Clarify what 'friendships' specifically refers to as well as what 'relationships' (in general) refer to. • What term(s) will be used to refer to 'romantic/sexual relationships'? 	<p>Once complete, students share their summary statement with the class.</p>
<p>Student learning journal entry:</p> <p>Students record a summary of the agreement reached about the language of friendships and relationships that will be used by the class.</p>	<p>Contribution to NCEA achievement:</p> <p>Support for developing health education vocabulary required across all AS.</p>
<p>Teacher knowledge and pedagogy:</p> <p>It is not the intent that this activity unduly narrows the range of language used by students, but more to reach a common understanding about a range of terms suitable for use in the learning programme. The term 'intimate relationships' is a useful term to retain as these are not necessarily physically intimate and may be emotionally intimate, like a close friendship.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • Did this activity offer any insights into the language known about or used by students that could be revisited in parts of the learning programme focused on romantic/sexual relationships, or power imbalances in relationships? If so, what were these insights and how will you incorporate ideas in subsequent lessons?

Graffiti sheet headings

When you hear the terms '**friendships**' and '**relationships**' what do these words mean for you?

- Friendships
- Relationships

What sort of relationship(s) do you think of when someone says '**intimate relationship**'?

This refers to non-romantic/non-sexual relationships

What words do **males** use to refer to their **male friends or acquaintances**?

What words do **males** use to refer to their **female friends or acquaintances**?

This refers to non-romantic/non-sexual relationships

What words do **females** use to refer to their **female friends or acquaintances**?

What words do **females** use to refer to their **male friends or acquaintances**?

What words do **males** use to describe their **partner** in a romantic or sexual relationship?

What words do **females** use to describe their **partner** in a romantic or sexual relationship?

For you, what does saying that someone is '**family**' convey about the nature of the relationship?

Are there any words you DON'T like to be called (in reference to being a friend)?

Do you consider any terms used to refer to friends or acquaintances as being a form of put-down or disrespectful?

Activity number 14.



Relationships across the lifespan

Purpose: Friendships and relationships change across the lifespan. Some of these relationships are close or intimate relationships, some are less intimate. Note that 'intimate' is being used here simply to indicate the closeness of the relationship with no sexual connotations. This activity requires students to map out their understandings of the way friendships and relationships change across the lifespan. Viewing friendships and relationships from the perspective of different age groups helps students to understand that the skills and strategies needed for maintaining and enhancing relationships, and in ways that support wellbeing, are not necessarily the same for everyone. They differ depending on the stage of life and situation, and the different dynamics of relationships (that is, the constantly changing nature of and patterns of interaction between people).

Learning intention and NZC HPE achievement objective: Students will develop understanding of the way relationships change across the lifespan and how these contribute to wellbeing (7C1).

Achievement Standard links: Has potential application for reinforcing interpersonal considerations across many standards.

Key competencies: Critical thinking, Participating and contributing.

Time: 60 minutes.

Resources: Materials for constructing a timeline to show the lifespan (e.g. long pieces of paper, pens and crayons, and magazine images of people of different ages and showing different types of relationships – weekly magazines are a good source of these (or images printed from internet sources). Coloured paper (e.g. Post-its) to make 'flags' to add information along the timeline.

Activity sequence: Teacher activity

Ask students about ways the human lifespan is depicted in books or in documentaries they may have seen. If ideas are not forthcoming suggested they search for examples of lifespan diagrams on the internet.

Explain to them that the task (to be completed in groups) is to map out how patterns and types of friendships and relationships change across the lifespan – as best they understand this. Ask students for some initial ideas about this.

Activity sequence: Student activity

Students contribute ideas about the ways they have seen the human lifespan depicted.

Students contribute initial ideas from their own knowledge and experiences about the way friendships and relationships change across the lifespan.

Explain the purpose for this lesson is that if we have an understanding of how friendships and relationships change across the lifespan, we can begin to understand how different factors might influence social, and mental and emotional wellbeing, over the course of our lives. Therefore, we can better understand the skills, actions or strategies that might be needed to support people at different stages of their life.

Provide students with a range of materials for making a timeline to show how friendships and relationships change across the lifespan. Provide prompts to ensure coverage of the lifespan.

Once the timeline is completed, provide groups with coloured paper on which they write examples of skills, actions or strategies that are needed to help make or maintain friendships or relationships for several different age groups. Attach these to the timeline as 'flags'.

Provide opportunity for students to share their timeline and flags with another group or the whole class.

Debrief:

Pose the question: If the focus here has been on the way relationships change across the lifespan (ie. social wellbeing), how does this link with mental and emotional wellbeing?

Choose some aspects of the students' timelines and ask about the mental and emotional wellbeing of people as a consequence of:

- Starting at a new school and making new friends

Working in groups, students make a visual timeline to show how friendships and relationships change across the lifespan e.g.

- Babies and toddlers/pre-school
- Children /primary school
- Pre-teenage / intermediate school
- Young teenagers / secondary school
- Mid-teens / secondary school
- Older teens (left school)
- And then each decade 20s, 30s, 40s, 50s, 60-70, 80-90, etc paying attention to: long term partners, reproductive years and becoming a parent (or not), jobs and careers, overseas travel, becoming a grandparent, retirement, the need for health care or other support, etc.

Students identify, discuss and decide a range of skills, actions or strategies that are needed by people at different times across the lifespan, for maintaining friendships and relationships. Students aim for a minimum of 6 'flags' although the more the better.

Student share their ideas with others in the class, responding to any questions asked by their peers or teacher.

Students respond to teacher questions with a range of ideas showing how (changes to) social wellbeing is closely linked to mental and emotional wellbeing.

<ul style="list-style-type: none"> • Breaking up with a friend or romantic partner • Committing to a long term relationship • Having children • Working with colleagues • Having children leave home • Retiring from work • Losing a partner (separation/divorce, or death in old age). <p>Signal that change is constant across the lifespan and relationship changes are just one aspect of what changes in our lives. Changes always impact mental and emotional wellbeing, positively and negatively, in little ways and big ways. How well we manage change and support the wellbeing of ourselves and others is very complex. <i>See theme 3.</i></p>	
<p>Student learning journal entry:</p> <p>Students take a photo of their group timeline and flags and file the image in their learning journal.</p>	<p>Contribution to NCEA achievement:</p> <p>May contribute evidence for AS91097 (Health 1.3) or AS 91236 (Health 2.2) where changes or different needs across the lifespan feature.</p>
<p>Teacher knowledge and pedagogy:</p> <p>As students engage in learning at higher levels of the curriculum, they need the opportunity to be able to view and understand situations that impact on wellbeing through eyes other than their own. In this case the students are asked to look ahead in time and to try and see what relationships (theirs and others) might be like in future.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How well were students able to demonstrate understanding of the changing nature of friendships and relationships across the lifespan when drawing on their existing knowledge? • Was there a distinct difference in their ability to reflect back on the changing nature of friendships and relationships in their own lives that are already lived, and then project into the future of a life not yet lived? • How well could students draw on knowledge and experiences from the world around them to respond to this task? • What are the implications of this for future activities which assume a certain amount of observation and experience of the world, that may not have featured in any formal learning programme?

Activity number 15.



Skills for relationships (1) effective listening

Purpose: Maintaining and enhancing relationships requires a repertoire of personal self-management and interpersonal communication skills. The distinction between personal and interpersonal skills (activities 15-19) becomes blurry as they all require individuals to have personal or own knowledge of the skills – what to do, how and when to use them. However they become ‘interpersonal skills’ when they are used to communicate and interact with other people. The skills in this section would tend to be thought of as interpersonal skills. Each skill is developed as a separate activity, however it is important that students at senior secondary level develop understanding of the way skills often need to be used in combination. This first activity revisits the components of effective listening to practice the skills, and analyse why each of these components contributes to being an effective listener. Consideration is also given to how and why effective listening supports maintenance of relationships and the (mental and emotional) wellbeing of the people in the relationship. *This activity assumes students are building on prior learning about effective listening.*

Learning intention and NZC HPE achievement objective: Students will demonstrate use of effective listening skills and show understanding of how these skills maintain relationships and support wellbeing of people in relationships (6C3 and foundation knowledge for 7/8C3).

Achievement Standard links: AS90973 (Health 1.4).

Key competencies: Managing self, Relating to others, Participating and contributing.

Time: 2 hours for skills demonstration, plus 1 hour if students are writing their own script.

Resources: Access to digital recording (video and audio) device – e.g. smart phone or tablet
Copy template of conversation ideas if required.

Level 1 Health Education Learning Workbook (Robertson & Dixon, 2012) published by ESA contains a range of activity templates to use as an alternative, or in addition to this activity.

Activity sequence: Teacher activity

Check what students can recall about what it means to be an ‘effective listener’. Make a visual record of these for reference throughout the lessons.

Activity sequence: Student activity

Students recall features of effective listening such as paraphrasing, reflecting feelings, asking questions for clarification or where more information is needed to understand the situation, non-verbal communication (posture and position, orientation of the listener’s body to the speaker, eye contact (or not), tone of

<p>Overall, how does the use of effective listening skills support mental and emotional wellbeing?</p> <p>Ask students what they recall learning about the barriers to effective listening – things people do when they are not really listening effectively. Again, make a visual record of these for reference throughout the lessons.</p> <p>Ask students who would be prepared to model effective listening skills for the whole class – paraphrasing, reflecting feelings, asking clarifying questions, and non-verbal communication? (<i>If no volunteers, take this role yourself</i>). Invite one of the more confident students in the class to be the speaker while the other student (or you) takes the effective listening role. Instruct the students to watch out for the features of being an effective listener – referring back to the lists of ideas generated from the previous discussion. Debrief this skills demonstration to make sure students have identified what was intended.</p>	<p>voice etc), and minimal encouragers ('hmmm', head nodding, 'tell me more', 'go on').</p> <p>Students respond with ideas like: <i>it makes the person feel valued and that what is concerning them matters; that if someone is genuinely interested in what you have to say, you feel safe and supported; or, if the person who you are talking to shows they really understand what you're thinking and feeling, you feel less alone, etc.</i></p> <p>Students describe things that effective listeners DON'T do like: <i>judging the person who is speaking; second guessing or pre-empting what they think the person is going to say, or finishing their sentences for them; advising or telling them what they should do; telling their own stories instead of listening to the other person, being disingenuous (insincere, misleading, deceitful, etc); reading more into what the person is saying than what is actually there; drifting off and thinking about own things; only picking up on some information; antagonising the person by saying unhelpful things that upset them more; making comparisons between own situation and the other person and deciding who is worse or better off; making inappropriate jokes or using inappropriate language for the situation; distracting them with other thoughts and events not related to their situation; trying to calm the situation down and not let the person speak; and so on.</i></p> <p>Student volunteers model effective listening skills for the class, and the remaining students identify which skills they saw the listener use.</p>
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<p>In preparation for all students demonstrating the skills in small groups (they do not need to perform for the whole class), and to reinforce the skills of effective listening, ask students to construct their own observer checklist which includes all the things they expect to see the listener do AND a list of things they do NOT expect to see. Alternatively, provide one from an NCEA assessment task.</p> <p>Provide the opportunity for students to practice paraphrasing, reflecting feelings, and non-verbal communication. Suggest some possible discussion topics (see ideas in copy template).</p> <p><i>Demonstrating skills to provide evidence for assessment.</i></p> <p>Once the group are confident with their skills demonstration, the groups of three take turns to be the listener. With each rotation the designated observer makes a formal record for assessment of the skills observed in the demonstration, with guidance from the teacher where required.</p> <p>(Optional) Support students to write their own script where one person is doing most of the talking and the listener responds (paraphrasing, reflecting feelings, non-verbal communication, and minimal encouragers).</p>	<p>With support, students design their own observer checklist. Students can use an actual NCEA AS task as guidance for designing this sheet – mainly to check that it includes all required skills (it can contain more information – but not less). This process also makes a record of all the features of effective listening students need to have knowledge of. Working in groups of three, students rotate the role of listener, speaker and observer to practice each role. As a practice run, the observer informally notes what effective listening skills they saw the listener use and gives feedback to the listener.</p> <p><i>Written record by observer:</i> the observer formally completes an observation sheet for the listener.</p> <p><i>Digital recording:</i> the observer records the demonstration on the listener's digital device (or other digital recording device provided for the task) – this can be done outside of class time and filed in each student's digital learning portfolio. The observer then completes the digital assessment sheet which is given to the listener and filed along with the video of their skills demonstration.</p> <p>Students prepare a 1-2 page script of a conversation (own choice of topic) that shows all of the features of effective listening. This can then be rehearsed and demonstrated (as above).</p>
<p>Student learning journal entry:</p> <p>Students file a digital (video) recording of themselves as an effective listener, along with the observation sheet that 'assessed' their skills. Note that this recording may also include evidence of other skills if the demonstration of several skills are being formally assessed in combination.</p>	<p>Contribution to NCEA achievement:</p> <p>Demonstration of effective listening skills is required for AS90973 (Health 1.4), and knowledge of effective listening as an interpersonal skill could be used as an interpersonal strategy for many Level 1 & 2 AS.</p>

<p>Teacher knowledge and pedagogy:</p> <p>Note that this approach assumes some prior learning of effective listening skills. If it is apparent that students have not had access to structured learning to develop effective listening skills, the activities in <i>Taking Action: Lifeskills in Health Education</i> (Tasker, Hipkins, Parker & Whatman, 1994) are recommended.</p> <p>A digital recording filed in the students' digital learning portfolios means the teacher can assess student work at a convenient time, and not be bound by class time for assessing skills demonstration.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How confidently and efficiently did students work together to design, record and assess their own demonstration of effective listening skills? • What are the implications of this for other skills that they need to demonstrate proficiency of?
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Effective listening conversation ideas

- What do you think about our school uniform?
- What do you want to achieve during the rest of your time here at school?
- How did you spend your last summer holiday?
- What news item is of interest to you at the moment?
- What was the most enjoyable movie you have seen recently?
- What do you think are the best things about our school / our community / our town / our city?
- What are your views on ... [*a current event in the community or media*]?
- How well do you think our school supports the diversity of all people?
- What do you like to do most when you're not at school?
- What foods do you most like to eat?
- Which social media platform do you like to use?
- What do you think the biggest problem is facing New Zealand and/or the world?

Activity number 16.

Skills for relationships (2) assertiveness



Purpose: In addition to being effective listeners and hearing what other people are saying, people in relationships also need to be able to communicate their own thoughts and feelings. The development and application of assertiveness skills features in a range of health education contexts. At senior secondary level students develop understanding of the way other skills become integral to an effective assertive response, such as using “I feel” statements and giving negative feedback (see activity 17). Understanding is developed about how and why being assertive in situations that require such a response support mental and emotional wellbeing. *This activity assumes students are building on prior learning about assertiveness.*

Learning intention and NZC HPE achievement objective: Students will demonstrate use of assertiveness skills and show understanding of how these skills maintain relationships and support the wellbeing of people in relationships (6C3 and foundation knowledge for 7/8C3).

Achievement Standard links: AS90973 (Health 1.4) and could be used as an interpersonal strategy for most Level 1 AS.

Key competencies: Managing self, Relating to others.

Time: 2-3 hours.

Resources: Access to digital recording (video and audio) device – e.g. smart phone or tablet
Copy template of conversation ideas if required.
An example of an assertiveness skills observer checklist (e.g. from an NCEA assessment).

An alternative process for teaching these skills can be found in *Taking Action: Lifeskills in Health Education* (Tasker, Hipkins, Parker & Whatman, 1994). The *Level 1 Health Education Learning Workbook* (Robertson & Dixon, 2012) published by ESA contains a range of activity templates to use as an alternative, or in addition to this activity.

Activity sequence: Teacher activity

Ask students to recall what ‘being assertive’ means. In what sorts of situations do we need to be assertive?

What other sorts of (non-assertive) behaviours might some people use when responding to a situation?

How do you know if someone is behaving passively or aggressively? Why might some

Activity sequence: Student activity

Students respond with ideas such as: standing up for yourself or your rights such as when you’re being pressured to do something that is not right for you; behaving in ways that mean you stay true to your beliefs or what is important to you.

Students recall understanding of passive and aggressive behaviour and other synonyms for these terms, along with descriptions of typical passive and aggressive behaviours and reasons why people do not assert themselves (e.g. learned behaviour - *that’s how they have been*

<p>people use these behaviours instead of being assertive?</p> <p>(Check) If a situation makes us feel angry, can we respond assertively if we are angry? Validate that feelings of anger are legitimate in response to some situations but it's how anger is expressed that is the issue.</p> <p>How does the use of assertiveness skills support mental and emotional wellbeing? Why do we promote assertiveness over being passive or aggressive? Prompt students to frame their ideas in terms of the contribution this makes to wellbeing if this is not forthcoming.</p> <p>Ask students as whole class brainstorm to recall all of the features of being assertive. <i>Note that it may be useful at this point to include skills for giving negative feedback and using "I feel" statements (Activity 17).</i></p> <p>In preparation for all students demonstrating the skills of assertiveness, and to reinforce the skills of assertiveness, ask students to construct their own observer checklist which includes all the things they expect to see the assertive person do. Discuss what this needs to include. An example of an observer checklist from an NCEA assessment task can be available for reference if required. Ensure that these checklists include all required aspects before use.</p> <p>Provide a range of possible situations that students could use for their assertiveness skills demonstration (see copy template for some ideas), or students can develop their own based on contexts featured in the learning programme.</p>	<p><i>taught growing up about the way to deal with situations, or they haven't learned how to be assertive).</i></p> <p>Students provide responses such as: <i>it's OK to get angry; it's how anger is expressed that is the issue; and, we can be assertive and not aggressive when we get angry.</i></p> <p>Students respond with ideas such as: <i>being assertive allows people to maintain/restore their wellbeing when something is said or done that upsets or hurts them; it allows them to maintain their self-respect and their integrity (or honour, mana) because they don't give into the situation by being passive, or make the situation worse by being aggressive; if they don't give into situations they feel better about themselves and have higher self-esteem; they have greater confidence to deal with situations in future; and deal with situations in a way that avoids undue anxiety and stress.</i></p> <p>Students recall features of assertive behaviour e.g. <i>upright posture, eye contact, firm voice, even tone of voice, using "I feel" statements, referring specifically to what was done or said that was upsetting, hurtful (etc), making a request for what you want to happen.</i></p> <p>In groups, students prepare an observer checklist to be used to assess their demonstration of assertiveness skills.</p> <p>Students each decide on a situation or scenario that they will use to demonstrate assertiveness skills.</p>
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<p>Provide the opportunity for students to practice being assertive. If working in groups of 3 (the person being assertive, a person who is pressuring them, and the observer/recorder – and rotating these roles) recommend each person chooses a different situation that they will respond to assertively (they can be similar but some difference is recommended to avoid simply repeating what the previous person did).</p> <p>Students construct a basic ‘storyboard’ like that used for making a film (see copy template).</p> <p>Once storyboards are complete allow groups time to rehearse, as the person who has to play the role of the ‘other’ person will need to become familiar with their role so that the student demonstrating the assertiveness skills has something to respond to. The ‘other’ person can use the storyboard like a script of what to say when the student is demonstrating being assertive.</p> <p><i>Demonstrating skills to provide evidence for assessment.</i></p> <p>Once the group are confident with their skills demonstration, the groups of three take turns to be the assertive person, the ‘other’ person, and the observer/recorder. With each rotation the designated observer makes a formal record for assessment of the skills observed in the demonstration, with guidance from the teacher where required. (Note that students do not need to perform for the whole class.)</p>	<p>Students each construct a storyboard to plan what they need their partner to say so that they can respond assertively to this. The storyboard also includes what the assertive person will do and say back to other person.</p> <p>Students rehearse their own demonstration of skills, and then rotate the role around their group so that everyone has a chance to practice being assertive, being the ‘other’ person, and the observer/recorder. Students use the recording sheet they developed to assess each assertiveness demonstration.</p> <p><i>Written record by observer:</i> the observer formally completes an observation sheet for the person demonstrating assertiveness skills. <i>OR Digital recording:</i> the observer records the demonstration on the assertive role player’s digital device (or other digital recording device provided for the task) – this can be done outside of class time and filed in each student’s digital learning portfolio. The observer then completes the digital assessment sheet which is given to the student they observed and filed along with the video of their skills demonstration.</p>
<p>Student learning journal entry:</p> <p>Students file a digital (video) recording of themselves being assertive in a contrived situation, along with the observation sheet that ‘assessed’ their skills. Note that this recording may also include evidence of other skills if the</p>	<p>Contribution to NCEA achievement:</p> <p>Demonstration of assertiveness skills is required for AS90973 (Health 1.4), and knowledge of assertiveness as an interpersonal skill could be used as an interpersonal strategy for many Level 1 & 2 AS.</p>

demonstration of several skills are being formally assessed in combination.	
<p>Teacher knowledge and pedagogy:</p> <p>At this level students should increasingly be able to demonstrate how different interpersonal skills are used in combination. In this case the skills of giving negative feedback and “I feel” statements (Activity 17) are included within the assertive response.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How well did students manage to incorporate different skills into their assertiveness demonstration – such as the use of “I feel” statements or giving negative feedback? • How confident are you that the students’ knowledge and understanding of assertiveness and associated skills sits at NZC Level 6 and has become more complex than what they learned at junior secondary level? • What is it about their knowledge and demonstration of skills that is more detailed and insightful than at junior level?

Ideas for situations for demonstrating assertiveness skills

1. You're at party. Most people are drinking heavily and getting drunk. You don't want to drink (*decide the reasons why*). Your friends are pressuring you to drink, and calling you names, making fun of you (etc) for not joining in ...
2. You're at school. A group of students think it would be a laugh to take a photo of one of the socially shy students when they are getting changed in the changing rooms, but they need to 'set it up' to get the person in a position to take the photo (they usually hide in one of the stalls to change). The group target you to help them because they think you know this person well enough that they will trust you ...
3. You're at home. You've got NCEA assessments due. You've made a homework plan to help you finish them on time and fit in sports practice. However mum and dad want you to help around the house over the weekend and expect you to look after your younger siblings after school until they get home from work, all of which takes away several hours of your planned homework time ...
4. You're socialising with friends. They are comparing themselves to pictures of celebrities (sports people, actors, etc) who are celebrated for their attractive body appearance. They are pointing out each other's body parts that look most like those in the photos, and making suggestions about what they could do to look like that (diet, exercise or lift weights, take protein supplements, etc). Your body size and shape are nothing like those in the pictures and your friends are telling you what they think you should do ...

[Copy template](#)

Storyboard template for assertiveness demonstration

Each cell contains the words and actions of ONE person. When the other person speaks, put this in a new cell on the storyboard. Use as many cells as needed.

<i>Person pressuring</i> Simple diagram (or description) to show who is speaking and what they are doing	<i>Person being assertive</i>	<i>Person pressuring</i>
Text stating what the person is saying ...		
<i>Person being assertive</i>	<i>Person pressuring</i>	<i>Person being assertive</i>
<i>Person pressuring</i>	<i>Person being assertive</i>	

Activity number 17.



Skills for relationships (3) giving and receiving negative feedback (including “I feel” statements)

Purpose: A further group of skills required by people in relationships that enables them to communicate their thoughts and feelings, and respond to those expressed by others, is giving and receiving negative feedback. Negative feedback is when one person tells another that what they have done has upset, insulted, annoyed, angered, offended, humiliated, embarrassed, or hurt them. The DESC = describe, explain, specify, consequence model (Tasker et al., 1994) for giving negative feedback is used. “I feel ...” statements, learned at junior level, are revised for giving negative feedback and as part of providing an assertive response. It is useful to integrate this activity with the assertiveness skills activity.

Learning intention and NZC HPE achievement objective: Students will demonstrate use of skills that enable them to give and receive negative feedback, and show understanding of how these skills maintain relationships and support wellbeing of people in relationships (6C3 and foundation knowledge for 7/8C3).

Achievement Standard links: AS90973 (Health 1.4) and could be used as an interpersonal strategy for most Level 1 AS.

Key competencies: Managing self, Relating to others.

Time: 60 minutes.

Resources:

An alternative process for teaching these skills can be found in *Taking Action: Lifeskills in Health Education* (Tasker, Hipkins, Parker & Whatman, 1994, p.74). The *Level 1 Health Education Learning Workbook* (Robertson & Dixon, 2012) published by ESA contains a range of activity templates to use as an alternative, or in addition to this activity.

Activity sequence: Teacher activity

Explain to students that much of the focus on assertiveness is about the process of what to do and what not to do – and why. This activity focuses specifically on what to say when giving an assertive response. In particular, when someone says or does something that has upset, insulted, annoyed, angered, offended, humiliated, embarrassed, or hurt you – *what do you actually say back to them when you respond assertively?*

Ask students: “Why can it be difficult to respond assertively at the time something

Activity sequence: Student activity

Students make a range of suggestions e.g. *don’t know what to do or say, you’ve never had to deal with a situation like this before and have*

<p>negative is said or done to you by another person?”</p> <p>Acknowledge that if feeling unsafe, and that being assertive may only worsen the situation (e.g. the other person may turn violent), then leaving the situation and to go and seek help might be more sensible option.</p> <p>Assuming the situation is safe to be assertive, a process like that described by the DESC model can be used. Introduce students to:</p> <p>D=describe: Describe how you feel about the situation using an “I feel ...” statement</p> <p>E=explain: Explain specifically the situation that has caused these feelings ...</p> <p>S=specific: ... and specifically the change you want made to repair or restore the situation.</p> <p>C=consequences: Describe the positive consequence for the person (as well as yourself and your relationship with the person) when they have made this change.</p> <p>Check that students have an extensive vocabulary of names of feelings and can associate these appropriately with a range of situations. <i>If required, see Mental Health Matters for an “I feel ...” activity.</i></p> <p>Acknowledge that when giving negative feedback it can be difficult to avoid slipping into saying negative things yourself. Provide students with the copy template for the activity. Provide the opportunity for sharing some examples of what NOT to do or say.</p> <p>To work through the application of the DESC model, provide students with the copy template for the activity. Students work in small groups to complete the activity. Provide opportunity for sharing some examples of the application of the DESC model.</p> <p>Check with students that they can see how giving negative feedback becomes an important part of an assertive response, alongside all the other features of being assertive.</p>	<p><i>never said the words out loud, scared, feel powerless, feel you can’t reply or speak up, don’t want to upset or anger the other person, you think they might get violent or hold it against you later, etc.</i></p> <p><i>Prior evidence from student learning indicates the extent of their vocabulary related to naming feelings and applying these to situations.</i></p> <p>Students work in small groups to complete the copy template activity and contribute ideas to a class summary discussion about what NOT to do when giving negative feedback.</p> <p>Students work in small groups to complete the copy template activity and contribute ideas to a class summary discussion.</p>
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<p>Student learning journal entry:</p> <p>Examples of a worked DESC model for two or more situations on the copy template are filed.</p>	<p>Contribution to NCEA achievement:</p> <p>Part of the essential evidence required for a high quality assertiveness demonstration for AS90973 (Health 1.4).</p>
<p>Teacher knowledge and pedagogy:</p> <p>The DESC model can also be used as a personal or 'own' problem solving model. This has application for personal stress management e.g. when managing stress that results from the actions of others.</p>	<p>Teacher's evaluation of the activity;</p> <ul style="list-style-type: none"> Thinking about students' responses to the question: <i>"why can it be difficult to respond assertively at the time something negative is said or done to you by another person?"</i> – were any of the ideas suggested here useful for subsequent learning e.g being assertive in AoD or sexuality related situations? If so, which comments and how or where will you use them?

When giving negative feedback – what NOT to do

Add your ideas into the right hand column. Use clues in the upper case words to suggest what NOT to do.

DO this	DON'T do this
Describe YOUR FEELINGS about the situation	
Describe SPECIFICALLY THE BEHAVIOUR or what was said that YOU are objecting to	
Speak about the person RESPECTFULLY	
Ask for a SPECIFIC AND REALISTIC change	
ASK HOW THE OTHER PERSON FEELS about what you have said and what you have asked of them	
LET THE OTHER PERSON KNOW when you have seen that they have made the changes requested – and thanking them for doing this	
Deal with the situation WHEN IT HAPPENS	

Applying the DESC model

Situation	Another student has called you a put-down name based on your appearance, culture or identity (<i>you can decide the specific details</i>)
D=describe: Describe how you feel about the situation using an “I feel ...” statement	
E=explain: Explain specifically the situation that has caused these feelings ...	
S=specific: ... and specifically the change you want made to repair or restore the situation.	
C=consequences: Describe the positive consequence for the person (as well as yourself and your relationship with the person) when they have made this change	

Situation	(Your choice)
D=describe: Describe how you feel about the situation using an “I feel ...” statement	
E=explain: Explain specifically the situation that has caused these feelings ...	
S=specific: ... and specifically the change you want made to repair or restore the situation.	
C=consequences: Describe the positive consequence for the person (as well as yourself and your relationship with the person) when they have made this change	

Activity number 18.



Skills for relationships (4) negotiation and compromise

Purpose: Being in a relationship means needing to compromise on some things when each person in the relationship has different wants or needs, or a different view on a matter. Compromise is not about one person completely giving into the wishes of the other person, but discussing the situation to come to an agreement that both people can live with i.e. 'reach common ground'. The process to reach a compromise requires negotiation – the to and fro (or back and forth) of ideas and positions on the issue to work out what each person can agree to. Negotiation and compromise are part of a joint problem solving process.

Learning intention and NZC HPE achievement objective: Students will demonstrate use of skills needed to negotiate and reach a compromise, and show understanding of how these skills maintain relationships and support wellbeing of people in relationships (6C3 and foundation knowledge for 7/8C3).

Achievement Standard links: AS90973 (Health 1.4) and could be used as an interpersonal strategy for most Level 1 AS.

Key competencies: Relating to others, Participating and contributing.

Digital fluency: access accurate information.

Time: 60 minutes.

Resources: Copy template for the activity.

An alternative process for teaching these skills can be found in *Taking Action: Lifeskills in Health Education* (Tasker, Hipkins, Parker & Whatman, 1994).

Activity sequence: Teacher activity

Assign groups the challenge of finding definitions for the terms and answering the questions in the copy template activity. Check on the sense students are making of the tasks through some brief sharing of ideas with the whole class.

Explain task three on the activity copy template. It outlines a simple negotiation process. Students work through the process as instructed. They may wish to change the scenario for another that is more relevant to them.

Provide opportunity for students to share ideas about the debrief questions with the class.

Activity sequence: Student activity

Students use available dictionary or other sources to define the terms and answer the questions. Students share ideas with the whole class.

Students working in small groups (of even numbers as far as this is possible) work their way through a negotiation process.

Student share with the class their thoughts about the negotiation process and its purpose.

<p>Extra: As an extension to this activity students may wish to investigate the formal process of negotiation used in business, politics, or relationships counselling (for example) and what the role of a 'negotiator' is in these situations. What skills does a professional negotiator use?</p>	
<p>Student learning journal entry:</p> <p>Students file their completed activity templates of the negotiation process and word meanings.</p>	<p>Contribution to NCEA achievement:</p> <p>Contributes to understanding problem solving models required for AS90973 (Health 1.4).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Negotiation is not an easy process. If students engage enthusiastically with the process, consider using it again for debating other issues in future lessons.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How well did students grasp the formal and structured nature of a negotiation? • What are the implications of this for when they need to apply the process to joint problem solving?

Negotiation

TASK 1. Find definitions for these terms (<i>as they relate to the overall idea of negotiation</i>)	
1. Negotiate	
2. Proposal and counter proposal	
3. Compromise	
4. Right of refusal	
5. Bargaining	
6. Consensus	

TASK 2. Discuss these questions in your group and provide a response	
What are two situations where the process of negotiation could be, or needs to be used?	
How does negotiation help promote wellbeing in relationships?	

TASK 3. The situation: Your class has won a prize in a competition. The prize is \$20,000 worth of digital technology equipment. Half of the class want to keep it for use in their classroom because it is much needed to help them with their course work, while the other half want to sell the equipment and use the cash to fund an educational trip that the class is currently fundraising for. <i>Divide your group into two – each group takes one side. To complete step 1, you will need to move apart from each other to privately discuss what you want to happen.</i>	
The negotiation process	Your responses
Step 1. Each side decides three things they would like to happen – a best possible outcome, an acceptable/OK outcome, and a worst case outcome which would still be acceptable. <i>Options 2 & 3 are not usually revealed until step 3.</i>	1 Best
	2 Acceptable/OK
	3 Worst (but still acceptable)
	<i>Add the other groups' ideas once you have heard them</i>
	1 Best
	2 Acceptable/OK

	3 Worst (but still acceptable)
Step 2. Describe the situation to each other – your thoughts and feelings about the matter and any ‘facts’ you are using to make your case. You want to present your ‘best case’ at this time.	<i>Note any additional information here that might be useful for the negotiation.</i>
Step 3. <ul style="list-style-type: none"> One side makes an offer or a request – this is usually the best case. The other side makes a counter offer. Repeat the process over and over to try and reach a decision that both parties can agree to. This may require the two sides to ‘move away from the bargaining table’ to rethink and discuss what they will offer next, based on what the other side has said, and come back to the table with their counter offer.	<i>Note the main ideas discussed.</i>
Step 4. Agreement/disagreement: Was a decision reached? If so write it here. If not, explain what it is the two sides won’t agree on.	
Debrief: Write on your responses above where you had to compromise , which were your proposals , which were the counter proposals , where you reached consensus (if you did).	
Reflection: <ol style="list-style-type: none"> What did you find hardest about the negotiation process? Why do you think this was the case? Revisit the earlier question ‘<i>how does negotiation help promote wellbeing in relationships?</i>’ What further ideas can you add to your earlier answer? 	

Activity number 19.



Skills for relationships (5) joint problem solving

Purpose: The skills of problem solving need to be applied to a wide range of situations. Key to deciding which approach to problem solving is most applicable first requires determining who owns the problem. In interpersonal relationships, do both (or all) people 'own' the problem? When both people own the problem, (where both have feelings and both are invested in the outcome), this requires a joint problem solving process to resolve the conflict, and where the skills of negotiation will also apply (Activity 18). If the issue, and therefore the problem to be solved, lies with just one person in the relationship - where the issue is of no consequence, or unknown to the other person, a slightly different problem solving model is needed. *Note that own problem solving as a personal skill (where only one 'owns' the problem, or where another person owns the problem and someone else is implicated and can help - is included in Theme 4: Stress).*

Learning intention and NZC HPE achievement objective: Students will demonstrate use of skills needed for joint problem solving, and show understanding of how these skills maintain relationships and support wellbeing of people in relationships (6C3 and foundation knowledge for 7/8C3).

Achievement Standard links: AS90973 (Health 1.4) and could be used as an interpersonal strategy for most Level 1 AS.

Key competencies: Critical thinking, Managing self.

Time: 60 minutes.

Resources: Use the copy template enlarged to A3 if working on paper. An alternative process for teaching these skills can be found in *Taking Action: Lifeskills in Health Education* (Tasker, Hipkins, Parker & Whatman, 1994). The *Level 1 Health Education Learning Workbook* (Robertson & Dixon, 2012) published by ESA contains a range of activity templates to use as an alternative, or in addition to this activity.

Activity sequence: Teacher activity

Ask students to use an online search to find a cartoon depicting joint problem solving (the two donkeys one is universally popular but there are other versions of this as well as comical accounts of the nature of problem solving).

Provide opportunity for sharing the cartoons and a brief discussion about their meaning. Ask the students if they can see any recurrent

Activity sequence: Student activity

Pairs of students select a cartoon that they understand and share this with a bigger group or the class.

<p>themes running through their selection of cartoons (<i>there may or may not be</i>).</p> <p>Explain to the students that they are going to learn about the process of joint problem solving, (refer to DESC, Activity 17, and negotiation, Activity 19, if these have been used). Joint problem solving shares much in common with the negotiation process although for the purpose of this activity, the situation the problem solving process is applied to will focus more on the conflict in relationship rather than the steps of the negotiation. This is to focus explicit attention on the way problem solving supports mental and emotional wellbeing.</p> <p>To show how to apply the steps of a joint problem solving model, students will create their own comic strip. The suggested template for this can be expanded to include as many frames as needed to show how the problem is resolved. Stress the need for students to resolve the problem in a way that helps maintain the friendship.</p> <p>Provide the opportunity for students to share their comic strips with the class – consider making a paper or digital comic book of all completed problem solving models.</p>	<p>Students individually draw their own comic strip – using ideas of their own as well as ideas shared between members of their group. The template provided is only a guide to the steps involved. Students set up their own page on their computer if completing this digitally – adding and deleting frames as needed (but retaining the instructions about the steps to show what is happening in each frame). Students share their comic strips with the class.</p>
<p>Student learning journal entry:</p> <p>Students' own comic strip is filed. They may also file other examples from peers if these are named and shared.</p>	<p>Contribution to NCEA achievement:</p> <p>Demonstration of the use of a joint problem solving model is required for AS90973 (Health 1.4).</p>
<p>Teacher knowledge and pedagogy:</p> <p>As a change to the group-based teaching strategies adopted for all of the other skills based activities in this resource, this activity is presented as an individual task which could be completed with minimal supervision, in or out of school time.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How useful was it to provide a part text/part visual solution for completing this activity (instead of a written only response). • Did it improve engagement in the activity? • Did it still produce good quality application of the joint problem solving model? • What are the implications of this for gathering evidence of learning from future activities?

Joint problem solving

Draw your own cartoon strip using simple figures and speech bubbles to show how the people in the conflict situation solve their problem (you may swap the situation for another one you think is more relevant). You may not need all of the frames (where these are repeated) or you can add more if you need to. Make sure there is something for each step.

Relationship conflict situation: The 'best beach party' of the year is this weekend and 'everyone' is going. Two friends have been told by their parents "*no way – you're not going – it's not safe*". One friend believes it's OK to sneak out to the party at night and the other believes it is more important to comply with their parents' wishes (and anyway, they don't want the hassle of getting into trouble). The friend who wants to sneak out is pressuring the other friend to do the same and it's causing a lot of conflict between them.

STEP 1. Identifying the problem Person 1 talks (other person listens carefully)	Identifying the problem Person 2 talks (other person listens carefully)	STEP 2. Together, brainstorm some possible solutions to the problem (1)
Possible solutions to the problem (2)	Possible solutions to the problem (3)	Possible solutions to the problem (4)
STEP 3. Decide ONE solution that suits both people – this requires discussion (1)	Discussion to reach solution (2)	Discussion to reach solution (3)
STEP 4. Make an agreement to try out the decision e.g. what each person needs to do and by what time (1)	Agreement to try out the decision (2)	STEP 5. Sometime later ... evaluate how well things went

Activity number 20.



Skills for relationships (6) giving and receiving positive feedback (compliments)

Purpose: Another skill required by people in relationships that enables them to communicate their thoughts and feelings, and respond to these when expressed by others, is giving and receiving positive feedback. Positive feedback includes things like compliments, being congratulated, or being given positive affirmations. The giving of compliments (or not) and how we receive and respond to them, is often influenced by cultural norms that we learn from our families, from people in the communities we live in, and perhaps through some media portrayals of the way personal achievement and success is depicted. In extreme circumstances 'tall poppy syndrome' might prevail, where very successful people might be cut down or criticised for their success, rather than be congratulated and recognised for their accomplishments.

Learning intention and NZC HPE achievement objective: Students will demonstrate use of skills that enable them to give and receive positive feedback, and show understanding of how these skills maintain relationships and support wellbeing of people in relationships (6C3 and foundation knowledge for 7/8C3).

Achievement Standard links: Could be used as an interpersonal strategy for most Level 1 AS.

Key competencies: Critical thinking, Participating and contributing.

Time: 30 minutes or longer if neutral chair debate is included.

Resources: Copy template for activity.

An alternative process for teaching these skills can be found in *Taking Action: Lifeskills in Health Education* (Tasker, Hipkins, Parker & Whatman, 1994).

Activity sequence: Teacher activity

Check that students understand what a 'compliment' is. Ask: "What does it feel like when we receive a compliment when we have achieved something, have done something well, or someone says something nice about us?"

Why do we feel this way? If needed, prompt students to think about where they think they 'learned' to respond in these ways.

Activity sequence: Student activity

Students provide a range of ideas which may include – *feels good to be recognised, feel appreciated and valued (etc).* Responses may also include, *feeling embarrassed or uncomfortable having attention drawn to them, not sure if the person is being genuine and sincere or making fun of you, or false praise with comments like "we are all winners here" and other such platitudes/clichés.*

Students offer ideas related to: friends and families, our culture, and perhaps through some media.

<p>So do compliments support mental and emotional wellbeing? Should they?</p> <p>Reinforce any ideas that suggest that giving positive feedback to people (i.e. giving compliments) is considered helpful for promoting wellbeing. On the assumption that a compliment is given with sincerity to acknowledge someone's accomplishments, clarify how a sincere compliment supports mental and emotional wellbeing.</p> <p>So why is it common to hear a person brush off or dismiss a compliment?</p> <p>Use the activity copy template to explore how and why compliments might be dismissed, and how compliments could be responded to in a way that reflects the sincerity with which they were given (by thinking of the compliment as being given a gift). Ask for groups to share a few of their ideas to a whole class discussion. Was it easier to find a way to dismiss the compliment or accept it graciously (politely or civilly)? Why do you think this was the case? Endorse examples of responses that simply thank the person for their compliment and acknowledge the comment made to them.</p> <p>(Optional) Ask if students know what 'tall poppy syndrome' is. Use student ideas to build an understanding that tall poppy syndrome is usually applied to cultural groups where people within that culture have the tendency to criticise, cut down, or resent anyone who is highly successful in sport, business, or any other publicly visible situation or position. NZ and Australia have a reputation for tall poppy syndrome or cutting people down to size.</p> <p>Engage students in a 'neutral chair debate' based on the claim that "NZ has a problem with tall poppy syndrome". <i>See pedagogy section below about how to facilitate a neutral chair debate.</i></p>	<p>Students respond with own views on the matter.</p> <p>Students focus on the positives – <i>it supports having a sense of being valued for what was achieved, that people think what I've done is important, it relates to having a sense of belonging and connectedness, you feel included and an important part of the community, it shows you that what you do matters, etc.</i></p> <p>Students offer ideas that build on any previous suggestions <i>e.g. they don't think they deserve it or feel unworthy; they are modest or they think it is wrong to boast (which may be learned in some cultures); they feel embarrassed or uncomfortable; they don't trust the person saying it or think they are insincere.</i></p> <p>In small groups students work through some of the situations in the activity copy template, and share some examples of their ideas with the class.</p> <p>Students offer ideas about their understandings of tall poppy syndrome and contribute any ideas and comments they have about this.</p> <p>Students participate in a 'neutral chair debate'.</p>
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<p>Debrief:</p> <p>How do you think successful people who are cut down to size by their community or their nation feel personally about being attacked like this (what do you think their mental and emotional wellbeing might be like)?</p> <p>Think now about the high achieving students, or those who are in top level sports and cultural events who win awards at this school – are these students celebrated and congratulated for what they contribute to the school identity and culture, or cut down for their successes? If the latter, what impact does this have on school culture and how students feel about coming to this school?</p>	<p>Students respond to questions based on their perceptions.</p>
<p>Student learning journal entry:</p> <p>Copy template showing examples of ways to receive compliments that support wellbeing, and respond to the person giving the compliment in a way that reflects the sincerity with which it was given.</p>	<p>Contribution to NCEA achievement:</p> <p>Could be used as an interpersonal strategy for most level 1 AS, especially AS91097 (Health 1.3) – depending on selected context.</p>
<p>Teacher knowledge and pedagogy:</p> <p>A neutral chair debate requires the teacher to read a statement and students take up positions of 'agree', 'disagree', 'neutral' or 'don't know'. The task for students who agree or disagree is to convince the members of the opposite group to change their position and to convince the students in the 'neutral' and 'don't know' position to join them.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How receptive were students to the idea of giving compliments and receiving them like a gift? • Did there appear to be any cultural barriers to the idea of receiving compliments politely rather than dismissing them? • Was there any indication that tall poppy syndrome might be an issue in the school? • What are the implications of this activity for subsequent lessons where giving positive feedback may feature?

Receiving compliments

If a person was given this compliment	What might they say (or do) to dismiss the compliment? <i>Think also about body language here.</i>	Why might a person dismiss this compliment?	Instead, what could they say in receiving the compliment to reflect the sincerity with which it was given? <i>Think of the compliment like being given a gift.</i>
Your teacher congratulates you for doing really well in an NCEA assessment.			
You are recognised at an assembly and congratulated for winning a sports or cultural award.			
Your friend says to you: "thank you for helping me with ... That was more than I was expecting - I really appreciate it."			
Mum and dad are thrilled about your success in ... they keep saying "well done" and they are so pleased for you.			
A complete stranger on the street compliments you saying how nice you look [haircut, clothes, your smile, etc].			
Your boss compliments you on the quality of your work and how the customers really appreciate the way you treat them.			
Your coach or team leader compliments you on the contribution you have made to the team and how the team's success was largely thanks to your efforts.			

Activity number 21.



Causes of conflicts in relationships

Purpose: The changing nature of human relationships and the many day-to-day factors internal and external to the relationship that influence how people think and feel, and how well people communicate and interact, mean that conflict is inevitable from time to time in relationships. The factors that cause conflict are many and varied. This activity provides students with the opportunity to explore a range of factors that cause, or in some way contribute to, conflict in relationships. This includes knowledge and skills to be able to manage conflict and how to avoid unnecessary escalation of small manageable issues into large ones that impact wellbeing, well beyond what caused the conflict in the first place. *This activity leads directly into the 'impact of conflict in relationships on wellbeing' activity following.*

Learning intention and NZC HPE achievement objective: Students will identify a range of factors that cause (or contribute to) conflict in relationships (6C1 and supports 7/8C1).

Achievement Standard links: Depending on context of adolescent issue could contribute to AS91235 (2.1) and AS91238 (2.4).

Key competencies: Participating and contributing.

Time: 15 minutes.

Resources: Whiteboard for brainstorming or digital application to collect and display individual ideas from students. Paper-based or digital option for recording group organisation of causes of conflict.

Activity sequence: Teacher activity

Ask students: "When conflicts occur in relationships, what sorts of things would an onlooker see or hear?"

If we know what conflict in relationships looks like, what do we think causes these conflicts? Ask students to contribute a diversity of ideas to a class brainstorm. Use the whiteboard or a digital app that collects ideas from individual students and collates them into a format that all students can view and use. Aim for 20-30 causes. Prompt students where it is apparent that there are some obvious omissions among their ideas, especially ideas relevant to the

Activity sequence: Student activity

Students respond from own knowledge with ideas like, *arguments, yelling and shouting, fights, backstabbing, throwing things, violence, excluding or isolating, ignoring and not talking to someone, not doing things for or with them (that they used to), refusing to do things, etc.*

Students contribute ideas to whole class brainstorm, again using own knowledge. e.g. *friends or partners who bully and intimidate; family disagreements – with parents or siblings; different values and priorities about what is important, or beliefs or opinions about certain situations; friends who 'grow up' at a different rate changing from pre/early adolescence and developing into an adult; (the many reasons*

<p>learning that follows, such as causes where the level of conflict could have been reduced before it got out of hand (like a lack of personal knowledge and skills).</p> <p>Explain to students that they are going to organise these responses into 3-4 main themes (and sub-themes if it makes sense to have big headings and smaller headings). Provide a possible example of this. Allow time for students to organise the ideas.</p> <p>Ask students to share some examples of the way they have grouped the causes of conflict and why they chose to do it this way (there are no right or wrong answers).</p> <p>Summarise by acknowledging that some conflict in some relationships is unavoidable because of the nature of the life situations people experience from time to time (and some groupings of causes may in effect be these unavoidable conflicts), but other conflict could be reduced or avoided altogether with more effective communication.</p>	<p><i>for) friendship and romantic relationship break-ups; health-related matters; and much more.</i></p> <p>Working in small groups, students decide on a way to organise the various causes of conflict into manageable sized groupings.</p> <p>Students group the causes of conflict according to their own understandings of the similarities and differences e.g. <i>conflict that happens because of things outside the relationship and conflict that arises between people within the relationship (and some sub headings under these); or conflicts in friendships, families, romantic and other relationships; or conflicts that arise from people having different values and beliefs, and people's behaviour (what they do – or don't do).</i></p>
<p>Student learning journal entry:</p> <p>The group's (table/chart/list) of all of the causes of conflict is filed. In the learning journal note the reason(s) for the group choosing this way to organise all of the causes and give examples of one or two ways other groups chose to organise all of the causes of conflict (i.e. note down some alternative headings under which the causes were listed).</p>	<p>Contribution to NCEA achievement:</p> <p>Skills like problem solving (AS90973) and decision making (AS90975) require understanding of the causes of conflict so that the problem solving process manages/reduces, or avoids unnecessary additional conflict, and decision making is informed and considers the consequences of actions.</p>
<p>Teacher knowledge and pedagogy:</p> <p>When using quick processes like brainstorming to check on and collect examples of knowledge that students already have, be prepared to ask prompt questions to elicit ideas that haven't surfaced, especially those ideas that are needed to provide a foundation for the activities that follow.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> Did any of the students' comments about causes of conflict raise any concerns for you about things they may be dealing with in their own lives? These need not be situations they explicitly disclosed in discussion but 'hints' that would indicate the sorts of situations or scenarios that could be used to give context to the activities that follow.

Activity number 22.



Impact of conflict in relationships on wellbeing

Purpose: The impact of conflict in relationships on mental and emotional wellbeing will be well known to students from their learning in health education and overall life experiences. This activity provides students with the opportunity to analyse in detail how conflict impacts on all dimensions of wellbeing, beyond the obvious mental and emotional impacts, and in the short and long term. *This activity follows directly from the previous causes of conflicts in relationships activity and leads into the managing conflict in relationships following.*

Learning intention and NZC HPE achievement objective: Students will analyse the impact of conflict in relationships on short and long term wellbeing (6C1 and supports 7/8C1).

Achievement Standard links: Depending on context of adolescent issue could contribute to AS91235 (2.1) and AS91238 (2.4).

Key competencies: Critical thinking, Participating and contributing.

Time: 60 minutes.

Resources: Copy templates.

Activity sequence: Teacher activity

[As a continuation of the previous activity on causes of conflict] Ask students what they already know about the way conflict impacts on wellbeing.

Explain that this activity will require them to analyse in detail how wellbeing is impacted when there is conflict in a relationship. They will consider what causes conflict in the first place (in the first task), which then leads into the next task to analyse how conflict impacts on all dimensions of wellbeing. There is an activity template to guide their discussion and task completion.

Allow time for students to discuss and complete the activities. If students seem to be getting stuck on a particular question, consider facilitating a brief, whole class brainstorm to generate ideas that will provide some possible responses to the more problematic questions in the template.

Activity sequence: Student activity

Students respond with a range of known impacts of conflict on wellbeing e.g anger, upset, anxiety, depression, irritability, sleeplessness, argumentative (which upsets others), etc.

Using the activity templates provided, students work in pairs or small groups to select a situation, discuss, and complete the activities.

<p>To conclude the activity, invite students to share a selection of their responses by asking different questions of different groups to highlight considerations for a range of situations.</p>	<p>Students contribute an aspect of their summary to class feedback and discussion.</p>
<p>Student learning journal entry:</p> <p>Students file their completed summaries of the activities in their learning journal.</p>	<p>Contribution to NCEA achievement:</p> <p>This activity highlights the sort of depth of understanding students are expected to know when an assessment asks for specific impacts on wellbeing for all Level 1 standards. This depth of understanding should be apparent in Level 2 assessment responses although students will seldom need to spell out the impacts for each dimension at this level.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Given the likely familiarity of this activity for many students (at surface level at least), they can be directed to work on this with some autonomy in pairs or small groups. This leaves the teacher time to circulate and respond to queries and ask context (or situation) specific questions to help students show deeper understanding of the ways wellbeing is impacted by conflict.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • When left to work autonomously on tasks, how much depth of understanding were students showing about the concept of hauora and the socio-ecological perspective which both featured in this activity? • What are the implications of this for how much extra support might be needed to develop these underlying concepts – where it appears these understandings are still limited? • Where students' conceptual knowledge appears quite sound, how can this be built on to develop even deeper understandings in future learning activities?

Personal, interpersonal and societal influences on conflicts in relationships

Select TWO of the situations below and complete a different summary chart for each one.

- Adolescent romantic and/or sexual relationship breakup
- Family or other people's expectations about an adolescent's friends or partner
- An adolescent who experiences a significant injury or illness
- Adolescents with diverse sexual and gender identities
- Social pressure and expectation to use alcohol (or other drugs)
- Social pressure and expectation to engage in anti-social or criminal behaviour
- Power imbalance based on cultural values e.g. beliefs males hold about their role and rights in heterosexual relationships
- Adolescents with diverse and different interests or beliefs about what is important
- Adolescents who believe they have the right to manipulate and intimidate their friend/partner and get their own way

Selected friendship or relationship situation	
What could influence (or what causes) conflict in this friendship or relationship situation?	
Personal	
Interpersonal	
Societal	
What influences people's ability to manage conflict in this friendship or relationship situation?	
Personal	
Interpersonal	
Societal	

Impact of conflict on wellbeing

Use ONE of the situations from the previous activity to complete this activity.

What are the impacts on well-being resulting from conflict in relation to the following:	Selected scenario:
First, describe how this situation could result in conflict between friends or partners. <i>(You can add more ideas and details of your own to the situation to help you answer the following questions.)</i>	
What is the impact on well-being? Focus particularly on the friendship or relationship of the adolescents involved.	
The personal well-being of the individuals involved in the relationship? <i>Think about their personal well-being – especially mental and emotional, and also physical and spiritual wellbeing.</i>	
Their 'social well-being' – the relationship between these people. <i>Think about the impact on the relationship between the people – the effectiveness and quality of their communication, the level of support they provide each other, the way they 'treat' each other, etc.</i>	
How can conflict between people impact on others around them – their other friends, family, school and workmates? <i>(This is another consideration of interpersonal impacts).</i>	
How does conflict in relationships affect 'societal' wellbeing? <i>One way to think about this might be (for example) that if many adolescents in a (named) community do not have the knowledge, skills and opportunity to manage conflict in relationships, what impact will that have on the overall culture and safety of the school, and what happens in the local community like the local shopping mall, or events where adolescents gather such as sports and cultural events?</i>	
How I know this e.g. evidence from an article, story, report, survey, or other source.	

Activity number 23.



Managing conflict in relationships

Purpose: Strategies for managing conflict in relationships need to consider different situations. In situations where conflict is unavoidable because of the nature of the circumstances within or external to the relationship, strategies for restoring wellbeing of the individuals in the relationship, and the relationship between them after the period of conflict are required. In situations where people in relationships don't have the knowledge or interpersonal communication skills for effective conflict resolution (which means minor issues can escalate into major ones because the situation is not well managed), the strategies need to focus on actions to build those capabilities' for future use. Some situations might require both of these considerations. *This activity follows on from the previous activities on the impact and causes of conflicts in relationships on wellbeing.*

Learning intention and NZC HPE achievement objective: Students will identify strategies for reducing the incidence of conflict in relationships, and strategies for restoring wellbeing and enhancing relationships after conflict (7C1).

Achievement Standard links: Depending on context of adolescent issue could contribute to AS91235 (2.1) and AS91238 (2.4).

Key competencies: Critical thinking, Participating and contributing.

Time: 60 minutes.

Resources: Copy template for activity. This could be supplemented with short clips from TV or other sources showing how conflict is resolved (or not) in relationships.

Activity sequence: Teacher activity

Explain to the students that if conflict in relationships is to be managed in ways that support wellbeing (and managed sustainably so that the situation is dealt with effectively and people can move on in the relationship, or with other relationships) the proposed actions or approaches (strategies) must link back to the causes (influences) on the situation, and offer a reasonable and realistic way to reduce the negative impacts/harm to well-being.

Check word meanings – what is the difference between 'manage', 'maintain' and 'enhance'? Note that there is no particular requirement to be specific as to whether any given strategy is about management, maintenance, or

Activity sequence: Student activity

Using dictionary definitions if needed, students can describe the difference between 'manage', 'maintain' and 'enhance.'

<p>enhancement – as most strategies could contribute to any of these. The context or situation will dictate whether actions and strategies for management, maintenance, or enhancement are required.</p> <p>Ask if students have heard the term ‘conflict resolution’. Rather than referring to ‘managing, maintaining and enhancing’ the language here shifts to using ‘conflict resolution’ to cover all of these ideas.</p> <p>Ask students to recall the range of personal and interpersonal skills they have learned about: What will be useful to use for resolving conflict in relationships? What knowledge do people need to have about when and why they should use these skills?</p> <p>(Optional) View one or two examples of conflict being resolved between characters in a TV programme or film, graphic novel or comic, or other visual text. What strategies were used to resolve the conflict? How did this support the wellbeing of the people in the situation?</p> <p>Provide students with the activity copy template. Instruct students to complete the summary of ideas after discussing the questions in small groups. Invite a selection of responses to different parts of the activity.</p> <p>Summary: Highlight the importance of using a combination of skills for resolving conflict and how the use of skills for resolving conflict needs to align with the factors that caused the conflict in the first place.</p>	<p>Students reach a shared understanding of the term conflict resolution.</p> <p>Students recall personal and interpersonal skills such as <i>effective communication, assertiveness, joint problem solving, and negotiation and compromise</i>. Students recall the need for knowledge related to understanding the qualities of friendships, rights and responsibilities, and respectful and inclusive attitudes and values, recognising situations where respect, care and concern for self and others is/is not being exercised etc.</p> <p>(If video is viewed) Students respond to questions about the way conflict was resolved in the video or visual text.</p> <p>Students work in small groups to complete the summary activities which helps them to organise a range of ideas from the discussion.</p> <p>Extra: Students may like to investigate the roles of the Office of the Ombudsman and the Disputes Tribunal, and the sorts of ‘conflict’ situations each of these organisations deal with.</p>
<p>Student learning journal entry:</p> <p>Students file their managing conflict summary. Any ideas for managing conflict in relationships not included could be added as an additional note for future use.</p>	<p>Contribution to NCEA achievement:</p> <p>These strategies can be reapplied across Levels 1-3 and in many contexts. The depth to which they are explained (and with reference to specific relationship situations), and the level of insight shown in the way they are aligned to</p>

	the causes of the conflict, increases in complexity across the levels.
<p>Teacher knowledge and pedagogy:</p> <p>As a societal strategy or action, ‘having school counsellors’ by itself is NOT a good enough answer for a Level 2 performance. If the student is explaining school based ‘societal’ strategies then a Level 2 response needs to consider a suite of interconnected support actions (i.e. an overall strategy) that would seek to promote the well-being / improve well-being and learning outcomes for adolescents.</p> <p>There is a lot of other material online about conflict resolution (as a skill to be learned) which could be used to supplement this learning.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How well could students align the action or strategy with the causes of the conflict? • What are the implications of this for all learning where students need to be making recommendations for actions that seek to make sustainable changes to people’s wellbeing?

Managing conflict

TASK 1. Managing, maintaining and enhancing relationships	
When might conflict need to be ‘managed’ in relationship situations? What knowledge and skills are needed for managing conflict in relationships?	
In what sorts of situations might friendships and relationships need to be ‘maintained’ ? What knowledge and skills are needed for maintaining relationships?	
And in what sorts of situations do relationships need to be ‘enhanced’ ? What knowledge and skills are needed for ‘enhancing’ relationships?	
TASK 2. ‘Societal’ or community level strategies for managing, maintaining or enhancing relationships	Provide an example of a relationship conflict situation where this action could be one that is used as part of an overall response to the situation.
Health education programmes that teach students knowledge about healthy relationships, and skills for decision making and effective communication, etc	
Pastoral support systems for students experiencing relationship difficulties e.g. peer support	
Safe-school policy and procedures	
Guidance counsellor for students experiencing significant mental and emotional distress	
School wide promotion of respectful communication and inclusiveness as shown through teachers and other adults modelling inclusive values and practices – and expecting these to be practised by students	
Providing opportunities for the wider school community, including families, to engage in actions (similar to above) that promote inclusive attitudes, values and practices	
Providing links with specialist support services in the community for students with particular well-being needs (usually organised confidentially through the guidance counsellor)	

Aligning cause of conflict with strategies and actions to reduce or resolve conflict

Select ONE of these situations and complete the template following using ideas from the class discussion.

- Teens who have attitudes and values whereby they think they can tell their friend or partner what to do – what to wear, who they can see, where they can go, etc.
- Teens who are always arguing or fighting with their friend or partner because they lack conflict resolution or anger management skills.
- Teenage couples who have no interests in common and believe in different things (and their relationship only exists because of the expectations of others), and/or teens who don't understand their rights and responsibilities in a romantic or sexual relationship.
- Adolescents who don't know how to end a romantic/sexual relationship in a healthy way
- Teens who lack effective interpersonal communication skills (assertiveness, effective listening, stating feelings, using I statements, etc), and/or lack decision making skills that result in them doing things that are not healthy.
- Teens who bully, harass, intimidate or victimise others they have a friendship or relationship with (or teens in relationships who have been bullied, etc) by others and this is having an impact on their relationships).
- Teens from families with values that mean they place restrictions on who they have as friends and have to approve their relationship choices (and the conflict this then causes in their relationships).
- Teens who are vulnerable to peer pressure e.g. to drink, have sex, etc and the conflict this then causes in their relationships.

Selected situation	
What are the possible influences or causes of the conflict in this relationship situation?	
Personal influences	
Interpersonal influences	
Societal influences	
Strategies (overall approaches) and/or specific actions to be taken. <i>Link the reason for the action or strategy back to the factors that influenced or caused the issue in the first place and make clear what needs to be changed and improved so that conflict is managed and the relationship is maintained or enhanced.</i>	
Personal actions or strategies	

Why is this strategy or action required?	
Interpersonal actions or strategies	
Why is this strategy or action required?	
Societal actions or strategies	
Why is this strategy or action required?	
Which values are being considered with these actions or approaches? (<i>Think of respect, care and concern, social justice, fairness, inclusiveness, non-discrimination</i>)	

Activity number 24.



Showing and providing support

Purpose: The idea of ‘showing support’, or ‘providing support’ is an expression in everyday use. But what does it mean to show or provide support in a way that makes a positive contribution to the wellbeing of others? Support can come in the form of tangible actions where people do things for others, be with them as a companion, act on their behalf (see Activity 26), visit or phone to ask how they are and to talk, take them out for a walk or to an event, etc. Support may also come in less tangible forms and be a reflection of a person’s values and beliefs, such as treating people with respect, and showing a sense of care and concern, showing empathy (Activity 25), treating people fairly and being inclusive of everyone regardless of their diverse identities and life circumstances. These forms of support tend to be in what people say and the way they say it (effective communication), and the fact that they are prepared to be supportive of another person – whatever form that support takes. In this activity students will analyse situations to identify the precise nature of the support a person is providing to enhance the wellbeing of another person.

Learning intention and NZC HPE achievement objective: Students will show understanding of the deliberate actions that ‘support’ the wellbeing of others (6C3/8C3).

Achievement Standard links: All standards Levels 1-3 where interpersonal strategies involving a form of support are required to be identified in context of a particular issue or situation.

Key competencies: Managing self.

Time: 30 minutes.

Resources: If required, the network of social support activity has several variations such as in *Taking action: Lifeskills in health education* and *Mental Health Matters*.

Activity sequence: Teacher activity

Ask students to recreate the ‘network of social support’ they likely drew in junior health education – with amendments now they are a bit older. If students need to be reminded (or they never did the activity), a network of social support diagram is a visual representation of the layers of people who support us (and our wellbeing) – those closest to us, those less close but known to us who we interact with, those more distant who we might not have

Activity sequence: Student activity

Students (re)draw their network of social support taking into consideration the wide range of people they know and the nature of the support that is, or could be, provided by these people.

much to do with but we know them and we might communicate occasionally for reasons related to our wellbeing (formally this includes people like doctors and other health providers, informally this might be parents' friends). Visually this can be represented in any way that conveys the closeness of the person, and the nature of the support they provide.

Once the basic network diagram is completed, ask students to think about the nature of the support – what do these people actually do that supports the students' wellbeing? Make a list of these on the board (or use an app that quickly collects ideas from all students and displays them on the screen.) As a class, organise these ways of supporting under some main headings so that related ideas are grouped together. See the list in purpose statement if students need to be prompted for ideas.

Invite students to annotate their network of social support using words from the class list to identify the nature of support provided by each person. To avoid repetition of words it may be useful to use a colour or symbol code on the network diagram and use a key to show what the different forms of support include.

Debrief:

From what you can recall at years 9 and 10, have your networks of social support changed in any way? If so how, and why do you think this is the case?

When an assessment asks you for interpersonal strategies or actions, you need to say more than just 'provide support'. What have you learned from this activity about the ways you can give more insightful answers than just saying 'support' the other person? Ask for examples related to recent learning and assessment.

As these network diagrams may be quite personal, it is not recommended they be shared with others.

Students identify a wide range of ways people in their social network provide support. These ways of supporting are then grouped into agreed themes to summarise some main ways students are supported socially.

Students annotate their social support network to identify a wide range of ways others support them.

Students respond to debrief questions, and recall previous examples where an assessment response for an interpersonal strategy involved providing support, but (in context) it needed to be described in a way that made it specific to the situation.

<p>Student learning journal entry:</p> <p>File the network of social support diagram with annotations in the learning journal. Any ideas about ways of supporting not included on their diagram are noted for future use.</p>	<p>Contribution to NCEA achievement:</p> <p>Using specific examples to explain the nature of 'support' as an interpersonal strategy provides more insightful responses in assessments.</p>
<p>Teacher knowledge and pedagogy:</p> <p>As is the case when teaching this activity at junior level, be aware of students who are not engaging with this activity or are struggling to name people on their network of support. Where it seems appropriate, support the students to name a range of people who can help – at school, in the community, and at home.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How well did students grasp the idea that the all-familiar 'give' or 'provide' support needs to show more sophisticated and insightful understanding at this level? • What opportunities will there be in future learning activities to prompt students to be specific about the nature of support and the need to describe it in a way that shows deep understanding of the situation?

Activity number 25.

Empathy



Purpose: A dictionary definition of empathy is that it is about ‘the ability to understand and share the feelings of another’. This is in contrast with sympathy which is about having or showing ‘feelings of pity and sorrow for someone else's misfortune’. Showing empathy requires seeing the situation from the perspective of another person, and not judging the situation based on our own attitudes, values, beliefs and experiences. When showing or providing support (Activity 24) to enhance the wellbeing of another person, showing empathy is an important aspect of that support. Showing empathy ensures that the support being offered is useful and appropriate for the person that the support is intended to benefit. This activity provides the opportunity for students to develop their understanding of empathy and practice giving responses that show empathy.

Learning intention and NZC HPE achievement objective: Students will understand how to show empathy in situations where support is being provided for another person as a way to enhance their wellbeing. *Has application for 6/7/8C3.*

Achievement Standard links: Underpins interpersonal strategies for most Level 1 & 2 achievement standards.

Key competencies: Critical thinking, Relating to others.

Time: 60 minutes.

Resources: Copy template for the activity.

Activity sequence: Teacher activity

Ask students what they understand to be the difference between ‘sympathy’ and ‘empathy’. Look up dictionary definitions if needed.

In what sorts of situations would it be appropriate to show sympathy? In what sorts of situations would it be appropriate to show empathy? Why these situations?

How does showing sympathy affect a person’s wellbeing (whose wellbeing – the person showing sympathy or the person that the sympathetic thoughts and ideas are being said to)?

How does showing empathy affect a person’s wellbeing (whose wellbeing – the person showing empathy or the person that the

Activity sequence: Student activity

Students respond with a range of ideas and with support, define each term.

Students suggest situations where they think showing sympathy or empathy would apply.

Students come to understand that showing sympathy is usually for the benefit of the person making the sympathetic remarks, not for the person who has experienced loss, whereas showing empathy is about seeing the situation from the perspective of the other person which means it mainly benefits their wellbeing, not the person showing empathy.

<p>empathetic thoughts and ideas are being said to)?</p> <p>Ask groups to come up with a statement that could be used to explain to someone (e.g. a student a year or two younger than the students in the class) who wasn't sure about the difference between the terms.</p> <p>Provide the opportunity for groups to share their statements. Reinforce common themes that highlight the differences in the terms.</p> <p>Ask students which they think is easier – to show sympathy or empathy. Why do they think this is the case?</p> <p>Ask students what they understand by phrases like 'seeing the world through another person's eyes' and 'standing in another person's shoes'.</p> <p>(Optional) To reinforce the idea that people see things from different perspectives, teachers may wish to briefly include the use of optical illusion type images – there are many of these that can be readily found online.</p> <p>Construct with students a list of things a person would do, and wouldn't do, if they were showing empathy. The activity copy template provides a structure for this.</p> <p>Quiz students – why can showing 'pity' (or feelings of sorrow for the misfortunes of others) have a negative effect on the wellbeing of another person?</p>	<p>In small groups, students decide on the wording of a statement that could be used to explain to another student the difference between sympathy and empathy. They may wish to add diagrams to support their words.</p> <p>These statements are shared with the class.</p> <p>Students give their opinions about which is easier to show (empathy or sympathy), and why. <i>E.g. Usually it's easier to show sympathy because we are culturally conditioned to do this and it's easy to convey feelings of sympathy based on our own attitudes and values. For many people, showing empathy and seeing a situation from the perspective of another person requires deliberate learning of knowledge and skills to know how to do this which makes it 'harder' to do.</i></p> <p>Students respond with their own ideas about these sayings and maybe add variations on, or alternatives to these. In groups, students discuss and complete the 'sympathy or empathy?' section of the copy template.</p> <p>Students reinforce the idea that if support for another person is only shown by an act of showing sympathy (which makes it about the person saying it) then the person whose wellbeing is already negatively affected may feel even worse, because their feelings and situation are not being understood by the other person.</p>
<p>Student learning journal entry:</p> <p>The statement about the differences between sympathy and empathy is filed along with the written or audio script demonstrating an empathetic response.</p>	<p>Contribution to NCEA achievement:</p> <p>Showing empathy could be suggested as an interpersonal action for any issues where 'others' need to show understanding of the situation where a person's wellbeing has been negatively affected. It has particular relevance</p>

	for AS 91097 (Health 1.3) and AS91235 (Health 2.2).
<p>Teacher knowledge and pedagogy:</p> <p>Learning how to show empathy is a complex task that requires deliberate learning and practice to do well. It often requires ‘undoing’ some ways of communicating learned from an early age. Finding, and making available, multiple learning opportunities across the health education programme to help students to view people’s situations and experiences from different perspectives, contributes to developing knowledge and skills for showing empathy.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily did students grasp the differences between sympathy and empathy? • How easily could they demonstrate these in the skills rehearsal? • Where students struggled to sustain an empathetic response, what seems to be getting in the way? • What further learning and skills practice is needed to help students develop empathy? • When sensitive issues are raised in future activities, what will you need to consider building into your learning programme so that students can show empathy toward people who may be impacted by these issues?

Showing empathy

Sympathy or empathy? Colour the actions that would tend to show sympathy in one colour and actions that would tend to be used to show empathy in another. Any actions that do not fit with an understanding of sympathy or empathy are coded with a third colour. Include a key.

COLOUR KEY	Sympathy	Empathy	Neither
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Use effective listening skills like paraphrasing and reflecting feelings	Telling them what they should do and give them advice	Let them express their feelings – whatever these are
Tell the person about something similar that happened to you	Let the other person do most of the talking about things they want to talk about – if they want to	Make judgements about the situation – giving your opinion of what is right and wrong (etc)
Put your own views aside and let the other person's views be heard	Be non-judgmental	Ask what they would like to do
Do something for them without asking whether or not it would be helpful	Ask how you can support them	State what your values and beliefs are about the situation
Tell them how they should feel at this time	Do most of the talking yourself	Tell them to stop crying and feeling sorry for themselves
Tell everyone else about the person's situation e.g. on social media	Ask prying questions	Ask questions that clarify your understanding of how they are feeling and what they are thinking
Tell them how sorry you are and how sad you feel	Be authentic and genuine in your support for the person	Show pity for them and their situation

Demonstrating empathy: skills rehearsal

To put these ideas into practice, select a situation from the scenarios suggested below (or use your own situation if you have one that is suitable for talking about in class).

Write (or audio record) a short script of a conversation between two people that shows empathy toward the person whose wellbeing is being affected by an event in their life. Use ideas from the table above. This will be rehearsed with another group, or the whole class, to demonstrate what is required when showing empathy – and how difficult this can be.

- Your friend has not passed their NCEA assessment.
- Your friend has just broken up with their boy/girlfriend.
- A student in your class has just returned to school after a major injury or serious illness.
- After a recent natural disaster, other students in the class have been far more negatively affected than you and your family.
- A friend of yours has been viciously cyberbullied.
- Another student in your wider social group has not been accepted into the sports team or school production – you have.

Activity number 26.

Advocacy



Purpose: In situations where the health status or life circumstances of people means they are unable to make official decisions on their own, an 'advocate' is a person who puts forward a case and speaks on their behalf. In situations where a group of people want to publicly show their support for an issue, or recommend a particular course of action, or change policy, they need to make a case and ask others in positions of responsibility to change the way something is done. 'Advocacy' is the act or process of supporting a cause and it is achieved through a combination of actions that make a case or recommendations for change. In this activity students will investigate a range of actions by which people 'advocate' and the situations where this type of action is needed to promote (mental and emotional) wellbeing.

Learning intention and NZC HPE achievement objective: Students will develop understanding of the various actions required to advocate change to support the wellbeing of groups or communities (7/8D2 with contributions to other Strand D AOs).

Achievement Standard links: Any standard where a societal action requiring advocacy is applicable, or interpersonal actions where a person has an advocate to speak and make decisions on their behalf.

Key competencies: Critical thinking, Relating to others.

Digital fluency: access accurate information.

Time: 60 minutes.

Resources: Copy template for the activity.

Activity sequence: Teacher activity

Pose the following situations:

1. When an issue requires a change to policy for example, or the way something is done at community or national level needs to be done differently because it's not working for a lot of people, how do concerned community members or citizens go about asking the people who are in charge of organisations to make these changes? *Note that the focus for this activity is on this form of collective action.*
2. When a person's ability to communicate their needs is impaired (e.g. mental health issues, cognitive disability or impairment), who speaks on their behalf and makes decisions that they may not be able to comprehend the implications of and, therefore, make informed

Activity sequence: Student activity

Students reply with a range of ideas e.g. *protest marches, petitioning, rallying, hikoi, writing to their MP, council, or other organisation, using social media to voice their concerns and get support, etc.*

Students respond with ideas about support people, some may know the term 'advocate'.

<p>judgements about? What do we call it when people act this way?</p> <p>When people need to advocate change, what do they actually do? Draw on ideas already provided above and prompt students to add to these to develop the idea that formal advocacy as a collective action typically requires:</p> <ul style="list-style-type: none"> • Data to be gathered that can be used as evidence to make a case (e.g. petitioning or surveying to show that many people think the same way). • Some form of formally organised report, whether written, video, or other – something that meaningfully conveys what the concerns of the group are. • A clear statement of the recommended changes to policy or practice – as relevant to the situation. <p><i>(If students have learned about empathy)</i> Ask students how they think showing empathy might be linked with advocacy?</p> <p>(Optional) Check news feeds for any recent examples of advocacy in action. What's the issue the people are concerned about? What action have they taken to bring about change? Who have they asked to make these changes? What has happened in this case? Did the people get the outcome they wanted? Why or why not?</p> <p>In preparation for recommending advocacy as a possible action for issues to be studied in health education, provide students with the activity copy template. Replace the scenarios suggested if there are local issues that could be used here to make the learning more meaningful and relevant.</p> <p>Provide the opportunity for sharing ideas for each issue. Draw out common themes and reinforce those actions required to advocate change.</p> <p>Explain that advocacy – as a 'societal' action – will be revisited across the health education programme. Wherever the situation or issue requires other people to make policy or other</p>	<p>Students learn the term 'advocacy' and what it means as a way of taking action.</p> <p>Students respond to prompts to add to previous ideas and include actions such as petitioning/surveying to show level of support, writing letters/making submissions to organisations (making a 'case'), meeting with people to present the case, making presentations to boards or governing bodies of organisations, etc.</p> <p>(With support) students develop understanding that when acting or speaking on behalf of others, it requires empathy to understand how other people might be thinking and feeling about issues.</p> <p>Students select one news website (or other online information source of current events) to see if they can find any recent examples of advocacy. When one is found, this example is shared with the class. Students respond to teacher's questions to analyse what has happened in the situation.</p> <p>Working in pairs students select one issue and respond to each item on the template.</p> <p>Students share their ideas with another group or the whole class.</p> <p><i>Extra:</i> Students may wish to investigate what a professional 'advocate' does for a job – the sort of work they do and the sorts of skills and training required for the job. Alternatively, students may like to investigate the role of an unpaid form of advocate like a family member</p>
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changes, (things that the public are unable to themselves because they don't hold the position of responsibility in the organisations that make these decisions), some form of advocacy will be required.	or friend who has been given legal authority to speak on behalf of someone else – especially in situations where a person's mental health status or cognitive ability prevents them from being able to make rationale or suitably informed decisions about matters that affect them.
Student learning journal entry: An example of the completed copy template is filed. A summary statement is written to explain in own words what advocacy means as a societal action.	Contribution to NCEA achievement: Potentially the strategies to be recommended for any Level 2 & 3 NCEA AS could include advocacy.
Teacher knowledge and pedagogy: Advocating is an aspect of collective action. Is there any opportunity at school or local community level where the students could advocate change to help develop their knowledge of the process of advocating? In this activity the teacher's role becomes one of facilitation to support the student learning process, but still turning back to deliberate acts of teaching at times if it becomes apparent that the students need to develop knowledge or skills specific to an aspect of the advocacy process e.g. collecting data, writing a letter or report to make a case.	Teacher's evaluation of the activity: <ul style="list-style-type: none"> • How well did the students understand the idea that advocacy – as an action – means making a case for, and asking others in positions of responsibility who can make the changes (to policy, procedures, etc), to act on their behalf? • Knowing the contexts that will feature in the learning programme in future, where can these ideas about advocacy be revisited?

Advocacy scenarios – in pairs select one of these situations and respond to each of the questions below.
1. Students at a secondary school think it is unfair that their school uniform policy requires boys to wear shorts and girls to wear skirts.
2. Students are concerned about the large number of fast food billboards near the schools in their area, as well as the advertising in the windows of the fast food outlets on the main roads that the students have to travel along to get to school. OR the advertising on local billboards and in other publicly seen spaces like shop windows, repeatedly shows people of a particular body type and ethnicity posing in sexualised ways.
3. A community group (ethnic or cultural group, or a group with particular interests/identity) thinks it is unfair that their group is not represented at local community events – either they are not invited in the first place or have been refused the right to participate by event organisers. <i>If you select this option it would help to choose and name a group that this situation could apply to.</i>

Selected advocacy scenario	
What group might be concerned about this issue? Why are they concerned? <i>Keep the focus here on how the situation impacts on wellbeing.</i>	
What changes does this group want to see?	
Who is responsible for / who is in a position to make these changes?	
What sort of information would be needed to make a 'case'?	
How could this group gather this information to show there was widespread support for the change the group is seeking?	
Who would they present their case to? Why to this person/these people or organisation?	
How would the group know their actions had been successful?	
If the group was unsuccessful, what else could they do in this situation?	

Activity number 27.



Social media – help or hindrance? (And collecting data ethically)

Purpose: Over the past decade the use of social media platforms has repeatedly raised questions about the value and risks of social interaction in the online environment. As an introductory activity, students are invited to make a case and justify a response to the question *“how does social interaction through the various forms of social media positively support mental and emotional wellbeing, and/or negatively affect mental and emotional wellbeing?”* This activity is as much about developing knowledge and skills for ethical data collection as it is about the impact of social media on wellbeing. Note that activities specific to cyberbullying are included with Theme 7.

Learning intention and NZC HPE achievement objective: Students will make a case and justify whether or not social media enhances young people’s mental and emotional wellbeing. *Depending on the stance taken, could contribute to a variety of Strand A and/or Strand C AOs.*

Achievement Standard links: Any standard where students need to justify their response. Depending on the learning contexts selected across the learning programme, this activity could contribute to a range of Level 2 standards.

Key competencies: Critical thinking, Relating to others, Participating and contributing.

Digital fluency: Using digital data collection tools ethically.

Time: 60 minutes to prepare survey, time to administer survey/interview (time required depends upon method used), 60 minutes to process and summarise data.

Resources: Copy template – for use by teachers to guide the survey design process. This can also be used by students.

Depending on the data collection method selected, this activity may require access to an application for conducting an anonymous online survey, or audio recording options (e.g. smartphone).

Activity sequence: Teacher activity

Explain to the students that in order to help plan some future lessons, you are seeking an answer to the question *“how does social interaction through the various forms of social media positively support mental and emotional wellbeing, and/or negatively affect mental and emotional wellbeing?”* In the first instance the question applies to them as a class although

Activity sequence: Student activity

<p>students may extend the investigation to the wider school if relevant for the learning programme (e.g. if it extends into a focus on cyberbullying).</p> <p>Ask the students how they could investigate the question as a whole class activity. Record all ideas on the board. Prompt students for further ideas where it is apparent that their suggestions would not provide an answer to part of the question e.g. the impact of different social media platforms – Facebook, Twitter, Instagram, or Snapchat, or challenge any suggestions where it would be unethical to collect data by the means they describe; or the logistics of collecting the data make it impractical.</p> <p>Based on the discussion ideas, negotiate with students the data collection method that they will use as a class. Make sure they have thought through the logistics of administering or conducting this form of data collection.</p> <p>Invite students to suggest questions that could be asked in the survey/interview to be able to answer the overall question. Compile these into a whole class list. Facilitate a process to reach consensus about the questions to be asked.</p> <p>Supervise the development of the final survey /interview and the process for administering /conducting this.</p> <p>Once data has been collected, provide students with access to the digital download (if from a digital survey) or compile all interview data – as applicable. Discuss with students how they will summarise the data so that it provides information to answer the overall question, and how it could be used to answer some sub-questions related to this overall question e.g. trends or patterns related to the demographic data, or questions that provide background information for the overall question.</p> <p>All analyses and interpretations of data (i.e. answers to sub questions) are shared. Through discussion with the whole class, draw conclusions to answer the overall question.</p>	<p>Through class discussion, students reach a consensus about the way they will conduct the survey or interview, and the scope of it (own class only or wider school). The copy template may be used as a source of discussion to help reach a decision.</p> <p>Students reach an agreement for either a digital application for conducting an anonymous survey (use what is already available to the school though the digital learning platform or school account with a service provider), or whether they will conduct face to face interviews with each other and audio record or write down responses. Working in small groups, students suggest possible questions to ask their peers about the use and impact social media on mental and emotional wellbeing. As a class they agree to a final list of questions.</p> <p>Students administer the survey/conduct the interviews using the process agreed. Students share the task to analyse the data and respond to a sub-question allocated to their group.</p> <p>Through whole class discussion the class agree on an 'answer' to the overall question (this answer may have several parts to it).</p>
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<p>Summary questions:</p> <ol style="list-style-type: none"> 1. [If school wide] How will we inform the students of the findings of our investigation? 2. Based on these findings, what actions could we take to reduce the negative impact from social media use? E.g. develop social media safety protocols in language relevant to the students at the school. 3. What parallels can be drawn between our ethical data collection process (what we had to think about and decide before we collected and used the information), and what people should and shouldn't post online if they are to support the mental and emotional wellbeing of themselves and others? 	<p>Students respond to summary questions through a class discussion and record the main ideas arising from this in their learning journals.</p>
<p>Student learning journal entry:</p> <p>A copy of the survey or interview schedule and the summary of the data is filed along with the class interpretation and explanation of the trends or patterns in the data. A written summary responding to the summary questions is added at the completion of the class discussion of these.</p>	<p>Contribution to NCEA achievement:</p> <p>Depending on learning contexts selected, a survey on the impact of social media could contribute to AS91236 (Health 2.2), AS91238 (Health 2.4) or AS 91461 (Health 3.1).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Designing surveys or interview schedules that gather useful data for investigation is a complex task that takes practice to do well. Be prepared to provide a lot of guidance for students (through asking further questions that lead them to a solution, rather than just telling them what they should do) and monitor closely the whole process to ensure that the questions being asked actually relate to the question the investigation is seeking to provide answers for, and that data collection is ethical.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • What did the whole class process reveal about the capability of the class to collaborate on/contribute to a project? • What other opportunities will there be in future for other whole class activities and what capabilities (key competencies) need to be developed to do this well? • What capabilities were apparent when students were deciding a data collection method to use, and deciding questions that aligned with the overall question for the investigation? • How much did you have to guide this process? • What are the implications of this for future learning when students need to collect their own data through surveys or interviews?

Resource sheet for collecting data ethically for health education investigations

Conducting a survey or interview asking people their views and opinions needs to be done 'ethically'.

1. What does it mean to carry out an investigation 'ethically'? e.g. when surveying or interviewing people to find out about their experiences, ideas, and opinions?
2. Describe five things you would do if you were conducting a survey or interview ethically. (Imagine if you were being surveyed or interviewed yourself – what would expect the researcher to do that would give you confidence that it was OK to answer their questions, and that your answers would be treated respectfully?)

Things to think about when planning a survey or interview

- What don't I already know for certainty? Therefore, what do I need to ask other people about?
- What is relevant to the topic of my investigation? What things might be interesting but don't actually relate to what I want to find out?
- What ideas for questions do I already have? What ideas do others in the class have? How will we agree on the questions to ask?
- Who are we asking to complete the survey or the interview? Why these people?
- Are we better to survey lots of people or interview a few? (Think of the time and resources you have available.)

Types of questions to ask in a survey or interview

There are two types of questions - closed and open.

- Closed questions have yes or no answers. Closed questions are quick to collect and easy to summarise but they do not give much detail.
- Open questions ask people to give their ideas and opinions. Open questions take longer than closed questions to collect, record, and process but they give much more information. Open questions should be used for interviews.

Many surveys that ask for people's opinions or views provide a ratings scale for answers e.g. from 'never' to 'sometimes' to 'always'; or 'disagree' to 'somewhat agree' to 'agree'. If using a ratings scale, try to get 4 or 5 descriptors from one extreme to the other. Ratings scales can be more useful and provide more information than simple yes/no questions. If conducting a survey by anonymous questionnaire it is recommended that the items are all or mostly closed questions and use a ratings scale.

Survey and interview questions can take a lot of work to get right. Work in pairs or small groups to design questions and try them out on each other to make sure that:

- other people understand what you are asking
- the answers tell you what you want to know
- the person being asked feels safe answering the questions.

Demographic data

Demographic data provides the investigator with information that relates to the sector of population being investigated. (*Demos ~ people; graphy ~ process of writing or recording.*) When anonymously surveying or interviewing peers at school, it could be useful to know if there are patterns between males, females and other gender identities; ethnic or cultural identity; and/or ages/year levels. When surveying a lot of students, a combination of this information doesn't identify individuals, but if surveying small groups, a lot of demographic information put together can identify individual people. Think about how much demographic data can be asked that still ensures confidentiality of the participants.

Deciding the questions to ask

"How does social interaction through the various forms of social media positively support mental and emotional wellbeing, and/or negatively affect mental and emotional wellbeing?"

This question requires information about:

- The different forms of social media students use (if any), perhaps how much/how often they use each, or which one they mostly use.
- What sort of social interaction there is online – do people 'converse' back and forth or is the 'communication' something else?
- If they use social media, how it supports their mental and emotional wellbeing in a positive way.
- If they use social media, have they had any negative experiences when they have used social media – this question needs to be managed ethically – think what YOU would be prepared to answer. Rather than asking people to answer an open ended question it might be useful to think about 4-5 main categories of things people say online that have a negative impact on wellbeing so that people only have to respond with 'yes' or 'no', or where it applies add in 'sometimes' 'often' and 'never', as well as 'no comment/don't wish to answer'.

Inviting people to participate and introducing the survey or interview

For surveys: prepare a brief introduction to explain what the survey is about, how the information will be used, and that answers are confidential. This needs to be stated at the beginning of the survey. For interviews: prepare a script to read before the interview e.g.

Script

Hello, I am [*investigators name*] and I'm conducting a health education survey to find out about [*topic*].

I have [*number*] questions to ask you about [*topic*]. The survey will take [*number of*] minutes. When I summarise the results of the survey your answers will be combined with others so your answers will be confidential and you will not be identified by name. Would you be happy to answer the questions for me? I'm going to record your answers by [*describe if answers will be recorded digitally (audio) or written down*]

Ask the questions, allowing time for the person to answer and for you (or your partner) to record the responses.

Do you have anything else to say on the situation (this is optional).

Thank you for your time and for contributing your ideas to the investigation.

Recording survey and interview results

- Surveys - format the questionnaire or survey form in a way that people can easily read and follow. If possible, use an online survey application instead of providing surveys on paper.
- Carry out interviews in pairs: one person asks questions and the other records the answers (hand written or audio recording).

Summarising the results

- For survey data, count up and turn into a percentage the number of people who responded to each question in a particular way; e.g. what percentage disagreed with the statement or how many said yes they had done something. If the data is in a spreadsheet, disaggregate the data according to different demographic information (males and females, year levels, etc) and look for similarities and differences (use the filter function or a pivot table for this).
- Interviews - summarise the answers people gave to the questions. Look for recurrent (and similar) answers across the group in addition to comments that are different from each other. Interpret what people are saying, that is use their ideas to answer the question for the investigation.

Activity number 28.



Social determinants of health

Purpose: Students studying in health education at NZC Level 8 (and completing NZCEA Level 3 assessments) need to be developing a basic knowledge of the social determinants of health, based on the findings from decades of research by international organisations such as the World Health Organisation. As a 'big idea' the use of the determinants of health in health education provides an internationally understood evidence base for understanding health and wellbeing issues that impact people locally and globally. This activity introduces students to another version of a framework that explains the social determinants of health. This reframing of the social determinants is particularly useful for mental health-related contexts, topics and issues. It is included in this section of the resource to draw attention to the concepts of 'social cohesion' and 'social capital'. There are several tasks to this activity which have been kept together under one activity heading. This is to highlight the importance of developing the ideas in a way that shows how they connect.

Learning intention and NZC HPE achievement objective: Students will develop a basic understanding of the social determinants of health (in preparation for applying these ideas to issues being studied). *Underpins all NZC Level 8 learning and especially Strand D knowledge.*

Achievement Standard links: Level 3 standards where an understanding of the social determinants of health is required.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access accurate information.

Time: 2-3 hours.

Resources: Copy template (several additional references are noted with these).

Video: Let's Learn Public Health series *Social Determinants of Health - an introduction* (2017, 6.27min) <https://www.youtube.com/watch?v=8PH4JYfF4Ns> (TASK 1 is based around the framework depicted in this video).

Online access to a range of text-based and photographic resources using links provided and students' own searches for material. This includes a link to photo essays like James Mollison's 'Where Children Sleep' <http://jamesmollison.com/books/where-children-sleep/> <http://jamesmollison.com/books/playground/>. *These instructions apply to this book. If this photo essay has used before with students, there are other similar resources online like Mollison's 'Playground' that can be used. A search for 'photos' or 'photo essays' of 'social justice', 'poverty', 'social in/exclusion' etc provides many suitable photos for students to use in this activity.*

Activity sequence: Teacher activity	Activity sequence: Student activity
<p>TASK 1. The social determinants of health Provide students with the copy template of the reading and questions about the social determinants of health. View the video that briefly explains this framework.</p> <p>Either lead the class in a discussion, or provide small groups with a discussion task, to unpack the meaning of the social determinants of health as explained in this framework, using the prompts in the copy sheet. Rescreen the video to check on, and reinforce ideas.</p> <p><i>Note: a literacy strategy like reciprocal teaching or an expert jigsaw might be applicable if the source documents are used which contain an extended account of these concepts (instead of the summary provided).</i></p> <p>TASK 2: Social cohesion Students construct a diagram/model to show what the concept of social cohesion includes (to expand this idea from the social determinants of health diagram in task 1). Support students to understand word meanings and the overall concept of social cohesion (which includes social inclusion, social capital and social mobility), and help them to reword statements in a way that is meaningful to them.</p> <p>TASK 3: Applying ideas about the social determinants of health and social cohesion Explain to the students that they are now going to show (in pictures) many of the ideas learned from the previous two tasks – that is, they are going to apply their knowledge of the theory.</p> <p>Direct students to the photo essay book by James Mollison ‘Where Children Sleep’ or have some of these pictures printed. Ask small groups of students to select two images that show distinctly different life circumstances based on the places where the children sleep.</p> <p>Provide students with the list of questions in the copy template. Explain to students that they are going to make connections between</p>	<p>Students add notes and small pictures/ drawings to the copy template diagram as suggested in instructions.</p> <p>Students engage in whole class or group discussion to develop understanding of word meanings using the prompts and questions provided on the copy template.</p> <p>Using the instructions and quotes on the copy template, students construct their own model to show what social cohesion means and how social cohesion includes understandings of social inclusion, social capital and social mobility.</p> <p>Working in small groups, students discuss what they think has contributed to the situation for the two children in the photos they selected. Most ideas will be based on assumption and inference but using clues in the photos.</p> <p>Students use the questions to unpack what they think has led to the life circumstances of the children in the photos.</p>

<p>the social determinants of health diagram in task 1 (from the video), and the social cohesion model they have drawn. Model an example of this Q & A process if needed.</p> <p>Provide the opportunity for sharing responses to the 'overall' questions on the activity sheet with the whole class. Ask for further clarification or refer back to specific questions where this seems relevant and interesting to do – especially ideas that will make links with the learning that follows.</p> <p><i>TASK 4. The social determinants of health in pictures</i></p> <p>Explain to students that they are now going to recreate the diagram of the social determinants of health in pictures. Provide some hints about how to search for suitable images – e.g. as part of poverty action campaigns and social justice movements there are many photos online that students can search for and access. Provide guidance on what will be useful to have as headings (still using words) from task 1, and what can be shown in pictures. Encourage students to expand on or emphasise the social cohesion aspect of the diagram using ideas from their social cohesion model. Recommend to students that they can work in small groups to construct a group collage of images (paper based or digital). The task can be completed individually if need be.</p> <p>Once completed provide the opportunity for students to view each other's depictions of the social determinants of health in pictures.</p>	<p>Students contribute summary ideas to class discussion.</p> <p>Students search and select a range of images that contribute to an individual or a group pictorial rendition of the social determinants of health. Images can be 'snipped' using the snipping tool on their computer and either printed (to make a paper based collage), or compiled digitally.</p> <p>Students share their photo image with the other groups in the class and respond to any questions from their peers about their selection of images.</p>
<p>Student learning journal entry:</p> <p>Students file all diagrams/models, notes, and images from this activity for reuse with learning that follows. If producing any of this as a group activity, students can file a photograph of their group work.</p>	<p>Contribution to NCEA achievement:</p> <p>A basic understanding of how the social determinants of health explain the health and wellbeing of populations is needed for AS491461 (Health 3.1) and essential for AS91462 (Health 3.2) to highlight the big picture/ international nature of the selected issue.</p>

Teacher knowledge and pedagogy:

There are many frameworks for understanding the social determinants of health first proposed by WHO. NZ health education resources to date have used *Social Determinants of Health: The Solid Facts* (WHO, 2003). This revised framework is saying the same things, but in a different way, to draw attention to factors that impact on mental health and wellbeing (and with an added focus on social cohesion). The recommended teaching process for this activity is to start with the deliberate teaching of the theory, led by the teacher, to ensure students are developing knowledge and understanding of the language and definitions. This is followed by tasks that require students to apply these understandings and make their own sense of the ideas through pictures.

Teacher's evaluation of the activity:

- How well did students respond to this aspect of health education theory?
- Did they grasp the idea that learning about the social determinants of health underpins their knowledge, and that when they learn about particular topics/issues they need to relate their ideas back to these 'big ideas'?
- As this learning is complex and ongoing, where else in the learning programme can ideas about the social determinants of health and social cohesion be revisited and reinforced?

Activity: The social determinants of health

World Health Organization:

"The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries."

Source: http://www.who.int/social_determinants/sdh_definition/en/

There are many different frameworks (or diagrammatic representations) of the World Health Organization's **social determinants of health**.

TASK 1: View the six minute video that explains this version of the framework:

Let's Learn Public Health series *Social Determinants of Health - an introduction*

Link to <https://www.youtube.com/watch?v=8PH4JYfF4Ns>

The diagram provided is based on the one in the video. As you view (and re-view) the video:

- **DRAW the ARROWS on the diagram as shown in the video**
- Note down any extra information that helps you to understand what the diagram is showing (e.g. what the arrows show, some of the word meanings, etc). It may also be useful to add small pictures/drawings like the video to help you remember some of these ideas).

Checking meanings or terms:

After viewing the video and completing the diagram, write down meanings of these words based on discussion (look up meanings online if necessary, or re-view the video):

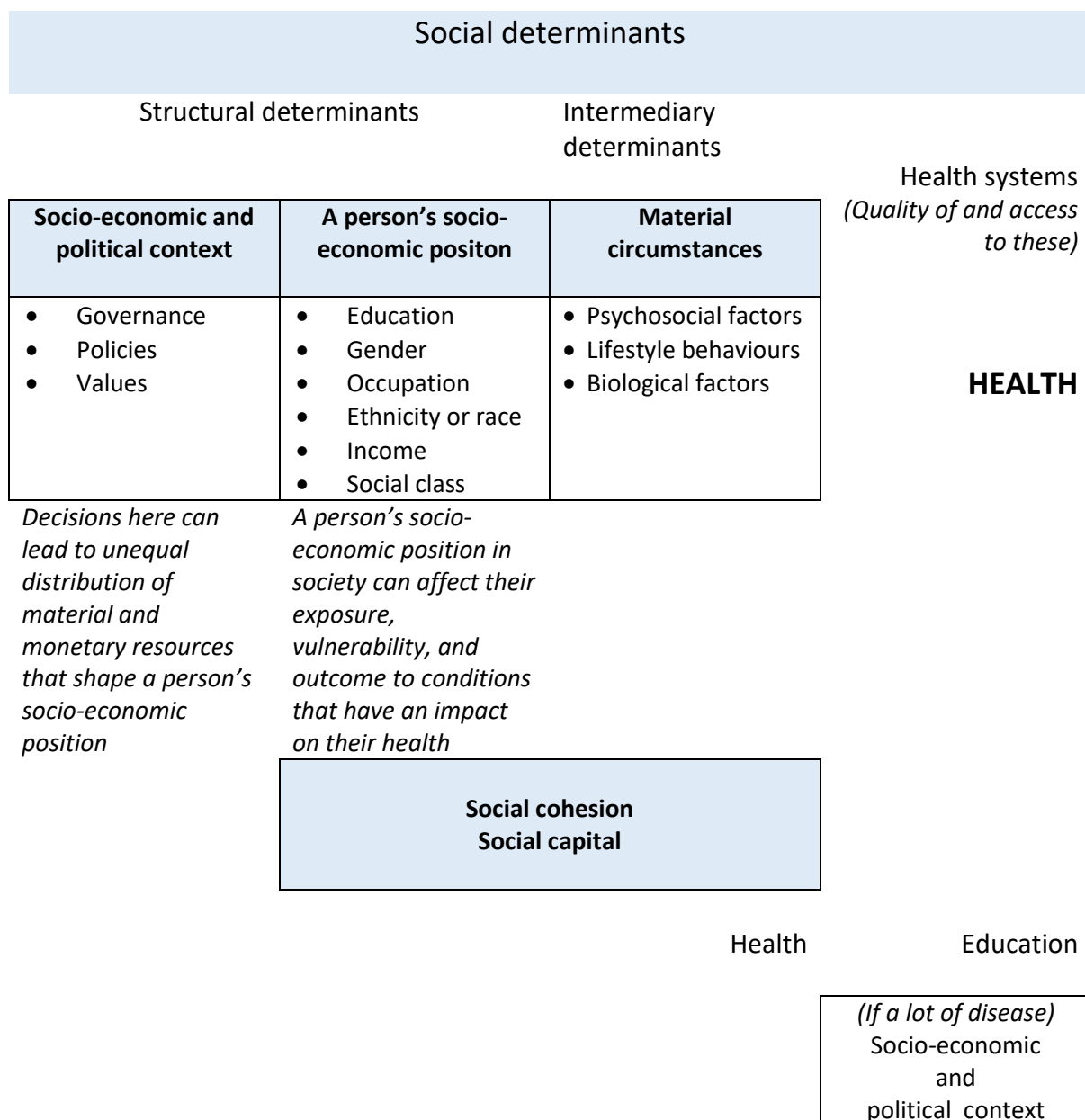
- Structural determinants =
- Intermediary determinants =
- Socio-economic =
- Governance =
- Policies =
- Values (in relation to this diagram) =
- Health inequities (term used in video) =
- Psychosocial factors =
- Lifestyle (behavioural) factors =
- Biological factors =
- Add any other word meanings you needed to find out.

Questions to clarify what the framework is showing:

1. (In general) How do structural determinants affect health? That is, based on what you know so far, how can governance, policy, and values lead to the unequal distribution of material and monetary resources that shape a person's socio-economic position?
2. (In general) How do intermediary determinants affect health? That is, how do you think a person's socio-economic position in society is related to their education, gender, occupation, ethnicity or race, income, and social class? And how does this impact on their health and wellbeing?
3. What does the two way arrow between health and education (bottom right hand corner) refer to?

4. If there is a lot of disease in a population (bottom right hand corner) how do you think this affects people's socio-economic and political context (the situation in which they live)?
5. Overall, how do you see this framework linking to what you have already learned about mental health or mental and emotional wellbeing?

This framework stresses that the factors that determine the health of individuals and populations are very complex and they are seldom simple linear (cause-and-effect) relationships. ***This diagram is incomplete without the arrows added – draw these in as shown in the video.***



Note that in assessments you will not be asked to recall and reproduce this diagram. Instead you will need to show that you understand parts of it when you discuss the issues (topics) studied in your health education programme.

Activity: Social cohesion

The Organisation for Economic Co-operation and Development (OECD) highlights the importance of social cohesion for the health and wellbeing of communities, countries and the whole world.

Social cohesion: *“A cohesive society works towards the well-being of all its members, fights exclusion and marginalisation, creates a sense of belonging, promotes trust, and offers its members the opportunity of upward mobility.”*

Source: OECD (2012). Perspectives on Global Development entitled Social Cohesion in a Shifting World

<http://www.oecd.org/site/devpgd2012/>

TASK 2: Recreate the OECD diagram or model showing the components of social cohesion as follows:

1. Draw a triangle in the middle of a page and place ‘social cohesion’ in the centre of the triangle.
2. Around the three sides add ‘social capital’ ‘social inclusion’, and ‘social mobility’.
3. Give your diagram a title.
4. Now add definitions of these four terms. Use ideas from the statements provided above and below, and reword these definitions so that they are meaningful to you - after you have discussed them in class. You may use other definitions you find online.

‘Social capital is defined by the OECD as “networks together with shared norms, values and understandings that facilitate co-operation within or among groups”. In this definition, we can think of networks as real-world links between groups or individuals. Think of networks of friends, family networks, networks of former colleagues, and so on. Our shared norms, values and understandings are less concrete than our social networks.’

Source: OECD Insights: Human Capital (2007) <https://www.oecd.org/insights/37966934.pdf>

‘The World Bank Group defines social inclusion as:

1. The process of improving the terms for individuals and groups to take part in society, and
2. The process of improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity to take part in society.

In every country, certain groups—whether migrants, Indigenous Peoples, or other minorities—confront barriers that prevent them from fully participating in their nation’s political, economic, and social life. These groups are excluded through a number of practices ranging from stereotypes, stigmas, and superstitions based on gender, race, ethnicity, religion, sexual orientation and gender identity, or disability status. Such practices can rob them of dignity, security, and the opportunity to lead a better life.’

Source: <http://www.worldbank.org/en/topic/social-inclusion>

‘Intergenerational social mobility refers to the relationship between the socioeconomic status of parents and the status their children will attain as adults. Put differently, mobility reflects the extent to which individuals move up (or down) the social ladder compared with their parents. A society can be deemed more or less mobile depending on whether the link between parents’ and children’s social status as adults is looser or tighter. In a relatively immobile society an individual’s wage, education or occupation tends to be strongly related to those of his/her parents.’

Source: OECD (2010). A Family Affair: Intergenerational Social Mobility across OECD Countries in *Economic Policy Reforms: Going for Growth* <https://www.oecd.org/centrodemexico/medios/44582910.pdf>

Activity: applying the theory – the social determinants of health and social cohesion in pictures

Using James Mollison's images from 'Where Children Sleep' <http://jamesmollison.com/books/where-children-sleep/> <http://jamesmollison.com/books/playground/>

Questions for unpacking your selected photo essay images:

- Are these children richer/poorer? What are you basing this on?
- Do you think they live with two parents? Or one or no parents? Why?
- Do you think it likely they have siblings (brothers and/or sisters)? Why do you say this?
- Do you think they go to school regularly? Why or why not?
- What do you think a typical day in this child's life might look like?
- What does their country of origin (noted with the photo) suggest about the sort of political and physical environment they live in? Is it safe? Is it an 'easy' or a 'hard' life – and what is the basis for your judgement?
- What are the main differences between the two children – as you see it?

Thinking now about the social determinants of health and social cohesion:

- *[Overall socio-economic position]* Relatively speaking, do you think the household where each of these children lives has a lot, some, or little to no money?
- *[Social class]* What 'social class' do you think these children belong to? *Look up a definition of 'social class' if you are not sure what this means. Is the definition you are using based on family bloodlines and lineage, or wealth?*
- *[Social class]* What do you think their parents might do to earn money – are they professionals, labourers, farmers, unemployed? What do you base these ideas on?
- *[Education – and following on the from the question above about schooling]* What sort of education do you think this child has access to? Why do you say this?
- *[Social mobility]* What opportunities do you think this child has for having a better job or being better off than their parents?
- *[Gender]* Do you think being a boy or a girl in these situations impacts on their wellbeing? Explain why or why not.
- *[Income]* Do you think any of these children need to work to earn money? What suggests this?
- *[Ethnicity]* In consideration of the country where they live, do you think the child's ethnicity or race has implications for their wellbeing. Why or why not?
- *[Social capital]* Although this child is being photographed in isolation, what indications are there that this child has supportive social networks where they live?
- *[Social inclusion]* Are they included or excluded from the community in which they live? Why do you think this?

Overall,

- What would you say about the level of social cohesion in the society where this child lives, based on what you could infer or assume from this picture?
- What is/are the main reason(s) for the differences and inequalities between these two children?
- Finally, what do you think the child's physical health status and mental health status might be? What are you basing these ideas on? What do you think the future will be for this child?

Theme 3.

Change, loss, disappointment, and grief

Everything changes and nothing stands still.

(Heraclitus, Greek philosopher, 535 BC – 475 BC)

At senior secondary level, students learn about the ways change, loss, disappointment, and grief relate to wellbeing through developing the following understandings:

- Change is ongoing and a part of life for all people. Change impacts mental and emotional wellbeing, as well as all other dimensions.
- When these changes involve a sense of loss or disappointment, the learning from these experiences helps people to understand and recognise the thoughts and feelings that result from these changes, and develop skills and understandings about healthy ways to manage other situations in future.
- Changes that involve a sense of loss may result in feelings of grief. The way people grieve, and what is helpful and unhelpful at these times, differs from person to person.
- The ways people manage change, loss, disappointment, and grief is not only a personal consideration, but also influenced by the quality of people's social support networks, and cultural attitudes to change and loss.

When change happens, a person's wellbeing is affected either positively and/or negatively. Change is constant and an inevitable part of life. People have control over some changes through the choices and decisions they make. Whether these changes impact positively or negatively are a consequence of these choices. However other changes are 'choice-less'. Choice-less changes are the ones people have no personal control over and these often result in a sense of loss.

Choice-less changes are non-preventable things like natural disasters, accidents resulting in injury, actions and decisions of others that people have no control over (e.g workplace, school, policy changes at community or national level), the death of significant people (family and friends) - and pets, separation and divorce of parents, some illnesses, etc.

In a culture where success (in its many forms) is given high priority, it is helpful for students to understand that they are not always in control of situations, and this means that some life events will result in disappointment. Experiencing and learning from disappointment can be productive as it helps build skills and the capacity for managing other changes in future.

Whether by choice or as a consequence of choice-less changes, relationship changes across the lifespan are inevitable. For example, friendship groups change over time as children grow up, as people change schools and jobs, or places they live. They become interested in different things and have different priorities like committing to a new romantic/sexual relationship/partnership, or having children of their own. Few teenage romantic relationships will result in lifelong partnerships, and teenage breakups are experienced by many young people.

At senior secondary level, all students are experiencing biological, social and cognitive changes as they transition from childhood and adulthood. The increased opportunities adolescents have to engage with the world as they get older and become more independent means that they are exposed to many more situations that have the potential to impact on their wellbeing – especially if those situations result in something changing or being different to what it was before.

In situations where the loss is significant, feelings of grief may result. These thoughts and feelings are often complex and change over time. Learning and knowing a lot about grief does not make the experience any less painful or speed up the grieving process – *that's not the point of the learning about grief*. The purpose of the learning is to acknowledge the reality of grief, to identify the many effects grief has on all dimensions of wellbeing, that grieving is a healthy process, and that asking for and receiving support from others is a healthy way to help work through a time of grief.

Grief is experienced in many different ways by different people. The idea that the grieving process happens in stages, popular in western cultures, can be helpful for some and unhelpful for others. An analysis of the way media reports tragic losses from events locally and around the world provides insights into cultural perceptions of loss and grief. When students encounter situations reported in media that illustrate how the values and beliefs of some groups appear to further undermine people's wellbeing when they are grieving, an opportunity is provided to develop understanding about the actions needed to bring about changes to better support wellbeing for people experiencing loss. In culturally diverse communities there may be the opportunity in the learning programme to develop understanding about the cultural traditions and protocols associated with significant losses and how these contribute to wellbeing (noting that these traditions are typically death related).

Additional activities for this theme can be found in *The Curriculum in Action, Change, Loss and Grief, Mental Health Years 1-8* (Ministry of Education, 2000). Although written for primary school, some of the activities could be redeveloped for secondary, or senior students could engage in health promoting actions with primary school or junior students to support them to manage change. The Mental Health Foundation resource *Change Loss and Grief* (2000) contains activities for all levels of secondary. Some of these activities have been redeveloped for this resource.

Skylight is a New Zealand based trust that provides a range of resources to help people through times of trauma, loss, and grief by building resilience. They have support resources for all ages – see in particular <https://skylight.org.nz/Young+people>

The learning activities in this section make a useful contribution to learning about resilience, as the capacity and opportunities people have to manage change are part of approaches to strength building.

It is acknowledged that any talk about loss and grief can have a therapeutic value. However, teachers need to stay focused on the learning purpose of these activities. It is recommended that prior to engaging with these activities, the teacher sensitively reminds students about what is appropriate to share in class, and which things might be more appropriate to share privately and confidentially with the teacher or counsellor.

Activity number 29.

Road map of change



Purpose: Whether or not students are aware of it, the theme of 'change' has dominated their life and much of their learning in health education to date. Changes in friendships, changes in families as new siblings are born or families are reconstituted, growth changes, pubertal changes, changing thoughts and feelings, and changing schools, are a few examples. This activity invites students to think about the way change has featured throughout their lives and in much of their learning so far, and how changes can lead to both positive and negative thoughts and feelings. These ideas are depicted on a road map to show where they have already 'travelled' as well as where their road of change might be heading in future.

Key competencies: Managing self

Resources: This activity is adapted from the Mental Health Foundation 'Change Loss and Grief' resource and 'Help for the hard times' by Earl Hipp. These resources offer alternative ideas and approaches for this activity. Paper, pens/crayon and collage materials for making a roadmap.

Time: 30 minutes.

Activity sequence: Teacher activity

Ask students to recall the sorts of changes they have experienced in their lives, going back as far as they can remember. Let the students know that they only need to share those experiences that they are happy for others to know about. Prompt students to think of physical, social, mental and emotional, and spiritual changes. Physical here can mean changes to their body, or changes in physical location/where they live, etc. Note these on the board for reference.

Explain to the students that they are each going to make a 'roadmap' of these changes covering the changes they have already experienced, through to changes that are likely to come in future. This roadmap will be personal to them.

Ask for ideas about possible future changes as they go through life. If the changes of death losses are suggested (such as parents, grandparents – or self - dying from old age) acknowledge the reality of this and manage it

Activity sequence: Student activity

Students respond with a wide range of changes.

Students provide ideas about future changes like leaving school, going to university/tertiary study, getting a job, travelling, starting new relationships, having children, growing old etc.

<p>sensitively. It is likely some students will already have experience of this (especially grandparents).</p> <p>Explain to students the general requirements of the task. They will need to use the resources available to draw and annotate their road. They can put this 'road' into whatever sort of landscape they want. Along the road they need to include signposts of things that have changed for them. They might like to consider some point of difference between changes that have already occurred in their lives, and those that are yet to happen. They may also like to add some form of code to their signposts to show changes that were mainly physical, social, mental and emotional, or spiritual changes (or combinations of these).</p> <p>Debrief: What did you realise about the types and the amount of change you have experienced so far in life? What do you think you have already learned to do to manage or cope with change?</p>	<p>Students complete their own road map of changes past and future.</p> <p>Students respond with their own ideas. Their roadmap can be taken home as a keepsake, and a photo of the roadmap filed their learning journal.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Potentially sensitive personal information can be used in class with care. Individual activities that ask students to document their own experiences need not be shared in detail, but learning and realisations that are developed as a consequence of completing the activity can be – with personal details removed.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How receptive were students to this type of activity requiring them to draw on a range of personal experiences? • Were any students reluctant? Why do you think this was the case? How did you manage this situation (and why this approach with this student)? • Were any students sharing too much e.g. highly sensitive information that other students may not know how to respond to? How did you manage this at the time? • Is there anything you would do differently with this activity – why? • Did the activity alert you to anything where you may need to proceed carefully in future lessons, in order to ensure students' safety?

Activity number 30.



The language of change, loss, disappointment, and grief

Purpose: For health education purposes, the theme of change is ubiquitous. The fact that our wellbeing is 'in balance' or 'out of balance' is the result of continual changes going on in our lives. Loss however is a particular sort of change and 'little losses' through to 'big losses' have immediate and long term impacts on our mental and emotional wellbeing. Disappointment is what we experience when what we intended (or hope) will happen doesn't, which again has immediate and long terms impacts on our mental and emotional wellbeing. Grief is our reaction to loss and includes a complex array of thoughts and feelings that change and swirl around as we learn to live with the loss. In preparation for the activities that follow, this activity provides students with the opportunity to develop their health education vocabulary around change, loss, disappointment, and grief, as well as a range of other terms that may surface as students engage in the learning activities.

Learning intention and NZC HPE achievement objective: Students will develop understanding of how to use language associated with the ideas of change, loss, disappointment, and grief. *Background knowledge for various Strand A AOs.*

Achievement Standard links: AS91097 (Health 1.3) and AS91236 (Health 2.2).

Key competencies: Using language and texts.

Digital fluency: Access accurate information.

Time: 30 minutes and revisited throughout the unit as new words are encountered.

Resources: Access to print or online dictionary and other information sources.

Activity sequence: Teacher activity

Explain to students that the language we use when talking about situations related to change, loss, disappointment, and grief can be confusing. This is especially so when people avoid using words that might seem insensitive or upset people (euphemisms) and use other words to 'soften' the situation.

Provide students with the copy template for the activity. Ask them to work in pairs to find definitions for the words listed in (1). Provide an opportunity for sharing some of these to check for consistency of understanding. Ask students for any other words they know of associated with disappointment, loss, and grief

Activity sequence: Student activity

Students use online sources to find word definitions and share these with the class to confirm commonly understood meanings.

Students offer other terms and add these, with meanings to their glossary.

<p>– proper words, slang terms etc. A couple of ideas are suggested in the copy template as prompts.</p> <p>Invite students in the class from a diversity of cultural backgrounds, who speak languages (or know some words) other than English, to share some terms related to disappointment, loss and grief, along with information about the situation or contexts in which this language would be used.</p> <p>(Check) What do we mean when we say some words or phrases are a ‘euphemism’?</p> <p>Why do you think loss situations, especially major losses like death losses, result in people using euphemisms that avoid using words like ‘death’ or ‘died’ for example?</p>	<p>Students add these terms and meanings to their glossary.</p> <p>Students offer understandings of this term from their own knowledge, or look it up if no one knows e.g. <i>a softer or less direct word said instead of one thought to be too harsh or blunt when referring to something sensitive or embarrassing.</i></p> <p>Student respond to questions giving their own ideas.</p>
<p>Student learning journal entry:</p> <p>Students keep their own copy of the glossary in their learning journal, adding to it as new words or phrases are encountered.</p>	<p>Contribution to NCEA achievement:</p> <p>Knowledge of the vocabulary may support students to provide written evidence contributing to AS910097 (Health 1.3) or AS91236 (Health 2.2).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Students need opportunities to learn, develop and practice using health education vocabulary. The language of health education can be very confusing for some students. In addition to learning how to use formal health education language (like that associated with the underlying concepts), students in health education also need to know how to incorporate everyday language that they have learned informally over time, some of which takes on particular meaning when used for formal learning purposes.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • Of the words and phrases in the glossary, which ones did students already appear to understand and use? • Could they add many additional terms? • Whether many or few, what insights did this provide? • What are the implications of this for future learning in units where there is a lot of health education, topic-specific language?

Glossary: The language of change, loss, disappointment, and grief

1. Word or phrase	Definitions
Change	
Loss	
Disappointment	
Grief	
2. Other words and terms associated with losses, e.g. death losses (add your own)	
Bereavement	
Passing on	
(Funeral terms) Wake	
Condolences	
3. Words from different cultures (add these in)	
Tangi	

Activity number 31.



Learning from loss

Purpose: Many negative impacts on mental and emotional wellbeing can be associated with a sense of loss. ‘Smaller’ losses like losing or breaking a favourite possession, loss of a place in a team, and ‘bigger’ losses like the breakup of a friendship, parents separating, a romantic relationship break up, through to the death of pets, family and friends, and loss of culture through processes like colonisation and globalisation, all impact on wellbeing. However, it is highly subjective to say some losses are smaller or bigger than others as the way these losses are experienced is highly individual. Sometimes ideas of loss are more esoteric like the loss of innocence that comes with growing up and learning about the world (especially all the ugly things that happen like crimes and war), loss of a sense of place at home when new siblings are born, loss of childhood or youth (that as our bodies age, the body and the life that went with being that age are gone, or loss of opportunity (‘lost your chance’). This activity requires students to identify a diversity of situations where people experience a sense of loss and the range of impacts this has on mental and emotional wellbeing. Importantly, what we can learn from experiencing and managing situations of loss help build our capacity for managing other losses in future.

Learning intention and NZC HPE achievement objective: Students will identify a range of situations where people experience a sense of loss and how this impacts on mental and emotional wellbeing, and how we can learn from loss. *Contributes to understandings related to A1 and A3 AOs across NZC Levels 6-8*

Achievement Standard links: AS91097 (Health 1.3) and AS91236 (Health 2.2).

Key competencies: Participating and contributing.

Time: 30 minutes.

Resources: A4 paper or lightweight card for making ‘leaves’ (different colours would be ideal) and pens/crayons and collage materials for decorating these. A space on a wall or board where a large tree outline can be drawn to attach the leaves to.

Activity sequence: Teacher activity

Explain to students the analogy being used for this activity (explain that analogy is a thing that is comparable to something else in some way): think of a deciduous tree - one that loses its leaves every autumn. Every year as the season changes from summer to autumn the leaves

Activity sequence: Student activity

lose colour and start to die and eventually fall off – the tree loses its leaves. Over winter the tree stands bare, but in spring new leaf buds form and the tree grows new leaves. We can think of the losses we experience in life being like the leaves dying off in autumn, and the new growth as being our ways of coping and what we learned from the experience. Explain to the students that they are going to be creating leaves for such a tree.

First, brainstorm with the class a wide range of losses and record these on the board – ‘big’ life changing losses and ‘smaller’ losses that we quickly get over and forget about. The more ideas the better so that students have many possible choices of loss to select from, and the tree leaves depict a wide variety of situations. Activity 29 (the roadmap of change) may offer a range of ideas. Prompt students if needed, especially around the inclusion of some of the more esoteric type losses – *see purpose statement*.

Second, select a few different losses and ask students how the mental and emotional wellbeing of a person in this situation might be affected if they experienced this sort of loss – try to cover a range of ideas that students can use as examples for the next task.

Ask students to each select a loss situation that they can identify with, and which will be the focus for the decoration on their leaf. They won’t need to disclose personal information in this activity but may draw on their own experiences, or those of others they know. Try to have a wide variety of ideas with minimal repetition.

Instruct students to create a leaf shape of their own choosing – but make sure it uses as much of the sheet of A4 paper as possible – they need space to write on both sides. On one side students need to write (1) their loss situation and (2) the range of thoughts and feelings a person in this loss situation might experience (in other words, describe the impact of the loss on their mental and emotional wellbeing). On the other side (3) write or draw all the things that might help a person cope with or manage

Students offer a range of situations where loss is experienced.

Students offer ideas about the impact of the losses on mental and emotional wellbeing, based on their own knowledge and experiences.

Each student selects their own loss situation.

Each student makes their own leaf for the tree using a situation of their own choosing.

<p>this loss situation. (4) Add a statement identifying at least one thing the person may have learned from the experience that they could use again in another loss situation.</p> <p>Once leaves are completed, ask students to share the details of their leaf and attach it to the class tree.</p> <p>Ask the students: Where do you think the tree analogy works and doesn't quite work in this case? Have you got any other ideas about ways we could symbolically depict loss?</p> <p><i>Extra:</i> Excerpts from reality TV shows that a focus on reuniting long-separated families (for example), provide insights into the impact of loss. Analyse these by making links with all dimensions of wellbeing, and the ways these dimensions are interconnected in loss situations.</p>	<p>Students share the details of their leaves with the class and attach it to the tree. Students take a photo of the tree and their own leaf (both sides) and file this.</p> <p>Students contribute any ideas they have about the tree analogy and offer other ideas about the way loss can be represented symbolically.</p>
<p>Student learning journal entry:</p> <p>Students file a photo of the class tree and their own 'leaf'.</p>	<p>Contribution to NCEA achievement:</p> <p>May contribute ideas leading to the way change involving loss impacts wellbeing, and ways of managing change for AS91097 (Health 1.3) and AS91236 (Health 2.2).</p>
<p>Teacher knowledge and pedagogy:</p> <p>The use of analogy in fables, and the values and morals that features stories like myths and legends, feature in a number of traditional/cultural ways of teaching and learning. The use of story and analogy may encourage student engagement in learning. Using analogies can help students develop critical thinking skills as it requires them to use their cognitive abilities to draw comparisons between the real world situation that the learning is focused on and the 'thing' this situation is being compared to.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How well did students respond to the use of analogy in this activity? • What sort of discussion did it promote? • Did it appear to enhance understanding of the purpose of the activity? Why or why not? • What are the implications of this for future activities?

Activity number 32.



Learning from disappointment

Purpose: In a culture where success (in its many forms) is given a high priority, it is helpful for students to develop the understanding that they are not always in control of situations, which means that some life events will result in disappointment. In circumstances where people have control over the situation, potential disappointment can be reduced or prevented through the use of a range of self-management skills. However, when success is contingent upon a range of factors out of a person's control (e.g. decisions and actions of others), disappointment may result. In this activity students will develop understanding of the idea that the sadness or discontent that results from not fulfilling their hopes or expectations can be a productive learning experience as it helps build knowledge and skills, and the capacity for managing other disappointments in future.

Learning intention and NZC HPE achievement objective: Students will develop understanding that experiencing disappointment can be a useful learning opportunity from which knowledge and skills are developed to help manage similar situations in future (6A1).

Achievement Standard links: AS91097 (Health 1.3) and may contribute some background understanding for AS9126 (Health 2.2).

Key competencies: Critical thinking, Participating and contributing.

Time: 30 minutes.

Resources: Copy templates.

Activity sequence: Teacher activity

Provide students with the scenario in the copy template. Once they have read it, ask them to discuss the questions with their group.

Check students' understanding of disappointment and loss in this scenario by asking for feedback on a selection of the questions. Be prepared to challenge students on Q7 about who was in control of the situation (there are no absolute right answers but make sure students can see the situation from different perspectives to highlight why this might be the case).

Draw attention to Q8 and Q9 from the list of questions on the copy template and use this as summary for the discussion activity.

Activity sequence: Student activity

Students read the scenario and discuss the questions.

Students contribute their ideas to class discussion to check on how their understandings are similar or different to the perspective of others.

<p>Support students (as necessary) to provide a written response to the two summary questions in the copy template.</p> <p>If some of the clichés haven't surfaced, ask students how useful they think platitudes like 'better luck next time' are. Is achieving success/avoiding disappointment all about luck? What are the likely consequences if we rely on luck to get us through life?</p> <p>(Optional) Use an online search to find some clichés, quotes or sayings about disappointment – there are many. Ask students to select one each and decide how helpful/unhelpful it is for supporting wellbeing – and why. Share some of these with the class.</p>	<p>Students write their own responses to questions stressing the importance of learning from disappointment.</p> <p>Students respond to teacher's promoting and questioning about what sayings are (un)helpful.</p> <p>Students search for and select a cliché, popular saying or quote about disappointment, and decide (for them) how helpful or unhelpful it is and why.</p>
<p>Student learning journal entry:</p> <p>Responses to the summary questions are filed along with discussion notes made on/about the scenario copy template. If used, add the cliché about disappointment and how (un)helpful this is for supporting wellbeing.</p>	<p>Contribution to NCEA achievement:</p> <p>Depending on the context selected for AS91097 (Health 1.3), this activity may provide examples of strategies for managing change.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Many students will have already experienced a range of disappointments in life, and for many different reasons. In a success driven culture, where there is increasing competition for many different resources and opportunities, it is important that students can think critically – and realistically – about disappointment and the learning opportunities that come from experiencing disappointment. In addition to this, thinking critically about the nature of success and the different personal and cultural meanings of this may also offer a more balanced understanding of success. The Western construct of success that focuses on winning and being the best, on the sort of jobs people have, their level of education, their wealth and social status (and the material possessions that accompany this) - and the power that goes with all of this – is not the only way to view success.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How responsive were students to the notion of learning from disappointment? • What insights did this activity provide about how success driven students are (or are not), and what their ideas of success consist of? • What surfaced about students different perceptions of success? • What are the implications of these insights for future activities, for programme planning, and supporting students to achieve NCEA success in health education and overall?

Disappointment

Scenario: Eseta has finally made it into the university course she had dreamed of when she was still at secondary school. However, there were a number of obstacles along the way that she had to overcome.

In year 10 & 11 (once she was 15), a lot of her after school time was taken up looking after her younger brothers and sisters before her parents got home from work - which some nights was quite late. This meant she didn't get much homework time and her school reports and comments from teachers those years kept saying '*Eseta is capable of so much more than this – she does really well in class but any assessments where she needs to do homework are poorly done*'. Eseta had put her name down for netball in Year 10. The coach was highly complementary about her skills after the first trial session and thought she had great talent and potential. But then she got dropped from the team because she missed so many practices after school. She was also late for the first two games because she had to wait for dad to get home from his night shift job to drop her all the way across town at the netball courts for the Saturday morning competition games.

In Year 12, when she was planning to complete her NCEA Level 2, she 'got distracted' (her words looking back on the situation) when she got romantically involved with someone in her class. Her next youngest sister was now looking after the younger brothers after school which meant Eseta could socialise more with her friends. She didn't get all of her Level 2 credits that year as several important internal assessment were not completed, and a lack of revision for the externals meant she didn't make up many of credits she missed out on during the year. But she was able to finish off NCEA Level 2 in year 13.

In year 13 she was selected as a cultural group leader which meant she was heavily involved in getting her team ready for the national competition – which they didn't win and didn't even get a place. The other teams were so much better organised and had lots of adult help, had much flasher costumes, and had much more polished performances (especially the teams who had won in previous years).

The large amount of time taken for her leadership responsibilities meant that her school work suffered and she didn't end up with enough Level 3 credits to get UE, so she came back to school to complete those the following year, all of which delayed her university application for a year. She also spent part of this year working to try and save money for university. However, it seemed pointless trying to save what little she earned from her part time, minimum wage job so she just spent it on clothes and socialising. She realised afterwards she had earned enough to pay for a year's university fees.

When she was finally accepted for university she was told her marks were not good enough to get into the course she wanted, but if she enrolled in a bridging course and did well in that, she could get into the degree pathway she wanted. She took this to heart, and with support of older students from the student support programme on campus, did well enough to get into her course of choice the next year.

Questions: discuss these with your group.

1. When a person is disappointed, what **feelings** might they have? Why these feelings?
2. When a person is disappointed, what **thoughts** might they have (what might they be telling themselves)? Why these thoughts?
3. Are these the sort of thoughts and feelings that support or restore a sense of wellbeing, or thoughts and feelings that add yet more negativity to the situation? From your responses in (1) and (2), which thoughts and feelings would help people deal with the disappointment and move on from it quickly, and in ways that restored their wellbeing? Which thoughts and feelings would prevent people from dealing with the disappointment and harm their wellbeing even further?
4. Why do you think some people can deal with disappointment more easily than others (who 'stew on it' and get more and more down about it)?
5. Where in the scenario is it likely that Eseta had feelings and thoughts of disappointment? Annotate (add notes to) the places in the story where she was probably disappointed.
6. In which situations did it appear Eseta had control over the situation - where she could have **prevented** her disappointment by acting sooner? What are some examples of things she could have done to avoid disappointment?
7. In which situations did it appear Eseta had little control over the situation e.g. because other people were making decisions? Which of these situations involving other people do you think could have been managed better by Eseta and the other person working together – and what could they have done to reduce or prevent Eseta's disappointment?
8. In Eseta's situation, where do you think she felt a sense of loss? What was that nature of these losses? What did she actually 'lose'?
9. In Eseta's case, **what do you think she learned from all of her disappointments?** What do you think changed that meant she finally achieved her goal?

Summary statement (to record in your learning journal).

Think about your own experiences of disappointment.

- What do you think you learned from these experiences that mean you now do things differently to reduce or prevent disappointment?
- What do you think you learned from these experiences that you will be able to use in future situations when you are disappointed about something?

If you cannot answer these questions from your own experiences, answer Q9 about Eseta's learning from her experiences.

Activity number 33.



Understanding and managing grief

Purpose: In situations where the loss is significant, feelings of grief may result. These thoughts and feelings are often complex and change over time. Learning and knowing a lot about grief does not make the experience any less painful or speed up the grieving process – that’s not the point of the learning about grief. The purpose of the learning is to acknowledge the reality of grief, to identify the many effects grief has on all dimensions of wellbeing, to understand that grieving is a healthy process, and to recognise that asking for and receiving support from others is a healthy way to help work through a time of grief.

Learning intention and NZC HPE achievement objective: Students will develop understanding of grief as a response to significant experiences of loss, and how all dimensions of wellbeing can be impacted by grief. They will understand that what helps people when they are grieving varies from person to person (6/7A1).

Achievement Standard links: AS91097 (Health 1.3) and AS91236 (Health 2.2).

Key competencies: Critical thinking, Participating and contributing.

Time: 1-2 hours. A further lesson will be required if inviting a speaker from the community.

Resources: Students’ own ideas but may be supported by excerpts from TV or film and other sources.

Activity sequence: Teacher activity

Ask students what they understand ‘grief’ is. In what situations do people grieve? How do you know someone (you or someone else) is grieving? Develop the understanding that grief is our response to a major loss and that grief is a complex array of thoughts and feelings that change over time.

Provide a safety statement for the class before proceeding further with this activity. Some extra notes are provided for students – reframe these as appropriate for the class (see following).

Ask students to work in groups to map out the effects of grief in relation to all dimensions of hauora. The MHF resource *Change, Loss and Grief* has a worked example of this if required. Instruct students to draw some cause-and –

Activity sequence: Student activity

Students share their existing understanding of grief and how people show grief.

Each student draws their own grid and writes a different dimension in each square. Using ideas from group and class discussion, a range of grief reactions are recorded for each dimension. Once several ideas are added to each dimension, students draw arrows to show

<p>effect arrows between the reactions to show how some of them connect. Provide an example if needed. Summarise the activity pointing out the complexity of the impacts of grief.</p> <p>Ask students, based on what they know from their own experiences (they don't need to disclose what these are), and what they have seen in films and TV programmes, read in books etc, what sorts of things people do to 'help' themselves or others work through grief? Some of these actions will be in direct response to some of the effects on wellbeing identified in the previous activity. These 'helpful' ideas can be healthy and support wellbeing. Or they might appear to be helpful at the time but long term would be considered unhealthy and have further negative effects on wellbeing (e.g. alcohol or other drug use). Note that any unhealthy (and unhelpful) ideas will be crossed out later.</p> <p>Draw this in a socio-ecological model (three concentric circles).</p> <ol style="list-style-type: none"> 1. In the centre circle write or draw actions that people do for themselves when they are grieving – things they don't need any help with and can do on their own. <i>Make this centre circle large so lots of ideas can be written in it.</i> 2. In the middle circle write or draw things other people could do with, or for, the grieving person. 3. In the outer circle add ideas about community resources, cultural attitudes, or media portrayals (etc) that may contribute to the way people grieve. <p>Ask students which actions will most likely complicate matters and become a problem, especially when thinking long term? Cross these out actions with an X (but leave visible what the action was).</p> <p>Optional: In communities where students come from particular cultural backgrounds, there</p>	<p>cause-and-effect type relationships between the reactions e.g. <i>feel shocked and can't stop thinking about it - can't sleep and get really tired - get angry with people when they try to be supportive because of being tired and irritable – start to question beliefs about what is important because what has happened has taken away someone I was closely connected to who helped shape who I am.</i></p> <p>Students construct their own socio-ecological model, and add a range of actions in each level, to show the ways grieving people and others might act or behave when someone is grieving.</p> <p>After discussion, any actions deemed unhelpful – because they will likely have negative effects on wellbeing and further complicate the situation - are crossed out.</p>
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<p>may be the opportunity to invite a respected and knowledgeable person from the community to talk about the cultural traditions and protocols associated with significant losses - noting that these traditions will typically be death related e.g. the tikanga of tangihanga.</p>	
<p>Student learning journal entry:</p> <p>Students file their impacts of grief on wellbeing (hauora grid) and their socio-ecological diagram of helpful actions for people who are grieving.</p>	<p>Contribution to NCEA achievement:</p> <p>It helps to understand the impact of loss on wellbeing for AS91097 (Health 1.3). For AS91236 (Health 2.2) having some understanding of the complexity of grief as a consequence of significant loss, highlights the importance of having multiple protective factors to help people cope with major changes, and few risk factors that would further complicate the situation.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Be aware of and be sensitive to any students who have experienced the death loss of someone close to them, or some other form of major and significant loss e.g. loss of property through natural disaster. <i>See also the extension to this statement following.</i></p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How confident were you to teach this material prior to the lessons? What, if anything, were your concerns or reservations? • Did anything happen/was anything said where you realised you were uncertain about what to say/how to handle the situation? What was this, and what would you do next time? • Would you facilitate the activity differently? Or, if it was something that you couldn't predict or stop the student from raising, (and now you've thought about it) what would you say? • What was the value of this learning for these students? What is your evidence for this?

Extra notes for teachers: Safety considerations

Stress to the students the importance of understanding that the way people grieve, and what people find helpful and unhelpful when they are grieving, varies from person to person.

Also, learning about grief doesn't make it hurt any less when people experience it. However, having knowledge that grief and all of the feelings that go with it are a normal reaction to loss, that having some ideas about what might help people work through and deal with their feelings of grief, and knowing that it's OK to ask for help, is the purpose of the learning.

Remind students that if any of the discussion in this activity triggers feelings – whether from recent losses or losses from many years ago – *to please consider talking about these feelings with the guidance counsellor or another trusted adult*. Explain that sometimes teenagers can 'rework' feelings of grief from losses experienced when they were much younger, because they come to understand more about what happened as they get older. This is normal.

As a learning process, these activities are not 'therapy' or a form of 'intervention'. In the event that there has been a death or major loss event that has impacted many students at the school, consult with the school guidance counsellor before including activities like this in the learning programme. It may be appropriate that they are used as part of a school wide intervention in response to a tragic incident, rather than as learning activities in health education programme assessed using NCEA achievement standards. If learning from this activity is to be used for formal NCEA assessment it may be unfair to students if they are having to draw on recent (and not so recent), deeply personal experiences which are difficult to think about critically in order to respond to an assessment situation.

Also, it can sometimes be little things (little reminders) that trigger feelings of sadness so even the most sensitive approach can sometimes result in a student becoming upset. If this happens in class, acknowledge that this is a normal grief response and provide a safe place for the student to be alone or with a friend.

If students show understanding of the popular 'stages of grief' model, acknowledge that this may work for some people, but for many it does not. The understanding of the stages of grief (denial, anger, bargaining, depression and acceptance) were popularised globally in western cultures after the book *On death and dying* by Swiss doctor, Elisabeth Kubler Ross was published in 1969. She developed this stages-of-grief approach after studying people who were dying from terminal illness – that is, these ideas were based on the experiences of dying people, not people who were grieving after a death loss.

Activity number 34.

Children's stories



Purpose: For centuries, and likely millennia, stories have been used to convey messages. The learning power of storytelling is well reported in research. Many illustrated children's story books contain themes of change and loss. This activity is based on Australian Shaun Tan's book *The Red Tree*, which has a theme of loss and hope, depicted sensitively through the symbolism of the red tree. This title could be replaced with any other book with a theme of loss (there are many). After analysing what makes a 'good' children's book – in this case to convey a simple wellbeing message, students develop their own children's story as a way to support young children experiencing change or loss.

Learning intention and NZC HPE achievement objective: Students will use children's story books as a way to support young children to understand change and loss (7A1).

Achievement Standard links: May provide ideas for strategies related to AS91236 and/or a focus for a health promoting event for AS91237.

Key competencies: Relating to others, Using language and texts.

Time: 2 hours. It may be useful to spread this over time to allow for thinking and planning of ideas. Also allow some homework time.

Resources: One or more children's illustrated story books with a theme of loss. *The Red Tree* by Australian author Shaun Tan is highly recommended for this activity, but there are many other book titles (see the *Curriculum in Action: Change Loss and Grief Years 1-8* Ministry of Education, 2000) <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Change-loss-and-grief>. There is a list of books and School Journal stories at the back of this resource, although many more have been written since.

A range of resource materials to create a children's book – paper based and/or digital (illustrations may need to be hand drawn, scanned/photographed and added into a digital book if it is not practical to create them digitally). A simple publishing application might be useful if access to digital technology supports this.

Note that Skylight also has a range of resources to support children in times of grief. *Skylight is a trust that enables children, young people, their families/whānau, and friends to navigate through times of trauma, loss, and grief by building resilience.* See <https://skylight.org.nz/Children>

Activity sequence: Teacher activity

Tell the students you are going to read them a children's story. Read the book and show the pictures (much like when they were at primary school). It may be helpful to have several copies of the book if that is possible, or use a projection device that means all students can view the illustrations.

Activity sequence: Student activity

After listening to the story and seeing the illustrations, the students share their ideas about the story e.g. *It's about despair, loss and hope.*

<p>Ask the students what they thought the book was about. Do students think it still has relevance for them as teenagers? Why or why not? How could stories like this support wellbeing?</p> <p>Explain to the students that they are going to work individually or in pairs to create a simple children's story with illustrations (if this is to become part of the health promoting action for AS91237, explain that). To help plan the book, the copy template for the activity contains a series of prompts of things to think about, and a recommended way to go about writing and illustrating the book.</p> <p>Stress to students that they do not need to be great artists for this – if they are not confident at drawing, simple child-like drawings are fine, or images can be cut and pasted and collaged from other sources. If planning to share these further, be aware of copyright considerations when students are using images from other sources. It may be helpful to identify who in the class likes drawing and consider teaming up a writer and an illustrator as often happens with children's books. Use examples of published children's books for ideas.</p> <p>Provide the opportunity for students to read their stories and show their books to the class.</p>	<p>Students convey their own opinions about the relevance of this book for them and why, and how stories could support wellbeing <i>e.g. stories support wellbeing because they show that other people might think and feel the way you do. They can teach you things like what to do, or not to give up hope.</i></p> <p>Students decide whether they will work individually or with a partner. If in pairs, they may designate roles such as writer and illustrator although the book will still be collaboration as the words and pictures still need to work together.</p> <p>Students use the planning frame provided in the copy template to guide the development of their book creation.</p> <p>Once completed, students hold a class 'book launch' and read their stories to the class.</p>
<p>Student learning journal entry:</p> <p>Students file their own copy of children's story and any reflections on the process of creating it. If a paper based book, they may photograph each page and file a digital image in their e-portfolio</p>	<p>Contribution to NCEA achievement:</p> <p>If extended, this activity could contribute an action for AS91237 (Health 2.3). For AS91236 (Health 2.2), it may provide ideas for strategies to use with children that strengthen protective factors and help build resilience.</p>
<p>Teacher knowledge and pedagogy:</p> <p>If opportunity allows, consider using this activity as a focus for a health promoting event (e.g. for AS91237), promoting wellbeing with primary school children in a neighbouring school. Permission to use the books in the</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How engaging was this activity for students? • Did it provide any insights into students' thoughts and ideas that don't readily surface in other types of learning activities?

primary school library will provide access to many more book titles, including the NZ School Journal, which contains many wellbeing themes (not just loss). As an action, senior secondary students could read a story to young students and discuss meanings and messages, and what they could do if they felt like the person in the story.

- How readily did students take on the challenge of this task and manage to 'pitch' their book at an appropriate level for children?
- What are the implications of this for helping students to see the world from the perspective of a range of people – including children? After all, they were children themselves not long ago, but now see the world through their adolescent eyes.

Checklist of considerations for planning the book

	My thoughts and ideas
Preparation - Thinking about the book that was read to us (and other children's books I have looked at):	
How many main ideas or messages did the author include in the story?	
What did you notice most about the illustrations? <i>Things I thought were particularly helpful for conveying the message in the story.</i>	
What sort of language was used – what sort of words, how long are the sentences?	
About how many words are there on a page?	
How many ideas are there on a page?	
What did you notice about the relationship between the illustration and the words?	
About how many pages will it take to tell a story – look at a few children's books in your school library or you may still have some at home, and some can be viewed online (or in a bookshop).	
Planning your book	
What theme or idea are you interested in for your book?	
What is the main message you want to get across in relation to this theme?	
Have you got any initial ideas for a book title?	
What sort of age group is the story for? What will you have to consider when writing a story for this age group?	
<ul style="list-style-type: none"> • Who will be the central character in the story? • How many other characters do you need to be able to tell the story (If any)? • What will happen to the person – what's the change or loss they experience? • How are you going to sensitively show the ways the change or loss impacts the person? How can you be sure you're being sensitive and saying this in a way young children will understand? • How are you going to develop the story so that it results in something positive happening that supports the main character's wellbeing? • Where do you want the story to end – what's the final message or point to make? • Make the final decision about a meaningful and interesting title for the book. 	
Plan out the pages of your book – there is no absolute page requirement. Look at other books to see how many pages are needed to tell a simple	

story. Create a simple storyboard to map out the words of the story (one idea each page). <i>This will take time – you may find you need to go back and forth to write a coherent story that conveys the message you intend.</i> Once the text is completed, identify the sorts of illustrations that will appear with the words on each page.	
Once you have confirmed the text and illustration ideas, you need to produce the finished copy.	
Practical considerations	
If working with a partner, how will you share the responsibility for producing the book?	
How will you write the text? Handwritten? Or typed on computer in a particular font (and font size), printed onto a blank page to which the illustrations are then added? Or can you produce all text and insert images on the computer using a publishing application?	
What have you decided about the way you will produce the illustrations?	
What illustration will go on the cover?	
Will your final book be paper-based or digital? Why this format?	
<p>Check list for final production – have you included on the cover or inside cover (as applicable – see an actual printed book for ideas)?:</p> <ul style="list-style-type: none"> • Author and illustrator names • Year of production • Where it was first published • Any author affiliations (information about the authors). • Copyright to you as author. 	

Activity number 35.

Saying it in song



Purpose: For centuries songs have included ideas about loss and grief – mostly commonly related to loss in romantic relationships, but also loss associated with war and conflict, and loss related to social injustice (e.g. loss of freedom). Furthermore, engaging in creative activities like the performance of music, dance or drama, or creating artwork, can be a strategy some people use to help work through their grief. If not making or performing, then listening to music, and viewing art might help some people. This activity requires students to consider why some people find listening to (or playing) music might be useful to help manage grief, as well as analyse the lyrics of songs to determine what messages they have about loss.

Learning intention and NZC HPE achievement objective: Students will develop understanding of the messages about loss in songs, as well as the value of music as a way to help manage grief (6/7A1 and A4).

Achievement Standard links: May contribute ideas for AS91097 (Health 1.3) and AS91236 (Health 2.2).

Key competencies: Participating and contributing, Using language and texts.

Digital fluency: Access information efficiently.

Time: 60 minutes. Plus time for feeding back findings from homework in a subsequent lesson.

Resources: Online access to a range of song lyrics.

Activity sequence: Teacher activity

Ask students why they think some people might find it useful to listen to (or play) music when they are grieving. Prompt students with further questions if needed to illicit a range of ideas.

Why do you think lyricists/song writers write these songs, and singers sing them? Again, prompt students with further questions if needed to illicit a range of ideas.

Activity sequence: Student activity

Students respond with ideas such as: *the music might reflect their mood (loud angry music), or it might calm them down (soft gentle music); the lyrics (words) might have meaning for them; the melody might be quite catchy and distracting meaning they focus on the music and not their thoughts and feelings; it might be that the music reminds them about the good time spent with the person.*

Students respond with ideas such as: *it's been done for centuries – it's how some people (musicians) express their feelings; it's a culturally 'acceptable' way to express deep emotions and feelings; songs about loss connect with people – they having meaning and reflect what other people have experienced and feel; sometimes they might be sung by singers*

<p>Why do you think expressing feelings of loss through songs has been so popular over the centuries? Think of old folk songs and ballads, opera, religious music, through to popular and contemporary music.</p> <p>Explain that this activity will require each student to select a new, recent, or older song that has a theme about loss. What themes of loss appear in songs?</p> <p>Negotiate with students any limitations on song selection (e.g. some rap music that talks of loss from killings and violence has an R18 or parental advisory notification due to language and themes – will this be able to be used?)</p> <p>Provide the opportunity for students to search online and select song lyrics for a song that depicts loss. They can also locate the video if one exists (this is optional, although if the video images reinforce the song lyrics this could be useful). Once selected, suggest that students swap their song lyrics with a partner and check that their partner agrees that the song is about loss. Provide the activity copy template to guide students through the analysis of the song.</p> <p>Provide opportunity for students to share their choice of song and their responses to one or two questions from the analysis.</p> <p><i>Homework:</i> Recommend to students that they ask their parents about the music they listened to as teenagers, in particular the songs about love and loss. Source the video of the song (if</p>	<p><i>who are popular with their audience (fans who think the song is about them).</i></p> <p>Students offer ideas e.g. <i>it's part of cultural tradition to express ideas about loss this way, especially if people don't have the words themselves. Cultural traditions like songs can be a way to express thoughts and ideas in ways that are 'acceptable' because that's the way it's always been done (whereas saying some things directly to a person might not be).</i> Students may also think of modern day funerals and the way contemporary music is played at some funerals instead of traditional hymns – as a reflection of who the person is, and how others perceived them, rather than traditional hymns that don't have relevance for the person who has died.</p> <p>Students reiterate themes of loss of romantic relationships. (With prompting if needed) loss as a result of conflict, war, loss of rights and freedom (folk music, protest music), and crime (some rap music).</p> <p>Students search for and select a song with a theme of loss. Working in pairs they then analyse the messages related to loss in each of their songs. Students discuss each question and come to an agreement with their partner about an answer before recording their ideas about their selected song.</p> <p>Students share song title and their thoughts about the loss messages in the song.</p> <p>Students share with the class their parents' song selection, and the similarities/differences with the one selected for their own analysis.</p>
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<p>available) and the lyrics on line and compare the messages with the song analysed in class.</p> <p>Consider compiling all of the students' song suggestions into a resource (name of songs and links to lyrics or video only – noting copyright on lyrics and video and the restrictions on copying these for the purpose of sharing/ screening/ publishing). Promote the list as a source of ideas for music to listen to when feeling low – depending on the songs selected they may need to be grouped for different moods.</p> <p><i>Optional:</i> Extend this activity to include other art forms such as visual art.</p>	
<p>Student learning journal entry:</p> <p>Student's completed analysis of the song messages is filed.</p>	<p>Contribution to NCEA achievement:</p> <p>When identifying a range of personal strategies that help manage changes, the use of music (or other art form) may be applicable for AS91097 (Health 1.3), and engaging in valued activities like performing arts, especially where these engage people socially, can be a protective factor for AS91236 (Health 2.2).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Contemporary music, and the culture that surrounds it can be a significant part of young people's lives. Consider investigating other ways music can be used as a resource or as a focus for learning in other health education contexts e.g. music and videos that depict inclusiveness of diversity.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • Did including music popular with students enhance the level of engagement in this activity? • Did it motivate any students who may have been less engaged in other activities? • Were there any revelations on the part of students to the effect that they didn't actually realise what the song lyrics were saying? • What are the implications of this for other activities that (could) tap into aspects of youth culture?

Songs about loss

Song analysis	Your responses
Song title	
Singer or group's name	
Nationality of singer or group	
Lyricist (songwriter)	
Year of release	
What sort of loss is the song about? (e.g. <i>loss of a relationship, loss of freedom, loss of life</i>)	
Give some examples of lines in the song that make you confident that this is the sort of loss the song is about.	
What message(s) is the song conveying about the loss? (e.g. <i>the feelings of loss like being hurt, the uncertainty of what's ahead, the feelings of grief after loss</i>)	
Give some examples of lines in the song that helped you decide that this was the message.	
KEY QUESTION: How helpful do you think the messages in this song might be for someone who had a similar experience? How could it support their wellbeing? Why is this?	
<i>Homework:</i> Ask your parents or other adults you live with about the music they listened to as teenagers, in particular the songs about loss. Ask them to recall one song that meant something to them when they were a teenager. Source online the video of the song (if available) and the lyrics. Analyse this song like the one above. Compare the messages with the song analysed in class. What is similar/different?	

Activity number 36.



Media portrayals of loss and grief

Purpose: For decades the reporting of tragic events locally, nationally and internationally has been a major focus for mass media. Some of this reporting is done by investigative journalists who work within ethical frameworks and with integrity to unearth and report the truth. Reporting at the other extreme comes from the tabloid press who tend to sensationalise aspects of events, often unethically distorting the truth, or invading people's privacy to make attention-grabbing headlines and sell their news stories. Digital technologies and the internet have meant that the reporting of news events can be instantly sent around the world with unsolicited images provided by the public dominating news feeds within minutes of the event occurring. As a consequence people all around the world are presented with images of people caught in tragic circumstances – the latest natural disaster, military conflict, terrorist bombing, celebrity death, mass shooting, etc. In the aftermath of such events, media analyse and add further information and perspectives of the story, some of which may include interviewing or filming those directly affected, and broadcasting images of people's grief to the world. Whether or not this helps people grieve (the people in the news stories or those viewing) is a matter of perspective and opinion. This activity requires students to think critically about possible impacts of media reporting of tragic events on people's wellbeing, and how the media might shape cultural attitudes about grief.

Learning intention and NZC HPE achievement objective: Students will develop their capability to think critically about the way loss and grief is reported in media, and determine how media reporting may impact wellbeing and shape cultural attitudes about loss and grief (7/8D1).

Achievement Standard links: Supports understanding of the way media influences issue for many Level 2 and 3 AS.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access online news and current affairs information efficiently, and think critically about its accuracy and impact on people.

Time: 1-2 hours.

Resources: Online access to a range of news feeds, and copy template to guide the analysis of new feeds focused on a selected event.

An alternative version of this activity is provided in *Change, Loss and Grief, Mental Health Foundation* (2000).

Activity sequence: Teacher activity	Activity sequence: Student activity
<p>Introduce this activity using some of the information from the purpose statement, and using events currently or recently in the news to highlight the points being made.</p> <p><i>Preparation:</i> Support students to locate online (and bookmark) newsfeeds from a range of sources – especially online newspapers, and TV news channels – NZ and international (and note any social media feeds these agencies also use). Draw attention to news agencies who have a reputation for being fair and responsible in their reporting, and any that are generally known for selective or biased, tabloid-type reporting.</p> <p>Explain that students, working in pairs or small groups, are going to select a current or recent news story where a person or group of people experienced some form of significant loss. The task will be to work through a series of critical thinking questions to decide whether or not the way the news was reported was helpful or unhelpful in the way it reported the loss and people’s grief as a consequence of the situation. Provide students with the activity copy template and briefly discuss the questions in preparation for selecting a suitable event for the task.</p> <p>Allow time to search newsfeeds and make a decision about which story to follow. Exercise sensitivity and caution with any local news stories, especially where students or their families might be involved. Discourage any focus on stories related to suicide (see the introductory section of this resource).</p> <p>Allow time for students to work through the questions on the activity sheet.</p> <p>Once completed, draw ideas together and ask students to provide their concluding statements. Revisit some of the purpose statement ideas, as applicable to the analysis made by the students.</p>	<p>Students may contribute some initial thoughts about the way media reports loss and grief situations.</p> <p>Students ensure they know where to access a range of newsfeeds and bookmark these for future use.</p> <p>Students review the activity and ask for clarification of any instructions.</p> <p>Students in pairs or small groups decide on a current or recent news story. <i>Note that if it relates to other subject learning, some students may wish to look at an historic event, although searching for news stories about this may become more complex and time consuming.</i></p> <p>Student share the conclusions from their analysis.</p>

<p>Student learning journal entry:</p> <p>Students file their media analysis in their learning journal.</p>	<p>Contribution to NCEA achievement:</p> <p>Many social issues can be influenced by media. Although the specific context for this activity (loss and grief) may not be the focus for the assessment, the activity to critically analyse the way media reports events may contribute to students' ability to think critically about media influences for many Level 2-3 AS.</p>
<p>Teacher knowledge and pedagogy:</p> <p>To help students think critically about the way news is reported, teachers need to be aware of the political bias of news providers – whether the view of the agency (website, news channel etc) tends towards 'left'/socialist, neoliberal, or 'right'/conservative values and ideologies.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily were students able to critically analyse a range of news stories to draw conclusions about who is advantaged and disadvantaged by the range of ways newsfeeds report tragedy, and show the impact this has on people? • What are the implications of this for future activities where students need to apply critical thinking questions to look beyond the surface of the situation?

Thinking frame for analysing the way mass media reports events where people experience loss and grief

Questions	Your ideas
Which event have you selected? Give some brief details about the date of event, where in the world it happened, and the nature of the tragedy – what's the 'loss' in the story?	
Who was most affected by this event – an individual (and their friends/family), a particular group, a community, whole population?	
You can EITHER (circle your selected option): <ul style="list-style-type: none"> • follow through the story over time on one newsfeed • OR look across 2-4 different newsfeeds to analyse how different agencies report the story 	
Which newsfeed(s) are you using for this activity – name this or these and enter the URL(s).	
Scan across the stories related to the event and take note of the ways the articles report the impact of the loss.	
What is the overall tone of the reporting <i>e.g. is it sympathetic to the people impacted by the event? Is it invasive of their privacy? Is it dismissive of the impact on people?</i>	
Focusing on the people who are experiencing grief in this story – are the images and audio showing their desperation, are the people crying, or speaking incoherently as they are interviewed about their situation, are they withdrawn and unable to communicate, or trying to avoid the camera, etc? How do you think this sort of reporting might be impacting the wellbeing of the people being filmed or photographed in the news item? Why do you say this?	
[Where relevant] If the news items includes bystanders who were present but not directly impacted (e.g. physically harmed) by the event, how do you think this sort of reporting might be impacting their wellbeing? Why do you say this?	
Who do you think the news agency sees as their target audience? Why do you say this?	
Thinking about those impacted by the event and more broadly about the viewing public: Who is 'advantaged' by this sort of reporting? Why do you say this?	
Who is 'disadvantaged' by this sort of reporting? Why do you say this?	
Do you think this sort of reporting somehow shapes societal attitudes about the way people grieve after tragic events? If so, how? For t=your chosen news story, do you think this media influence is helpful or unhelpful?	

Theme 4.

Stress

“Stress is difficult to define because it is so different for each of us. A good example is afforded by observing passengers on a steep roller coaster ride. Some are hunched down in the back seats, eyes shut, jaws clenched and white knuckled with an iron grip on the retaining bar. They can’t wait for the ride in the torture chamber to end so they can get back on solid ground and scamper away. But up front are the wide-eyed thrill seekers, yelling and relishing each steep plunge who race to get on the very next ride. And in between you may find a few with an air of nonchalance that borders on boredom. So, was the roller coaster ride stressful?”

The American Institute of Stress.

At senior secondary level, learning about stress deepens students’ understandings by:

- Examining how stress affects wellbeing, and the cause-and-effect type consequences of stress on all dimensions of wellbeing.
- Analysing why stress is a significant mental health issue (but not a ‘mental illness’), especially in the context of modern lifestyles.
- Examining a wide variety of stresses experienced by a diversity of people in a range of life situations to develop understanding of the idea that what is stressful for one person may not be stressful for another.
- Applying the socio-ecological perspective to understand the nature and causes of stress experienced by individuals, and then the actions needed to manage stress.

By the time students reach senior secondary level, they will have developed many ideas about ‘stress’ from formal learning, from various media sources, and/or from the people they interact with in their social networks.

In health education it is recognised that stress is an integral part of modern life and it would appear that for many people, a small amount of (manageable) stress can be quite motivating and productive. Day to day stress management is about making decisions and acting in ways that mean (potentially) stressful situations can be managed, wellbeing is maintained, and life is ‘kept in balance’. For many people, stress becomes a more significant mental health issue when lots of small manageable stresses all pile up, or when they experience extremely stressful life changes (Theme 3).

Stress is commonly experienced as a consequence of change (Theme 3), such as pressure to do something (e.g meeting a deadline or dealing with a difficult situation), or sometimes the lack of change and an absence of factors that support wellbeing (as in the case of having no money, no job, nothing to do, no motivation, no friends, etc).

The activities in this section focus mostly on the management of day to day stresses, whereas the activities in the resilience section following (Theme 5) focus on the capacity building that helps people cope during highly stressful times when they have experienced major changes and losses, or are experiencing a period of significant adversity.

By analysing situations in detail to determine the stressors, students develop critical insight into stressful situations and are able to identify specifically what needs to change in order to reduce and manage stress, and recommend actions that seek to change the situation that caused the stress in the first place. Some of the factors that cause stress – or stressors - are completely within the control of the individual, whereas some stressors arise from situations beyond the control of the individual. How each of these situations is managed requires different consideration.

The personal skills for managing stress included in this theme (positive self-talk or rational thinking, solving personal/own problems, decision making, and relaxation techniques) add to the many skills developed in previous sections. Although these previous activities have not been labelled as stress management techniques, many of the interpersonal skills in Theme 2, and the ways of managing grief in theme 3, could contribute to, or be used as actions to manage or reduce stress.

Activity number 37.

The game of life stresses



Purpose: By the time students reach senior secondary level, they have developed many ideas about stress from formal learning, from various media sources, and/or from the people they interact with in their social networks. They have ideas about what causes stress, how stress impacts on wellbeing, and some strategies for managing stress. This activity provides the opportunity for students to draw on prior learning to construct a simple board game using ideas about causes of stress and ways to manage it.

If any students have an interest in game mechanics, this activity could be expanded, in conjunction with learning in technology, to develop a more sophisticated type of game e.g. roll and move, strategy-based, or co-operative games where players work together to win against the game.

Key competencies: Relating to others, Participating and contributing.

Resources: (Optional) Resources for ideas such as 'Stress and how to handle it' pamphlet <https://www.mentalhealth.org.nz/assets/ResourceFinder/Stress-and-How-to-Handle-it.pdf>

Materials like cardboard and pens for making the board game and other materials for cards if required. Dice (or students can also make their own dice using a cube template – search for and download an example of this).

Digital fluency: If the game is designed using digital tools, this contributes to students developing skills to be adept producers of digital content.

Time: 60 minutes for basic game or longer if using digital tools and producing a high quality game for use in health promotion activities with junior students.

Activity sequence: Teacher activity

As a quick brainstorm, ask students to recall all that they can about what causes them stress. Note these in a list on the whiteboard. Prompt students for any obvious ideas that appear to be missing.

Now ask students for ways they could manage each stress listed. Note these down next to the stressors. Build up a sizeable list of ideas. Resources like the MHF 'Stress and how to handle it' may be used to supplement the students' ideas.

Explain that students will work in pairs or small groups to create a simple board game: either a snakes and ladders type game where players go back and forth depending on the square on

Activity sequence: Student activity

Students' ideas about what causes them stress identify a range of factors arising from: *family and friends, relationships, other people's attitudes toward them (and any behaviours that go with this like bullying), school work, money, jobs, growing up, their appearance, their future, world issues etc.*

the board they land on after throwing the die (or dice); or a Monopoly type game where landing on a square means picking up a card from the pile which then instructs the player what to do next.

To plan the game they need to select 10-20 factors that cause stress, and actions that reduce stress (about the same number of each).

Decide what sort of board game they will develop (explain the snakes and ladders or Monopoly type options – students may have some other ideas, but keep these realistic for the time allowed).

Support students to word statements for their game (whether these are written directly onto the board, or as cards which are turned over when a player lands on a particular square). Recommend almost half of the instructions allow the player to advance further forward, and a similar number to move backward or miss a turn.

If using a snakes-and-ladder type design, the head of the snake or top ladder where the players counter lands will need to contain an instruction about why the player gets to go 'up' the snake (and jump forward in the game) or 'down' the ladder (and go backwards in the game). If using a Monopoly-type approach, the board will need to have some squares marked to say to pick up a card.

Instruct students to play their own game before swapping games with another group and play the game designed by this group to 'test' the game and give feedback to the game developers.

Debrief questions:

- What is stress – can we 'define' it? What words would we use in a definition?
- How do we know we are stressed?

Students select a range of possible statements for their game (noting the wording of these will need to be developed to make the game 'work'). They also need to think about who they intend to play the game and choose ideas related to that audience e.g. junior high school students.

Students, working in their groups, choose a type of game. They use the available materials to draw up the basic board with about 50 squares in any arrangement that will work for the type of game design. Students now populate some of the squares in the game with the instructions.

Students need to match positive statements about stress (e.g. things people do to reduce stress) with any instructions to advance in the game, negative statements about stress (e.g. things people do that increases their stress) with any instructions to go backwards in the game, and any ineffective actions (or doing nothing) with 'miss a turn' type instructions.

Students complete their game and give it a test run before swapping with another group and testing their game.

Students respond to questions using their own knowledge in preparation for the activities that follow.

<ul style="list-style-type: none"> • Does stress always impact negatively on wellbeing? • How can some stress impact wellbeing in positive ways? • What is meant by the term 'stressors'? 	
<p>Teacher knowledge and pedagogy:</p> <p>How successful the game design is in this activity is not really the point (and good game design, while quite formulaic, can still be a challenging task to make the game work well). Instead it is the selection of ideas by students that show they understand what can be done to reduce or manage stress (so that there is a positive effect on wellbeing) and what causes stress (leading to a negative effect on wellbeing) that is the real point of the activity. Basing the activity around game design is to get students to make distinctions between these ideas and provide incentives in the game that favour stress reducing actions and 'penalise' stress causing actions.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • Which students seem to be motivated by this approach to showing what they know? • Which (if any) students were less motivated? • Was it apparent that using game design as a 'vehicle' for their thinking encouraged them to think more deeply and critically about the causes of stress and strategies for reducing stress? • What are the implications of this where future activities require students to work with familiar knowledge but in a more critical way?

Activity number 38.

Stress and wellbeing



Purpose: By now, students will have worked and reworked their ideas about hauora and the dimensions of wellbeing. In this activity, the focus is on the inter-connectedness of dimensions of wellbeing and the cause-and-effect type impacts on wellbeing when people are stressed.

Learning intention and NZC HPE achievement objective: Students will develop understanding of the inter-related ways the dimensions of wellbeing are impacted by stress (*contributes to 6/7A1 & A3*).

Achievement Standard links: Contributes understanding of stress and hauora required in varying combinations for most Level 1 AS. May contribute to AS91235 (Health 2.1) depending on learning context selected.

Key competencies: Critical thinking, Participating and contributing.

Time: 30 minutes.

Resources: A pile of A5 sized piece of paper (A4 cut in half) and felt pens in four different colours (or four different colours of paper).

Activity sequence: Teacher activity

Divide the class into four approximately equal sized groups. Assign one dimension of wellbeing to each group. Allocate the 'spirituality' dimension with consideration as this activity requires some abstract thinking to make connections between stress and spirituality – provide some added support for this group if needed. Instruct each group that they need to brainstorm as many effects or impacts of stress on their allocated dimension of wellbeing as they can think of, and to write one idea on each piece of paper. Provide each group with a couple of examples to get them going.

Once all groups have produced their 20+ cards (~10 for the spirituality group), ask the students to lay their cards out in a group on the floor/large table surface, or blu-tac to board (as space allows) – so they are visible to the whole

Activity sequence: Student activity

ONE impact is written on each piece of paper – write the impact large and clear. Each group tries to get at least 20 impacts (although the spirituality dimension group may have fewer).

<p>class. Keep each dimension of cards together – indicated by the different coloured card or pen. Explain to the class that they are now going to work in pairs to piece together an account of the cause-and-effect responses to each dimension when a person is stressed.</p> <p>Debrief: What were some recurrent themes across each of the responses?</p>	<ul style="list-style-type: none"> • Each pair needs to decide on a stressful situation or a stressor of their own choosing – but also to be thinking ahead as to how they will use the dimension cards in an actual situation. • They then decide which dimension of wellbeing will be the first affected by that stressor and choose one card from that pile of dimension cards that best fits their thinking. • They then decide how that impact will then lead to an effect on another dimension – again making a best-fit selection from the pile of cards for the next dimension. • The process is repeated until all four dimensions have been included. return all of the dimensions cards to the pile for reuse. • Each pair in the class repeats the process. Dimension cards can be reused by other pairs. <p>Students make suggestions such as: <i>the [xxx] wellbeing card was often selected first; the hardest dimension to link with the others was [xxx]; people mostly chose [xxxx] stress situations, etc.</i></p>
<p>Student learning journal entry:</p> <p>Students record 2-3 examples of the interconnected ways the dimensions of wellbeing are impacted in relation to a particular stressor.</p>	<p>Contribution to NCEA achievement:</p> <p>The interconnectedness and holistic nature of wellbeing, as described through the concept of hauora is a key indicator of high level achievement at NCEA Level 1, required for most AS.</p>
<p>Teacher knowledge and pedagogy:</p> <p>For familiar contexts where previous learning has provided students with a range of knowledge, draw on this knowledge to show them ways to reconstitute it – in this case applying a familiar concept (hauora) and a familiar context (stress) in new ways. Where knowledge appears to be lacking, additional sources of information can be accessed to fill the knowledge gaps.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily could students make cause-and-effect type links to show how the dimensions of wellbeing inter-related? • What are the implications of this when consideration of hauora (as a concept) resurfaces in other learning contexts?

Activity number 39.

What's stressful – and on whose terms?



Purpose: The point of this activity is about seeing situations from different perspectives, in this case emphasising the point that what is stressful to one person may not be stressful to another, or that people's experience of stress is different. It recycles the idea of a risk continuum to force a conversation about the different perceptions of stress.

Learning intention and NZC HPE achievement objective: Students will develop understanding that what is stressful to one person may not be stressful to others (*contributes to 6/7A1 & A3*).

Achievement Standard links:

Contributes to understanding of stressful situations that impact wellbeing for most Level 1 AS. May contribute to AS91235 (Health 2.1).

Key competencies: Critical thinking, Relating to others.

Time: 20-30 minutes.

Resources: An alternative version of this activity is in *Mental Health Matters* (Mental Health Foundation, 2009).

Activity sequence: Teacher activity

Introduce this activity with the quote from the introductory page of this theme (about the roller coaster). Ask students if they can think of any other situations like that where what is stressful to one person, is motivating or exhilarating for another.

Provide students with the copy template for the activity. Work through one example if needed to show what is required.

Ask for a selection of ideas to be shared, along with students' own examples.

Activity sequence: Student activity

Students share any ideas they have about different experiences of stress from the same situation.

Working in pairs, students complete the activity and add two more ideas of their own.

Students contribute their own ideas to highlight that what is stressful to one person may not be for another, or that the experience of stress is different.

<p>Student learning journal entry:</p> <p>Students file the completed copy template in their learning portfolio.</p>	<p>Contribution to NCEA achievement:</p> <p>Supports the documentation of evidence which requires students to be able to see a situation from different perspectives required in many AS.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Some learning activities can be completed very economically with the use of a structured talking frame (activity sheet) like this one (and many others throughout this resource). Whereas some activities draw entirely on students' knowledge, which is then used to construct the learning for the whole activity (and which can be time consuming), quick activities like this that frame up the intentions and step students straight into the point of the activity can also be useful. This is especially the case when the content or contextual knowledge foundation for the activity is already in place, and what is being developed is a big idea rather than specific content knowledge – in this case, seeing situations from different perspectives.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily were students able to step into the different shoes of the two people in each situation and consider the situation from each perspective? • What is the implication of this for future activities where multiple perspectives are required?

What's stressful – and on whose terms?

Situation	Person 1	Person 2	Who would find this situation more stressful and why?
There's a practical assessment next week	Does well in all of their assessments	Doesn't like participating in any practical activities in class and avoids it whenever possible	
Individual trials or rehearsals are on to select people for the sports team/ school production	Only put her name down to support her friend	Often gets selected to be a group or team leader	
Starting at a new school	Has an older brother at the school	Didn't have any friends and got bullied at his last school	
The school ball	Going as a 'single'	Going as a couple having been paired up by friends with someone they barely know	
Going to a party	Arriving with no alcohol because s/he doesn't want to drink	Being the designated sober driver	
Mufti day	Likes to express their individuality through their choice of clothes	Comes from a poor family and has very few clothes apart from a school uniform	
'Coming out' (as in a person declaring their sexual identity)	Has supportive parents and friends	Has same-sex partner but sexual identity is not known to anyone else	
<i>(Add more ideas of your own)</i>			

Activity number 40.



Stress as a wellbeing issue in schools

Purpose: In recent years, the New Zealand education and health systems have been focusing on the promotion of student wellbeing at school. There are several government (and other organisation) reports about this as well as articles in newspapers and education publications and websites. This activity is as much about learning to search for locally relevant information, and selecting key ideas from this, as it is about student (and teacher) stress in New Zealand schools. This activity requires students to use online sources to answer the question *“what concerns are being voiced about stress in New Zealand schools, and what are some schools doing about it?”*

Learning intention and NZC HPE achievement objective: Students will demonstrate understanding of stressors in school situations based on findings reported by research and media (7D1 & 7D2, 8A1).

Achievement Standard links: As a skill, this has application for all Level 2 & 3 AS that require evidence to justify claims.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access accurate information.

Time: 60 minutes.

Resources: Access to a range of NZ websites – education, health and social sectors, reputable newspaper websites.

A digital application to curate content (or printed extracts of items sourced online) – students will need to be able to group their ideas into main themes.

Activity sequence: Teacher activity

Explain to students that this activity requires them to construct an answer to the question *“what concerns are being voiced about stress in New Zealand schools, and what are some schools doing about it?”*

They will need to search and source information online. Ask the class for ideas about what to type into a search engine. If needed, prompt them to include ‘wellbeing’ not just ‘stress’ (ask why this is being recommended – if not sure, ask it again later in the activity).

Provide time for students to search for possible materials, and from time to time ask for examples of useful websites they have found. Once students have located what appear to be

Activity sequence: Student activity

Students make recommendations for combinations of terms that could be used to search for suitable material – *stress, mental health, wellbeing, schools, NZ, students, teachers, etc.*

On request, students share ideas of useful websites.

<p>examples of useful content, provide a way to collate this content so that it can then be 'curated' (pull it together by sifting through, selecting and organising material for presentation). For example, copy and paste or use the snipping tool, to add brief excerpts into a digital application, OR copy into a Word doc and print these and use paper copy for the following.</p> <p>Once a reasonable amount of material has been located (covering a range of stress and wellbeing related concerns for students and teachers, and examples of what schools are doing to promote wellbeing/reduce stress), explain to the students that they now need to organise the material – that is curate it. Ensure all students can view the material that has been collated – either digitally or on paper. Ask them what 'themes' (recurrent ideas) appear among the material they have compiled and to think about this in relation to the overall question they are trying to answer.</p> <p>Facilitate a process to organise each of the items under a heading. Once this is done, re-ask the question (this time, based on evidence): <i>"What concerns are being voiced about stress in New Zealand schools, and what are some schools doing about it?"</i></p> <p>Revisit the reason for including 'wellbeing' in the search. Prompt students if needed to see why looking beyond a single and specific word like 'stress', to broader over-arching ideas like 'wellbeing', is sometimes needed to find useful material from which they can interpret what is stressful, and based on what they know about stress and mental and emotional wellbeing.</p>	<p>Students contribute brief extracts (headlines, intro paragraphs - as applicable) with their source (e.g. the URL or name of the organisation or newspaper) to the class file of materials.</p> <p>Based on material collated, students suggest themes like – <i>students and teachers, workload and bullying, problems and solutions/actions</i> – as relevant.</p> <p>Students answer the question using evidence from the curated material.</p> <p>Students suggest ideas such as: <i>most reports are about wellbeing in general; mental and emotional wellbeing includes contexts like workload stress, over-assessment, bullying and cyberbullying – all of which cause stress, and school actions often focus on 'promoting wellbeing' and eliminating bullying, rather than 'reducing stress'.</i></p>
<p>Student learning journal entry:</p> <p>Students file an image of the content curated by the class, along with their written answer to the question for the lesson (using ideas discussed by the class).</p>	<p>Contribution to NCEA achievement:</p> <p>Evidenced based responses are essential for achievement when an (critical) analysis or evaluation is the overall requirement of an AS. This applies to most Level 2 & 3 AS.</p>

Teacher knowledge and pedagogy:

Teaching students how to search for specific and relevant material online is a learned skill. This activity provides the opportunity to check on the capabilities of students for carrying out targeted online searches to find material that answers a specific question. Not only do they need to learn how to search for suitable material, but also read and interpret material quickly and efficiently to determine its usefulness for the task assigned. It requires learning opportunities and practice to develop these skills.

Teacher's evaluation of the activity:

- How efficiently were students able to source and extract relevant information? How much support, prompting or direction did you need to provide – and was this for all or some students?
- Given the importance of being able to source and select relevant and up-to-date information online for a range of health issues, and your observations of students in this activity to do this, what implications for future learning have emerged from this activity?

Activity number 41.

A socio-ecological perspective on stress



Purpose: Being able to take a socio-ecological perspective on an issue is a recurrent requirement in health education. The complexity with which students can paint this SEP picture is indicative of the NZC level at which they are achieving. This activity is as much about being an adept producer of digital content as it is about showing understanding of stress from a socio-ecological perspective. It requires students to select a 'Smartart' option in Microsoft Word (or equivalent application) and populate the template selected with ideas about stress, to show understanding of the SEP as an underlying concept. In particular, students will illustrate the interconnectedness of personal, interpersonal and societal aspects of stress.

Learning intention and NZC HPE achievement objective: Students will demonstrate understanding of a socio-ecological perspective related to the issue of stress (*contributes broadly to Level 6/7 Strand A*).

Achievement Standard links: Has application for all AS, the complexity and depth of response will determine whether the response is NCEA Level 1, 2 or 3.

Key competencies: Managing self, Using language and texts.

Digital fluency: Being an adept producer of digital content.

Time: 60 minutes.

Resources: Access to Microsoft Word or equivalent application that provides formatted templates for making diagrams like pyramids or cycles, etc.

Activity sequence: Teacher activity

Ask students to briefly recall their understanding of the socio-ecological perspective – or if this term hasn't been used, the personal, interpersonal and societal considerations of an issue, and how we usually show this diagrammatically as a series of concentric circles.

Explain to them that they are going to make a SEP diagram of some ideas related to stress using an application on the computer. Direct students to the 'Smartart' option on the Microsoft Word tool bar (or equivalent in a different programme or operating system). Explain that these are all templates into which text can be added. Walk them through the various options (lists, process, cycles, hierarchies, relationships, matrix, and

Activity sequence: Student activity

Students contribute current SEP understandings (reflecting their level of learning in the NZC and level of NCEA achievement).

Students locate the Smartart option in Microsoft Word (or equivalent) and navigate their way through the various options, clicking on these to bring up the template to see the detail and decide if it is useful for showing 3 levels or layers of ideas.

<p>pyramids). Ask students to each select one template they think will be useful for showing 3 interrelated layers of ideas other than the usual concentric circles usually used for the SEP (note that some templates can be altered to change the number of layers/levels). It may be useful for students to test out a few of these before selecting one. Indicate that the amount of text that can be included in these templates is usually quite limited (although the font size can usually be changed to fit more in).</p> <p>Explain to students that they now need to focus on a single idea about stress that has personal, interpersonal, and societal considerations, and which can be communicated in a few words. Discuss some possible examples of this e.g. <i>de-stressing my friendships; avoiding stress when using social media; etc.</i></p> <p>If time allows, suggest that students use the design options to select a colour scheme, font of their choosing (etc) – other than the default option offered by the Microsoft Word programme.</p> <p>Provide opportunity for students to share their models with the class.</p> <p>Debrief:</p> <ul style="list-style-type: none"> • With hindsight, how useful do you think your selected template was for showing your understanding of the SEP and the interrelatedness of the personal-interpersonal-societal aspects of stress? Why was this? Would you use it again for similar task? Why/why not? • How might you use some of these Smartart design tools to present some of your assessment work in future? 	<p>Students (with support) suggest and plan ideas like: <i>Reducing stress from school work: (P) time management - use a diary for planning homework, social time and sports practice; use positive self-talk; make good decisions that reduce stress; using breathing exercises; (IP) discuss anything I don't understand with the teacher; use mum and dad as a sounding board; work with my friend on xxx assessment preparation; (S) make use of the NCEA resources provided online; attend the homework club at school.</i> After typing these ideas out in a Microsoft Word doc, students add their ideas into their selected template.</p> <p>Students share their models and the thinking behind them/why they chose this idea.</p> <p>Students respond to debrief questions to highlight strengths and challenges of using these templates to show a SEP.</p>
<p>Student learning journal entry:</p> <p>Students file their SEP model in their learning journal.</p>	<p>Contribution to NCEA achievement:</p> <p>Reinforces understanding of SEP required for all levels and may offer ideas for ways to present internally assessed work.</p>

Teacher knowledge and pedagogy:

All teachers have responsibility for enabling students' e-learning and helping students become digitally fluent. This includes many things, in this case being an adept producer of digital content. Health education uses a range of 'models' which could be interpreted and represented using digital tools, *to complement* the cooperative group processes for constructing and communicating knowledge featured in other activities in this resource.

Teacher's evaluation of the activity:

- How adept were students at using digital tools for this exercise?
- Was there a balance of learning to use the template with the organising of health knowledge? Or did the use of the template 'take over' from the health education focus of activity? If this was the case, what additional learning needs to occur to help students become more digitally literate (and use tools efficiently) – and who else in the school can help with this?

Activity number 42.



Skills for managing stress (1) rational thinking (positive self-talk or de-stressing thoughts)

Purpose: Rational thinking, also called self-talk or de-stressing thoughts, (or conversely negative thinking, or distorted thinking) is about the things people tell themselves that, if positive and constructive, can rationalise and 'de-stress' the situation, or if negative, add to the stress and exacerbate the situation. In this activity students will learn to distinguish between negative thinking, and positive, rational thinking, and how using positive rational thinking is a useful skill for managing and reducing stress.

Learning intention and NZC HPE achievement objective: Students will recognise examples of positive self-talk and how this contributes to managing or reducing stress (*contributes to 6A1 & 6A3*).

Achievement Standard links: A personal strategy for most level 1 & 2 AS.

Key competencies: Managing self.

Time: 30 minutes.

Resources: Copy template.

An alternative process for teaching these skills can be found in *Taking Action: Lifeskills in Health Education* (Tasker, Hipkins, Parker & Whatman, 1994), or *Mental Health Matters*, (Mental Health Foundation, 2009).

Activity sequence: Teacher activity

Pose this situation for the students: If a person is in the habit of saying to themselves (or to other people) "*oh I'm so useless, I can't do anything right*" whenever they make the smallest mistake; or "*I'm no good at this, I'll never get it right*" – even when they have only tried it once; or "*I must do this perfectly*" even when good enough is fine; or "*I am so thick and stupid, I'll never pass*" even though they seldom fail; "*no one will ever want to be friends/go out with me because I'm ugly*" even though they have friends ... etc.

- What are thoughts like this indicating about the mental and emotional wellbeing of the person saying them?
- Ask students if they can recall the terms or name(s) we give to this sort of thinking. Agree to a term (*for this activity the term 'rational thinking' is used*).
- When we are 'rational' about something, what does this mean?

Activity sequence: Student activity

Students respond with their ideas about the mental and emotional wellbeing of people who say things like this. They may also add some other ideas of their own.

Students respond with names they have been previously taught e.g. *self-talk, de-stressing thoughts, or rational thinking, (negative thinking, or distorted thinking)*.

<p>Support the students to recall in general the sort of things people say when thinking irrationally or negatively. Draw attention to thoughts that are: exaggerations, self-defeating, absolutes, overstating, selective (and focus only on the negatives), make worst case assumptions, etc.</p> <p>Provide the copy template and explain to students that they need to turn the irrational thinking into rational thinking, and identify what the person is doing in this instance. Model what is meant by this - a worked example is provided in the template.</p> <p>Provide the opportunity for students to share some of their ideas from the activity.</p> <p><i>Challenge:</i> If a person is in the habit of saying some of these thoughts out loud - so other people hear, how could others respond in a way that could help the person to have more positive thoughts?</p> <p>Acknowledge that challenging someone like this might upset them initially but as they have time to reflect and learn from the experience, they may take it on board. If it is clear to them that as a friend you don't accept this sort of talk as it's destructive, and there is another way</p>	<p>Students' ideas for what being or behaving rationally means may include: <i>being reasonable, realistic, balanced, sensible, coherent, logical, considered, thoughtful, mindful, etc.</i></p> <p>Students recall ideas such as:</p> <ul style="list-style-type: none"> • <i>Being absolute or black and white, right or wrong, inflexible about things (always/never, or must or shouldn't, can/can't)</i> • <i>Exaggerating things and blowing single events out of proportion: "If I don't do ... I will never ..."</i> • <i>Overstating the negative part and not looking at the whole picture: "I only got an 'achieved.' I'll be lucky if I get my NCEA now" – even when the person has merits and excellences for everything else.</i> • <i>Being unrealistic or irrational: "I must always do ..."</i> • <i>Being self-defeating before the event has even happened: "I will fail my driver's license" or "I can't cope with this."</i> • <i>Assume the worst or jump to conclusions: "My teacher will be mad because I got the answer wrong."</i> <p>Students, working in pairs or small groups, discuss each situation and record their ideas.</p> <p>Students share some worked examples from the activity sheet.</p> <p>Students draw on interpersonal skills (theme 2) to explain how they would need to use "I feel ..." statements in context of being assertive (or the DESC model) to request a change in their friend's behaviour.</p>
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to think and speak about the situation when things don't go as you want them to.	
<p>Student learning journal entry:</p> <p>Students file their completed activity template along with any reflections from the challenge question about how they would respond to a friend who verbalised their irrational or negative talk.</p>	<p>Contribution to NCEA achievement:</p> <p>As a personal strategy could contribute to most level 1 & 2 AS.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Teachers can decide the preferred term for this skill – it varies between resources. Because self-talk is something people often do in their head – and only sometimes say out loud - it is difficult to elicit examples of students' own thoughts without stepping into the shoes of a counsellor or psychologist. Keep the learning process safe by recognising the limitations of what can be safely achieved in a classroom learning environment.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • What was the terminology preferred by the class? Why was this? • How receptive were students to the notion of rational thinking (or other term used)? Did they appear to 'get it'? • If students are selecting a personal goal for AS90971 (Health 1.1), and they are selecting a goal focused on improving their mental and emotional or social wellbeing (and not physical wellbeing), how could they record evidence of improved use of rational thinking?

Rational thinking (or de-stressing thoughts)

The irrational thought or talk	Reframe this into a rational statement	What the person was doing (see notes below) and therefore, what needed to be changed?
<i>I'm lonely at school because everyone thinks I'm a reject. They probably think I smell or something.</i>	<i>I don't have many friends at school but I have one good friend who lives next door.</i>	<i>Avoid exaggerating – the person has a friend who presumably doesn't think they are a reject and avoid using negative names like 'reject'. Jumping to conclusions (about smelling bad) – leave this out.</i>
My friends think I'm an idiot. What was I thinking turning up wearing (.....), I'm so stupid to think they would accept me wearing that.		
I'm useless on the (.....) team, I missed that goal. Now they will want to kick me off the team for the rest of the season.		
People ignore me because I'm ugly and a failure. I haven't got any talent, I don't do well at anything at school.		
<i>(Add own examples)</i>		

Resource for rational thinking (or de-stressing thoughts)

Resource: Types of irrational thinking	To be more rational the person needs to ...
Being absolute or black and white, and inflexible about things (<i>Always/never, or must or shouldn't, can/can't right/wrong</i>)	Use more rational and realistic words like <i>sometimes, maybe, it would be nice if ..., I would like it if ...</i>
Exaggerating things and blowing single events out of proportion (<i>"If I don't do ... I will never ..."</i>)	Keep the thinking in context of the situation and not apply it to everything.
Overstating the negative part and not looking at the whole picture (<i>"I only got an 'achieved.' I'll be lucky if I get my NCEA now" – even when the person has merits and excellences for everything else</i>)	Being rational and reasonable about the whole situation and not just one thing in isolation.
Being unrealistic or irrational – blaming self or others for things beyond your control (<i>"I must always win ..."</i>)	Be realistic about what is possible in that situation, which may not apply to other situations.
Being self-defeating before the event has even happened (<i>"I will fail my driver's license" or "I can't cope with this"</i>)	Be more confident that they will succeed and that they are prepared for success.
Assume the worst or jump to conclusions (<i>"My teacher will be mad because I got the answer wrong"</i>)	Avoid jumping to conclusions or assuming what other people think.

Activity number 43.



Skills for managing stress (2) own problem solving

Purpose: Solving own or personal problems, or supporting someone else to solve their problems, requires a step by step process to be followed. This activity overlaps with personal decision making (Activity 44) which pays attention to the thinking process when there are multiple options available for a course of action. To complement the use of a decision making model, this activity shifts the focus toward the process – the steps to be taken to solve a problem (which requires thinking and for decisions to be made). Problems create stress for people – whether they ‘own’ the problem, or the problem is owned by another person whose circumstances impact on the people they interact with. This activity requires students to use the steps of a ‘general-purpose’ problem solving model to solve own and support others to solve their problems.

Learning intention and NZC HPE achievement objective: Students will demonstrate use of a personal problem solving process to solve a problem ‘owned’ by a person (6A3).

Achievement Standard links: AS90973 (Health 1.4) and a personal strategy for most Level 1 AS.

Key competencies: Participating and contributing.

Time: 60 minutes.

Resources: An alternative process for teaching these skills can be found in *Taking Action: Lifeskills in Health Education* (Tasker, Hipkins, Parker & Whatman, 1994).

Activity sequence: Teacher activity

Introduce this activity in consideration of whether or not students have learned about other problem solving models. *Assuming some prior learning*, ask:

What helps us decide which problem solving model to use? Prompt students to recall prior learning about the DESC and joint problem solving models.

Introduce this next problem solving model as a ‘general purpose’ one that can be used for solving personal problems - whether they ‘own’ the problem, or the problem is owned by another person whose circumstances then impact on the people they interact with.

Activity sequence: Student activity

Students respond with ideas such as: Who owns the problem? Who has the strongest feelings about the situation? Who stands to benefit from the problem being resolved?

Students can recall that when both people own the problem – where both people have feelings about the situation and have a similar investment in the outcome (i.e. they both want the problem solved) a joint problem solving model is used.

When a person needs to request a behaviour change because the actions of others have caused them a problem (and stress) the DESC model could be used.

<p>Ask, how do 'problems' link to stress?</p> <p>Introduce students to the general purpose personal problem solving model in the copy template. If required, model how to fill it in using one of the scenarios.</p> <p>Provide the opportunity for students to work through the process, completing a template for one 'own' problem and one 'other person's' problem. Summarise the activity with some worked examples of the process.</p> <p>Debrief (assuming students have learned about other models): What general rules can we apply to decide which model to choose for which problem?</p>	<p>Students respond with ideas such as: <i>a problem weighs on your mind, which affects your mental and emotional wellbeing – you might be worried about the situation, anxious, unsure, upset, it might cause you to behave in ways that anger, hurt, or upset other people (etc), and all of these thoughts and feelings cause stress.</i></p> <p>Students complete the template for two different problems – one 'own' and one 'other person'. Students may use other ideas for problems derived from previous activities. Examples of these are shared with the class.</p> <p>Students clarify that the choice of model depends on who owns the problem and who will benefit from the problem being resolved e.g:</p> <ul style="list-style-type: none"> • <i>When both people have feelings about the situation and both will benefit – use a joint problem solving model;</i> • <i>When one person has the problem with another person (and only they have feelings about it and will benefit from the problem being resolved) – for example, a situation where someone else has said or done something and the person who owns the problem needs to request that the other person changes their attitude or behaviour – the DESC model is useful.</i> • <i>When an individual (self or other) has a personal problem (again, where only they have feelings about it and will benefit from the problem being resolved), and the DESC doesn't apply, the general purpose problem solving model will be useful.</i>
<p>Student learning journal entry:</p> <p>Students file two completed problem solving processes based on scenarios of their choice.</p>	<p>Contribution to NCEA achievement:</p> <p>Knowledge and application of a range of own and joint problem solving models are required for AS90973 (Health 1.4). Own problem solving is also a potential personal strategy for most Level 1 & 2 AS.</p>

Teacher knowledge and pedagogy:

Understanding 'who owns the problem' – self, the other person, or both people - is key to supporting students to decide which problem solving model needs to be demonstrated for a particular situation for AS90973. The DESC model is useful for when a person has the problem with another person – something someone else has said or done (Activity 17) and needs to request a change of behaviour by the other person. Joint problem solving, when both people own the problem, is in Activity 19. Avoid locking students into only one model for one type of situation – this general purpose model could be used in any situation. It is about selecting a model that best fits a given situation.

Teacher's evaluation of the activity:

- This version of personal problem solving requires students to see problems from their own perspective, and that of others (but where 'you' could help). How readily were students able to apply this model from both perspectives?
- What are the implications of this for future learning where students need to see situations through the eyes of different people involved in a situation?

Reducing stress by solving own problems

Scenarios: Select (circle or highlight) ONE of these and complete the table below.

Scenario 1. Imagine you have been invited to a party. All your friends are going. However, your mum and dad have said no, not after the last time (you came home drunk). You desperately want to go – and especially because one of the boys/girls in your class that you fancy has asked if you are going.

Scenario 2. Imagine you have applied for an after school job and got the job on the understanding that you would work certain hours that fitted with your other responsibilities e.g. sports or cultural group practice. Once you start the job, your boss changes your work hours. When you challenge this s/he tells you to 'accept it or leave'.

Step	My response
STEP 1. What's the problem? Think carefully about the situation and clearly identify what the problem is that needs to be solved.	
<ul style="list-style-type: none"> <i>How do I know 'I own' this problem? Check - who has feelings about the situation – is it me or the other person? Who benefits from resolving this problem?</i> 	
STEP 2. My needs and feelings What are my needs in this situation? What are my rights in this situation? What are my feelings about the situation?	
<ul style="list-style-type: none"> <i>How is the situation affecting my mental and emotional wellbeing?</i> <i>How is it causing me stress?</i> 	
STEP 3. Other people's needs and feelings Who else is involved in this situation? What are their needs? What are their rights? How might they be feeling?	
STEP 4. Solutions What are the possible solutions to this problem – as I see it? What responsibilities do I have to myself and others in this situation?	
STEP 5. Outcome What do I want to be the result or outcome of the situation once the problem is 'solved'? What will I need to do to make this happen? What can help me (enablers)? What will get in the way (barriers)? How will I overcome these? What else do I need to know?	
STEP 6. (If applicable) Involving others If my actions require meeting with another person, or people, how will I go about doing this – place, time?	
STEP 7. Reflection/evaluation How will applying the steps this model enhance well-being?	

Reducing stress by and supporting others to solve their problems

Scenarios: Select (circle or highlight) ONE of these and complete the table below.

Scenario 3. Imagine you are the friend of someone who is having family problems and their bad mood and erratic attendance is getting in the way of them participating in a group assessment. The rest of the group can do the assessment without the person ... but the person is your friend and they will miss out on their NCEA credits if they don't contribute.

Scenario 4. Imagine you and your friends have planned an unsupervised weekend away camping. The parents of one of the group members are insisting on all sorts of restrictions that would ruin what was planned for the weekend. It would be easier to tell the person not to come, but they are really keen and want to be involved.

Step	My response
STEP 1. What's the problem? Think carefully about the situation and clearly identify what the problem is that needs to be solved.	
<ul style="list-style-type: none"> <i>How do I know the other person owns this problem? Check - who has feelings about the situation – is it me or the other person? Who benefits from resolving this problem?</i> 	
STEP 2. My needs and feelings What are the other person's needs in this situation? What are their rights in this situation? What are their feelings about the situation?	
<ul style="list-style-type: none"> <i>How is the situation affecting their mental and emotional wellbeing?</i> <i>How is it causing them stress?</i> 	
STEP 3. Other people's needs and feelings Who else is involved in this situation (<i>me obviously as the support person – anyone else</i>)? What are my needs? What are my rights? How am I feeling?	
STEP 4. Solutions What are the possible solutions to this problem – as I see it? What responsibilities do I have to myself, the person I am supporting (and any others) in this situation?	
STEP 5. Outcome What do I want to be the result or outcome of the situation <u>once the other person's problem is 'solved'</u> ? What can I do to help make this happen? What can help me (enablers)? What will get in the way (barriers)? How will I overcome these? What else do I need to know?	
STEP 6. (If applicable) Involving others If my actions require meeting with the other person (or other people), how will I go about doing this – place, time?	
STEP 7. Reflection/evaluation How will applying the steps this model enhance well-being?	

Activity number 44.



Skills for managing stress (3) personal decision making

Purpose: This activity approaches decision making as the thinking processes a person works through to make a decision about what to do when faced with a situation where there is more than one possible choice of action. Making responsible, informed, health-enhancing decisions that contribute to stress management is a complex activity that needs to be carefully thought through. Sometimes, what seems an OK or 'healthy' choice may not always be the case when the decision cannot be carried out (or stuck to), or if the impact that the decision has on others is not considered. This activity requires students to apply decision making skills as a self-management strategy to prevent unduly stressful situations, or manage them when they occur. The process shares much in common with personal problem solving but focuses attention on the thinking (cognitive) processes leading to a decision being made.

Learning intention and NZC HPE achievement objective: Students will apply a decision making process to a situation as a way to prevent stress, or manage stress (6A3).

Achievement Standard links: As a personal strategy, could be used for most Level 1 AS.

Key competencies: Critical thinking, Managing self.

Time: 60 minutes.

Resources: Copy templates of decision making model and scenarios and additional information and decision making.
Note the NZHEA resource *Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11* (2017) contains an alcohol and drug specific application of this model, and an additional activity for leading students into the application of a decision making process.

Activity sequence: Teacher activity

Introduce students to the idea that many situations in life present young people with a dilemma when deciding what to do or what not to do. Making health-enhancing decisions to prevent or reduce undue stress means weighing up the consequences of the various possible choices, to decide which choice will have the healthiest outcome, and which will be able to be carried out.

Activity sequence: Student activity

Students may be able to recall previous learning using a decision making process.

<p>Ask students to think about their lives (and the lives of their friends and peers) – in what sorts of situations do we have to ‘make a decision’?</p> <p>Provide each student with the decision making templates. If students have not completed one of these before, model how to fill it out using one of the scenarios and explaining what is required for each step. Note that four spaces are provided at each step – some situations may not present that many options. Some situations may appear to have only two (either/or) options, but encourage students to think beyond the obvious and look for other possibilities. These scenarios are deliberately complex and students will need to think about options where they try to balance everything at once, alongside options where they focus on just one or some of the things in the scenario – and then the consequences of these options.</p> <p>The templates provided include one situation where they need to prevent a situation becoming stressful, and another situation where the situation is already stressful and they need to reduce their stress (or replace these with other situations suggested by students, or situations that have featured in previous learning).</p> <p>Provide the opportunity for students to share their healthy solutions and reason why.</p> <p>Debrief: Summarise the activity with a question like ‘how can learning to make decisions prevent or reduce stress? So why is decision making a personal strategy to promote well-being’?</p> <p>Reinforce the idea that what is stressful for one person, may not be stressful for another.</p>	<p>Students offer ideas such as: <i>Which courses do I take for NCEA? Do I spend time with my friends after school, or do my homework? What do I want to do when I leave school and what are my options? I’ve only got \$x to spend but I want to buy all of these things, so what do I choose?</i> etc.</p> <p>Students choose one of the ‘stress prevention’ scenarios and complete the decision making steps outlined in a decision making grid. This is completed individually, supported by discussion with a partner or group.</p> <p>Students repeat the process using a scenario where the situation is already stressful and they need to reduce their stress.</p> <p>Students share examples of their conclusions about the healthiest decision with the class, along with the reasons why they thought this option would prevent/reduce stress.</p> <p>Students contribute ideas to the summary question for the lesson e.g. <i>it’s a personal strategy because we have to know what we can do – and then do it. The process happens in our own head and only we know what the feelings and consequences will be for us, and what is and isn’t stressful.</i></p>
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<p>Student learning journal entry:</p> <p>The decision making templates are filed in the learning journal.</p>	<p>Contribution to NCEA achievement:</p> <p>Decision making is required learning for assessment with Achievement Standard AS90975 (Health 1.6). As an example of a personal strategy, it has application for most Level 1 & 2 AS.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Don't underestimate the difficulty of completing a decision making process. Students need to practice with different scenarios in order to see the various options available, and then the cause and effect consequences as a result of these choices, before deciding the healthiest choice.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How well did students manage to complete the decision making activity – especially seeing the different and complicated options open to the person in the scenario? • What does this suggest about the need to practice decision making in other contexts during the learning programme?

Steps to decision making

Situation: Planning has started for the school ball three months ahead of the event. **A student is absolutely determined to go to the school ball** along with all of his/her friends (who are already talking about what they will wear, who they will go with, pre- and after ball parties, booking limousines, etc). What decisions could the student make to ensure they go to the ball – bearing in mind all of the planning leading up to the event, as well as keeping up with school work and everything else?

The options or choices the person has in this situation

1	2	3	4

Consequences of these choices

1	2	3	4

Feelings about these consequences

1	2	3	4

Overall decision:

Why is this a healthy choice – that is, one that would prevent or reduce stress and enhance wellbeing?

Steps to decision making

Situation: A student is overly committed. S/he has 3 internal assessments due over the next two weeks and hasn't started any of the assignments. The trials for winter sport OR rehearsals for the school production are on at the same time. Their best friend's birthday party is this weekend and they have invited all of their friends to stay over which would take up the whole weekend. Also grandma and grandad have their 50th wedding anniversary the following weekend and it's expected all the grandchildren will be there. Months ago tickets were bought for a music concert to see a favourite band touring NZ and this is the day before the anniversary party. On top of that, another friend is experiencing some family problems and is relying on the student for support, and often comes around after school and wants to talk about it. *What will the student prioritise?*

The options or choices the person has in this situation

1	2	3	4

Consequences of these choices

1	2	3	4

Feelings about these consequences

1	2	3	4

Overall decision:

Why is this a healthy choice – that is, one that would prevent or reduce stress and enhance wellbeing?

Activity number 45.



Skills for managing stress (4) relaxation techniques

Purpose: The idea of using some form of relaxation technique to reduce or manage stress is premised upon the idea that any action that requires the physical body to slow down or reduce tension, or engages the cognitive functions of the brain in ways that require a person to focus attention away from their stressful situation (to focus instead on restful images, for example) changes the way hormones (adrenalin) affect the body. Students can learn a range of breathing techniques, creative visualisation (or guided imagery), and physical progressive muscle relaxation techniques.

Learning intention and NZC HPE achievement objective: Students will develop understanding of the use of relaxation techniques for managing and reducing stress (*contributes to 6A1 & A3*).

Achievement Standard links: Personal strategy for AS91097 (Health 1.3), or the focus for a personal wellbeing goal for AS90971 (Health 1.1), or for AS91235 (Health 2.1), and AS91463 (Health 3.3) if stress is the learning focus.

Digital fluency: Accessing accurate and useful information efficiently.

Key competencies: Managing self.

Time: 30 minutes (depending on relaxation techniques selected, and how many are modelled).

Resources: Access to a relaxation script – there are many of these online – see for example the NZ Mental Health Foundation and links from this site. For creative visualisation, there many books written for children by a range of authors that offer an alternative to the adult versions of guided imagery.

Activity sequence: Teacher activity

Ask students what they understand by 'being relaxed' and 'relaxation techniques' and ask for some examples.

Ask students what they understand about the way relaxation techniques actually work to reduce stress – what actually happens to the stressed mind and body when a person 'relaxes'?

Activity sequence: Student activity

Students respond with their ideas e.g. *ways to reduce stress, to chill out, take your mind off things, take the tension away from muscles (etc)*; examples include *doing yoga, listening to music, meditating, having a massage, breathing techniques, creative visualisation (or guided imagery), progressive muscle relaxation etc.*

Students share any ideas they have about the way relaxation techniques 'work' to reduce stress. Students may search online for biomedical information explaining what happens to the body when a person relaxes.

<p>To illustrate what is involved when using relaxation techniques, select a physical relaxation technique (breathing or progressive muscle relaxation, or another technique the teacher has knowledge of – there are many written ‘scripts’ for these online, or audio/video of people reading these scripts). Take students through the process. Similarly, select a guided imagery script and model the use of this.</p> <p>Debrief: What did you notice happening to your physical body and/or mind as you worked through these techniques? How is it they help people ‘relax’?</p> <p>Where the opportunity exists, consider supplementing the learning programme with guest speakers who have expertise in complementary or traditional medicine (e.g. yoga, massage etc) and other stress reducing techniques.</p> <p><i>Extra:</i> Students search for a relaxation technique they think would work for them (there are various podcasts, YouTube videos, online audio scripts, etc).</p>	<p>Students participate in the relaxation activity. Students may already have some examples of relaxation techniques learned previously that they can share.</p> <p>Students share their own impressions of what was happening as they worked through the process.</p>
<p>Student learning journal entry:</p> <p>Students record links to websites, or online video or relaxation techniques/instructions they think will be useful for them.</p>	<p>Contribution to NCEA achievement:</p> <p>As a personal strategy, this could apply to a range of Level 1 & 2 AS depending on learning context. If stress is the focus for AS91463 (Health 3.3) it provides depth to the learning programme and insights to enhance students’ evaluation of these techniques for promoting wellbeing.</p>
<p>Teacher knowledge and pedagogy:</p> <p>For health education purposes, students do not need to learn about the fight or flight response and the hormones released when people are stressed, or the range of biomedical conditions related to stress like high blood pressure and high heart rate, or how physical or mental relaxation techniques change some of these biochemical reactions in the body. <i>That said,</i> a</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How receptive were students to engaging in these relaxation techniques? • If there was a reluctance on the part of some students, what appeared to be the reason(s) for this? • When the learning programme requires students to engage in activities that instruct, or ‘train’ them to use skills – and

<p>small amount of biomedical information that students can understand may provide useful background knowledge and deepen understandings of some wellbeing situations.</p> <p>Be sensitive to different cultural values and protocols when selecting relaxation techniques – for example, those that involve touching another person.</p>	<p>not only learn <i>about</i> them – and the curriculum outcome is about learning not health behavioural outcomes, how much can a teacher insist that students participate?</p>
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Activity number 46.



Critique of websites, apps, and helping agencies

Purpose: Any wellbeing issue is likely to cause added stress for young people. The focus on the promotion of young people's mental and emotional wellbeing in recent years has resulted in an increase of support being offered through the online environment. This activity requires students to identify a range of websites, apps, and helping agencies with an online presence, that specifically aim to support young people. Students carry out a critique of these, and contribute to a class resource – a directory of where to go to for support.

Learning intention and NZC HPE achievement objective: Students will identify and critique helping agencies and resources to determine their suitability for young people (7D2).

Achievement Standard links: Online resources may provide examples of 'societal strategies' for a range of Level 1 & 2 AS.

Key competencies: Critical thinking, Participating and contributing.

Digital fluency: Access accurate information and select relevant information for a specific audience.

Time: 60 minutes.

Resources: Online access to a range of websites. Access to support apps designed for smartphones.

Activity sequence: Teacher activity

Acknowledge that any wellbeing issues can (or will) add to teenage stress. Explain to the students that they are going to carry out a critique of online websites, apps, and helping agencies that specifically aim to support young people. These will be compiled into a class resource – a directory of where to go to for support.

Ask students to brainstorm all of the online support and apps they know of aimed at supporting young people's wellbeing. Go online and check out some of these. Make sure obvious examples like Youthline and any other locally known support agencies are included.

Provide students with the critique form and instruct them briefly on its use. If students think there are other questions that are more

Activity sequence: Student activity

Students offer as many ideas as possible of youth oriented websites, apps, and helping agencies with an online presence, from their own knowledge. Other ideas are then gathered by searching the online links to sources from known websites/agencies.

Each student selects one example of a website, app, and helping agency with an online

<p>important to ask, they can amend the form as a class by making changes to existing wording – deleting unhelpful questions and adding helpful questions. Signal that for the class directory they need to have considered the same information for each source.</p> <p>Arrange a way to compile all critique forms into one file (paper or electronic) and make this available to the whole class.</p> <p>Provide the opportunity for students to present some key findings from their critique and draw attention to those websites, apps, and helping agencies that the students found most useful for their purposes.</p>	<p>presence (or one between two if working in pairs). Each student (or pair) completes the critique form for their chosen/allocated website, app, and helping agency.</p> <p>Students contribute their critique form to the class directory.</p> <p>Students provide feedback about the usefulness of their selected website, app, or helping agency.</p>
<p>Student learning journal entry:</p> <p>Students file the class directory in their learning portfolio, highlighting the critique they completed.</p>	<p>Contribution to NCEA achievement:</p> <p>Helping agencies may be a societal strategy recommended for many wellbeing contexts, which have application for most AS.</p>
<p>Teacher knowledge and pedagogy:</p> <p>For activities like these, it is useful that teachers have knowledge of a range of suitable youth support websites, especially those that are known to provide quality information and service, those that are culturally responsive, and those that have particular local importance for providing support. Be prepared to help students challenge the usefulness of any services that seem to be excessively ‘adults know best’ or have an agenda that is not inclusive of the diversity of all young people.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How proficient were students searching for suitable youth oriented websites and apps? • How well could they extract information from the website (using the critique form as a guide)? • What are the implications of this for future learning when students need to search, select and critique information about a particular organisation, or extract relevant health education information?

Name the website, app or agency					
What is the main type of support offered for young people who use this website, app or agency?					
Who is the website, app or agency targeting (all young people, young people of a particular cultural background or ethnicity, sexual or gender identity, or in a particular region, with particular health or wellbeing issues, etc).					
URL to weblink (website of where to download app) or other contact information					
Critique: Respond to each statement below by giving the website, app or agency a rating of 1-3. If statement is not applicable use the 'does not apply' column. Added comments are optional.	Does not apply	Rating			Comments e.g why/why not
		1. No/ can't say from info provided	2. Some/ partly	3. Yes	
1. Is it easy to find the website or app?					
2. Is it visually appealing and engaging for young people?					
3. Is it easy to navigate around the site or app to find what you want?					
4. Is it clear who the audience is that the website, app, or agency is aimed at?					
5. Is it clear what support, guidance, or service the website, app, or agency offers?					
6. [For websites, apps and agencies that are for ANY young person] As best as you can tell, would the support or service offered actually help young people and promote their wellbeing?					

7. [For websites, apps and agencies that are for ANY young person] Does it cater for cultural and ethnic diversity?					
8. [For websites, apps and agencies that are for SPECIFIC GROUPS of young people] As best as you can tell, would the support or service offered actually help this group of young people and promote their wellbeing?					
9. [For websites, apps and agencies that are for SPECIFIC GROUPS of young people] As best as you can tell, does the support or service offered provide guidance for <i>other people</i> to help the young people the support service is aimed at?					
10. Overall , would you recommend this website, app or agency to young people?	No		Maybe – with conditions		Yes definitely
Why or why not (or what conditions)?					

Theme 5.

Resilience

“Do not judge me by my success, judge me by how many times I fell down and got back up again.” Nelson Mandela.

At senior secondary level, students learning about resilience:

- Understand what resilience means as a concept and how it is a capacity that enables people to respond to highly stressful life changes and events, and restore their sense of wellbeing;
- Can analyse situations to identify a range of ‘protective factors’ present in people’s lives that help people to ‘bounce back’ from stressful life events; and ‘risk factors’ that have been (or need to be) reduced or mitigated,
- Understand that health promoting action which aims to build resilience requires both minimising ‘risk factors’ that increase the likelihood of difficulties in life and poor health and wellbeing, as well as strengthening ‘protective factors’ that enhance life opportunities and promote good health and wellbeing.
- Understand that risk and protective factors reflect a socio-ecological perspective in that there are many personal, interpersonal, and societal factors that contribute to building resilience.

An explicit focus on the concept of resilience in health education is introduced in NCEA Level 2. All learning related to friendships and relationships, effective communication, identity and self-worth, self-management, change and loss, stress, social support networks, safe environments, etc. culminates in the understanding of protective factors or ‘strengths’ that contribute to people’s capacity to be resilient during times of significant change and stress.

It is useful to think about resilience as people’s capacity to bounce back after experiencing significant and stressful life events. These events or changes could include changing school or moving house, the break-up of a friendship or romantic relationship, parents separating, the death of a family member or friend, serious injury or illness, being the victim of a crime, or experiencing the destruction of a major natural disaster. Some young people, like those living in extreme poverty, or in countries where there is war and conflict live continuously in stressful situations.

Despite experiencing significant stressful changes or losses, many people manage, cope, ‘bounce back’ and find ways to get on with their lives and despite their adverse circumstances, achieve good health and wellbeing outcomes. Psychologists and other social scientists have spent decades studying the factors that help people develop resilience. They have identified a list of ‘risk factors’ – those things that tend to prevent people from bouncing back leading to poor health and wellbeing outcomes; and ‘protective factors’ – those strengths that help people to both deal with changes and stresses to reduce the subsequent impact of unavoidable negative effects, and to resist risk taking behaviours.

Building resilience is also known as ‘strength building’ or a ‘strengths-based approach’ in that it refers to actions that seek to develop or enhance the protective factors that lead to health and wellbeing, and reduce or mitigate the risk factors that undermine health and wellbeing.

As resilience is a capacity people have, no one really knows how resilient they are until they are confronted with significantly stressful events or changes. While it would be reasonable to assume that a person with many protective factors (knowledge and skills to be able to cope with situations, and access to support networks, etc) will be restored to a state of wellbeing sometime after the event, there’s no absolute guarantee this will be the case.

What building resilience is about is making sure people have as many protective factors and as few risk factors as possible to help them manage the stress of these changes if, or rather when, they occur.

These activities make extensive use of the Ministry of Youth Development (now part of the Ministry of Social Development) *Youth Development Strategy Aotearoa* (2002). Although this strategy was developed early last decade, in principle it remains as relevant now as it was then (except for the New Zealand context. Source this document at <http://www.myd.govt.nz/resources-and-reports/publications/youth-development-strategy-aotearoa.html>

When this strategy document was developed, the term ‘resilience’ was not used much beyond the research literature although it came into more common usage soon after. The YDSA document, and a range of other New Zealand documents, still use the term ‘strengths-based approach’ to refer to the strategies and actions needed to build strengths, build capacity, or build resilience – by enhancing the protective factors and reducing the risk factors in a person’s life. Although there are nuances of difference between these terms, for senior secondary students still developing ideas, the terms can be used synonymously.

Many educational resources and self-help type resources now make reference to a popular notion of resilience, but few define what it actually means. In health education it is important that students develop conceptual knowledge of resilience and how to apply this to life situations.

The research on which the YDSA was based was already 2-3 decades old, and subsequent research keeps repeating the same findings about the risk and protective factors. For a detailed account of the theory and research around building strengths, teachers are referred to the Ministry of Youth Development resources *Building Strength* (2002) (literature review) <http://www.myd.govt.nz/resources-and-reports/publications/building-strengths.html>. Other sources of research information about resilience may also be relevant.

The American Psychological Association ‘Road to Resilience’ website provides easy-to-understand information for defining resilience that is used by many organisations around the world. <http://www.apa.org/helpcenter/road-resilience.aspx>

The Curriculum in Action Making Meaning Making a Difference years 11-13 (2004) resource contains an overview of the concept of resilience adopted for health education purposes. See <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Appendix-2>

Activity number 47.



Coping with big changes and high levels of stress

Purpose: This activity asks students to draw together their learning about change and loss, and the stresses associated with these, in preparation for being introduced to the concept of resilience. Many students will have heard the term 'resilience' but may not have had opportunity to develop understanding about what it means as a concept. Key to understanding resilience is knowledge of factors that help people cope and achieve, or maintain health and wellbeing after they have experienced 'big' stressful changes in their life (often involving a sense of loss), or if they live in adverse circumstances (such as poverty or conflict).

Key competencies: Critical thinking, Participating and contributing.

Resources: Copy templates for the activity.

Time: 30 minutes.

Activity sequence: Teacher activity

Explain to students that as an introductory activity, they are going to draw together ideas from their learning around change, loss, grief, and stress, in preparation for exploring what resilience means. Provide students with the copy template of the scenario. Allow time to complete the activity, providing support as required for reading and comprehending the text. This could be done as a whole class exercise, in small groups, or individually.

Once it is clear that students can extract positive and negative factors from the scenario, provide the task 2 copy template and allow time for students to complete the questions, drawing on their prior learning. Check that students know what a 'flow diagram' is.

Provide the opportunity for students to feedback ideas from their task 2 summary to highlight how multiple successive changes can be very difficult to deal with, and how people experiencing changes like this may need a lot

Activity sequence: Student activity

Students read the scenario and complete the first part of the activity.

After discussing the questions in pairs or small groups, students complete their own task 2 summary.

Students share some of their ideas from their task 2 discussion and summary.

<p>of support from others as well as time to help them restore their wellbeing.</p>	
<p>Teacher knowledge and pedagogy:</p> <p>Resilience and building resilience is about far more than just managing everyday stresses. Resilience is a capacity people have – factors external or internal to them that can be drawn upon when life gets really stressful, typically after major life changes, or when people live in ongoing stressful and adverse circumstances such as poverty or conflict. No one really knows how resilient they are until they need to deal with major changes. Research shows that having plenty of supportive (or protective) factors, and few ongoing stressors and changes (or risk factors), would indicate that people will restore their health and wellbeing. But even then there are no absolute guarantees that people will have a good outcome after experiencing adversity.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How well were students able to draw on previously learned ideas for this activity? Were there any apparent gaps in their knowledge – things you thought they should know from prior learning? • If so, what are the implications of this for learning about resilience, and what needs to be included in the learning programme?

Stress and change scenario

TASK 1. Read the following scenario. Highlight with different colours (or use symbols or a code) the following parts of the scenario.

1. **Negative factors** that resulted in Wiremu feeling stressed, depressed, worried, etc.
2. **Positive factors** that could contribute to Wiremu's wellbeing (now or in the future).

CHANGE SCENARIO

Wiremu's grandad died at the end of last year, just as school finished for the year. All summer holidays Wiremu was really sad and he just moped about - he missed his grandad terribly. He used to spend a lot of time with grandad, who lived with his family. His mum and dad worked long hours, and grandma had passed some years ago. Grandad had recently taught Wiremu how to drive and helped him to get his license. In weekends and holidays they used to go fishing together, and when grandad took him to visit his old friends and their families, grandad liked to 'show off' his talented grandson. Wiremu had done really well at school in his studies and had the lead role in the school production which got him a lot of attention in the local community paper. Grandad and his friends taught him a lot about his extended family, and the history of the area where he was born. In between them telling their stories, Wiremu would show grandad and his friends how to use their cell phones properly, and how to set up their TVs so they could get lots of different channels.

After grandad passed, mum and dad decided it would be better if they moved into the city so it was closer to their work, and where there were better work opportunities. The move meant Wiremu had to change schools and go to a much bigger school. Wiremu started the new school year with his head still in bit of a blur as he was still grieving the loss of his grandad. No one at his new school was informed of his recent loss, and he didn't know anyone at the school. The dean who processed his enrolment tried to help him decide on an NCEA course that focused on what he was good at, and what he was interested in (based on his previous school reports), and made some suggestions about what groups he could join. The dean realised Wiremu wasn't happy (Wiremu said it was just because he was changing schools) and made sure Wiremu's tutor teacher buddied him with someone in the class with interests similar to his. She also told Wiremu about the different people he could talk with if he was worried about anything.

TASK 2.

1. Draw a **flow diagram** to show the succession of **changes** that Wiremu is dealing with. You can make assumptions about other changes he is likely experiencing beyond what is written in the scenario, and based on what you know happens when people have changes like these. Use a whole page to set out the flow diagram – leave room to write other ideas around it.
2. Around the flow diagram note down what it is that would make each of these changes stressful. *E.g. starting a new school – not knowing where to go or who to ask, talking with lots of people he had never met before.*
3. In another colour, note down examples of the thoughts and feelings Wiremu is likely to be experiencing with each of these changes.

4. If Wiremu's wellbeing is to be restored:	Your ideas:
Give two examples of things he could do to help himself.	
One thing mum or dad could do.	
One thing his tutor teacher (or another teacher) could do.	
One thing his assigned 'buddy' could do.	
Something further that the dean could do.	
Besides the school counsellor, who or what else might be available at school, or in the local community, to support Wiremu as he starts at his new school, and while he is still grieving over the loss of his grandad?	

Activity number 48.

Defining resilience



Purpose: The term 'resilience' can be found in many educational documents, including the NZC Vision statement. But seldom is the term defined in these documents. As the term has been adopted for popular use in recent decades, the meaning of resilience has become somewhat 'slippery', ranging from managing everyday stresses (it's far more than this), through to the knowledge, skills and dispositions, and the social environment, needed to cope with high levels of stress and adversity (which aligns with the research that led to the development of the concept). This activity requires students to develop an understanding of a definition of resilience as a foundation for the learning that follows.

Learning intention and NZC HPE achievement objective: Students will develop understanding of resilience as a concept (*knowledge that contributes to many Strand A, C, & D AOs*).

Achievement Standard links: AS91236 (Health 2.2) and may have relevance for Level 2 & 3 AS depending on context selected.

Key competencies: Using language and texts.

Time: 30 minutes.

Resources: Copy template of terms related to resilience. The American Psychological Association 'Road to Resilience' website provides easy-to-understand information defining resilience <http://www.apa.org/helpcenter/road-resilience.aspx>

Activity sequence: Teacher activity

Ask students what they understand 'resilience' and 'building resilience' to mean. If they answer with popular phrases like 'bouncing back' – ask *bouncing back from what? Or coping because of what?*

Provide students with a copy template of the resilience definition. Note that variations of this are available from a wide range of websites. The APA is an internationally reputable body that many other organisations around the world refer to when defining resilience. Allow time for students to complete task 1. Check on any words, meanings and pronunciation that may be needed.

Ask students how this definition relates to their original ideas about resilience.

Activity sequence: Student activity

Students respond with ideas such as 'bouncing back', coping, managing, toughness.

Working in small groups, students read the definition underlining any words they are unsure of (task 1). Students annotate the definition with other information needed to help understand the definition.

Students make comparisons (identify similarities and differences) with their original ideas.

<p>To introduce students to the learning that follows, assign task 2 on the copy template. Provide opportunity for feedback and validate knowledge and skills recollected from previous learning that relate to the personal/individual and interpersonal factors noted in the task 2 table. Explain that the learning focus on resilience will now look in far more detail at these factors.</p>	<p>Students complete task 2 on the copy template and feedback their ideas.</p>
<p>Student learning journal entry:</p> <p>Students file the definition of resilience along with any notes they have made to help them to understand the definition.</p>	<p>Contribution to NCEA achievement:</p> <p>Essential understanding for AS91236 (Health 2.2) – this definition should underpin all evidence provided for this assessment.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Many wellbeing promotion resources provided by the education and health sectors, NGOs and other community organisations include the term resilience, but many do not offer a detailed understanding about the way the promotion of wellbeing enhances protective factors and reduces risk factors. These resources may be really useful as a source of ideas for actions to take to build capacity, but students will still need to learn how to link these actions back to the risk and protective factors for a critical analysis or evaluation at NZC Levels 7 & 8.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily did students grasp the definition? What seems a simple idea on the surface can be quite complex when putting the ideas into context, and when student explain themselves in writing - especially the idea that <i>‘resilience is not a trait that people either have or do not have. It involves behaviours, thoughts and actions that can be learned and developed in anyone.</i> • How will you check that this understanding is being developed by students in the lessons that follow?

Defining resilience

TASK 1. Read the definition, underlining any words you are unsure of – what the words mean, how to say them.

When you have clarified what the words mean, write these additional notes around the edges as an 'annotation' to the definition.

American Psychological Association states that:

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences.

Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress.

Resilience is not a trait that people either have or do not have. It involves behaviours, thoughts and actions that can be learned and developed in anyone.

(The Road to Resilience, 2014).

TASK 2. A combination of factors contributes to resilience.

Source (adapted from): The Road to Resilience (American Psychological Association, 2014)

<http://www.apa.org/helpcenter/road-resilience.aspx>

At a personal level, the factors associated with resilience, include:

- The capacity to make realistic plans and take steps to carry them out.
- A positive view of yourself and confidence in your strengths and abilities.
- Skills in communication and problem solving.
- The capacity to manage strong feelings and impulses.

At an interpersonal and community (or societal) level, many studies have shown that the main factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust, provide role models and offer encouragement and reassurance, help bolster a person's resilience.

People can develop these factors themselves. What knowledge and skills do you already know about that will contribute to resilience?

What interpersonal skills and ways of supporting do you already know about that will contribute to resilience?

Activity number 49.



Emphasising protective factors

Purpose: The key to understanding resilience is the way the protective factors contribute to building strength and building the capacity for resilience. *“Protective factors enhance life opportunities and promote good health and wellbeing. They can reduce the impact of unavoidable negative events and help young people resist risk-taking behaviours.”* (Youth Development Strategy Aotearoa, 2000). This activity develops students’ understanding of the protective factors, and applies a socio-ecological perspective to these to highlight how protective factors operate at personal, interpersonal and societal levels. Students also learn about the range of strategies and actions required to enhance protective factors that will support a person experiencing a significant and stressful change in their life.

Learning intention and NZC HPE achievement objective: Students will understand the protective factors from a socio-ecological perspective (*contributes to a combination of 7/8 C1 & D1*).

Achievement Standard links: AS91236 (Health 2.2 and may contribute to AS91461 (Health 3.1) depending on context selected.

Key competencies: Critical thinking, Participating and contributing.

Time: 60 minutes.

Resources: List of protective factors from the *Youth Development Strategy Aotearoa* (2000) <http://www.myd.govt.nz/documents/resources-and-reports/publications/youth-development-strategy-aotearoa/ydsa.pdf> - provided in the activity copy template. Teachers may wish to amend the list of protective factors based on those provided in other resources.

Activity sequence: Teacher activity

Ask students - if they were asked to define ‘protective factors’ (in relation to resilience) what sorts of words and ideas would they recommend to be included in the definition?

Similarly, what do they think ‘strength-building’ means – as it relates to building resilience (and not weight training)? Acknowledge that although these are similar, the different terms can get confusing (and it reflects the way language use has changed, and how different projects and organisations use different language). Explain to students that the term ‘strengths-based approach’ refers to the strategies and actions needed to build strengths, build capacity, or build resilience –

Activity sequence: Student activity

Students identify a range of skills and support they consider to be protective.

Students may suggest things like *building on what people already have, what they are good at, building those things known to make people strong (in the mental and emotional sense rather than the physical)*.

<p>by enhancing the protective factors and reducing the risk factors in a person's life. Although there are nuances of difference between these terms, for senior secondary students still developing ideas, they can be generally thought of as synonymous terms.</p> <p>Provide students with the copy template for the activity and explain the requirements. Allow time for groups to complete the task. Provide the opportunity for students to share a selection of ideas with the class, especially for protective factors where they were unsure of the personal, interpersonal, and/or societal focus, or the sort of actions needed to enhance these protective factors – some of the actions may be indirect actions.</p> <p>Explain that protective factors need to be thought of as hand in hand with risk factors (see activity 50).</p>	<p>Working in pairs or groups, students work through the tasks in the activity. Students feed back ideas to the class and add further ideas to their answers from those suggested by other class members, especially for Q4 and Q5.</p>
<p>Student learning journal entry:</p> <p>The completed copy templates are filed.</p>	<p>Contribution to NCEA achievement:</p> <p>Essential understanding for AS91236 (Health 2.2). The strategies may also reinforce a socio-ecological understanding of the range of strategies needed for most Level 2 & 3 AS.</p>
<p>Teacher knowledge and pedagogy:</p> <p>One of the conceptual challenges for students appears to be the 'circular' way in which the presence or absence of protective factors (the knowledge and skills, and the social conditions needed to build resilience), signal the actions and strategies needed to build resilience.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • How well did students see the socio-ecological implications of the protective factors? • How readily could students identify actions and strategies needed to develop the protective factors (this is critical)? • What are the implications of this when investigating risk factors?

Protective factors

“A strengths-based approach recognises that both ‘risk’ and ‘protective’ factors are acquired throughout a young person’s development... Protective factors enhance life opportunities and promote good health and wellbeing. They can reduce the impact of unavoidable negative events and help young people resist risk-taking behaviours” (Youth Development Strategy Aotearoa, p.20).

TASK 1. Complete the table below.

Q1. Decide (in the first instance) is this protective factor a personal (P), interpersonal (IP), or community/societal (S) consideration? Note that this is open to interpretation.

Q2. Could this protective factor also relate to another level (P, IP and/or S)? If so, which?

Q3. Select **6 factors** from the list (with a mix of P, IP, S from Q1). Why do you say that in the first instance these are P, IP or S? AND why do you say they could also be P, IP or S in Q2? Draw on all of your health education ideas and general knowledge to answer these questions.

Common protective factors listed in the YDSA report include:	Q1	Q2	Q3
1. A crime-free environment			
2. At least one close friend			
3. Attachment to the community and one’s culture			
4. Faith that life has meaning, optimism, aspirations, hopes and plans for the future			
5. Involved in extracurricular activities and having many interests and hobbies			
6. Large network of social support from wider family, teachers, school, workplace, church, youth organisations and leaders			
7. Local people who provide work opportunities after school and recreational opportunities			
8. Mainly law-abiding friends with positive interests			
9. Meaningful employment (especially for older teenagers)			
10. Neighbours and local people who watch out for young people and provide supervision, informal limit setting and support (this can include local businesses and services such as police, church and youth organisations)			
11. Parenting that combines warmth with clear limits and firm consequences			
12. Positive social interactions with other people			
13. Safe, supportive neighbourhoods			

14. Staying longer at school and achieving well			
15. Thinking skills, including problem solving and seeing things from others' perspectives			

Source: Youth Development Strategy Aotearoa (2002) <http://www.myd.govt.nz/documents/resources-and-reports/publications/youth-development-strategy-aotearoa/ydsa.pdf>

TASK 2.

Q4. How would each of these protective factors help a person who was experiencing highly stressful life events or adversity, cope with or manage their situation?

Q5. What strategies or actions are needed to develop or enhance these protective factors, or what social conditions or circumstances are required for this protective factor to be available to people?

Common protective factors listed in the YDSA report include:	Q4. How these protective factors support people experiencing highly stressful life events and adversity	Q5. Strategies or actions needed to develop and promote these protective factors
1. A crime-free environment		
2. At least one close friend		
3. Attachment to the community and one's culture		
4. Faith that life has meaning, optimism, aspirations, hopes and plans for the future		
5. Involved in extracurricular activities and having many interests and hobbies		
6. Large network of social support from wider family, teachers, school, workplace, church, youth organisations and leaders		
7. Local people who provide work opportunities after school and recreational opportunities		
8. Mainly law-abiding friends with positive interests		
9. Meaningful employment (especially for older teenagers)		
10. Neighbours and local people who watch out for young people and provide supervision, informal limit setting and support (this can include local businesses and services such as police, church and youth organisations)		
11. Parenting that combines warmth with clear limits and firm consequences		

12. Positive social interactions with other people.		
13. Safe, supportive neighbourhoods		
14. Staying longer at school and achieving well		
15. Thinking skills, including problem solving and seeing things from others' perspectives		

Activity number 50.



Reducing or preventing risk factors

Purpose: For consistency of approach, this activity repeats Activity 49 (protective factors), shifting the focus to risk factors. Key to understanding resilience is the way that reducing risk factors contributes to building strength and building the capacity for resilience. *“A strengths-based approach recognises that both ‘risk’ and ‘protective’ factors are acquired throughout a young person’s development. Risk factors increase the likelihood of difficulties in life and poor health and wellbeing”* (Youth Development Strategy Aotearoa, 2002, p.20). This activity develops students’ understanding of the risk factors, and applies a socio-ecological perspective to these to highlight how risk factors operate at personal, interpersonal and societal levels. Also considered are the strategies and actions required to reduce the impact of, or prevent risk factors from further complicating a situation where a person is experiencing a significant and stressful change in their life.

Learning intention and NZC HPE achievement objective: Students will understand the risk factors from a socio-ecological perspective (*contributes to a combination of 7/8 C1 & D1*).

Achievement Standard links: AS91236 (Health 2.2 and may contribute to AS91461 (Health 3.1 depending on context selected).

Key competencies: Critical thinking, Participating and contributing.

Time: 60 minutes.

Resources: List of risk factors from the *Youth Development Strategy Aotearoa* (2002) <http://www.myd.govt.nz/documents/resources-and-reports/publications/youth-development-strategy-aotearoa/ydsa.pdf> - provided with the activity copy template. Teachers may wish to amend the list of risk factors based on those provided in other resources.

Activity sequence: Teacher activity

Ask students - if they were asked to define ‘risk factors’ (in relation to resilience) what sorts of words and ideas would they recommend were included in the definition?

Provide students with the copy template for the activity and explain the requirements. Allow time for groups to complete the task. Provide the opportunity for students to share a selection of ideas with the class, especially for risk factors where they were unsure of the personal, interpersonal and/or societal focus,

Activity sequence: Student activity

Students identify a range of skills and support they consider to be risky and undermine resilience.

Working in pairs or groups, students work through the tasks in the activity. Students feed back ideas to the class and add further ideas to their answers from those suggested by other class members, especially for Q4-6.

<p>or the sort of actions needed to reduce the impact of these, or prevent them happening in the first place— some of the actions may be indirect actions. Students may need some support here to see what needs to change after the risk factor has further complicated the stressful life events that occurred, and what can be done to prevent these risk factors having a negative impact for others in the future.</p> <p><i>Summary:</i> Explain that protective factors need to be thought of hand in hand with risk factors (see Activity 49). Ask students, why is it not helpful to focus only on the protective factors and ignore the risk factors?</p>	<p>Students respond with ideas e.g. <i>if a person is still a heavy drug user they won't be capable of using some skills like making good decisions and problem solving.</i></p>
<p>Student learning journal entry:</p> <p>The completed copy templates are filed.</p>	<p>Contribution to NCEA achievement:</p> <p>Essential understanding for AS91236 (Health 2.2). The strategies may also reinforce a socio-ecological understanding of the range of strategies needed for most L2 & 3 AS.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Building strength is based on enhancing the protective factors and reducing the risk factors. Having lots of protective factors in place will not necessarily overcome the impact of the risk factors on wellbeing - doing nothing to reduce the risk factors is not an option.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • How well did students see the socio-ecological considerations among the risk factors? • How readily could students identify actions and strategies needed to reduce the impact of the risk factors once they have happened, and prevent the risk factor happening for others in future (this is critical)? • What are the implications of this when students are tying together all of their ideas about resilience?

Risk factors

“A strengths-based approach [that] recognises that both ‘risk’ and ‘protective’ factors are acquired throughout a young person’s development. Risk factors increase the likelihood of difficulties in life and poor health and wellbeing” (Youth Development Strategy Aotearoa, p.20).

TASK 1. Complete the following table.

Q1. Decide (in the first instance) is this risk factor a personal (P), interpersonal (IP), or community/societal (S) consideration? Note that this is open to interpretation.

Q2. Could this risk factor also relate to another level (P. IP and/or S)? If so which?

Q3. Select **6 factors from the list** (with a mix of P, IP, S from Q1). Why do you say that in the first instance these are P, IP or S? AND why do you say they could also be P, IP or S in Q2? Draw on all of your health education ideas and general knowledge to answer these questions.

Common risk factors listed in the YDSA report include:	Q1	Q2	Q3
1. Chronic illness, mental health or behaviour or learning problems			
2. Chronic marital conflict, particularly where it is in front of the children, destructive and/or involves violence			
3. Experiencing divorce while growing up			
4. Heavy use of alcohol and other drugs, especially where this is self-medication			
5. Lack of social support from family, neighbourhood and wider community			
6. Low income in the family			
7. Low self-esteem, poor social or coping skills			
8. Multiple problems or disadvantages in the family, including poor accommodation, mental health problems, unemployment, violence, addiction, crime and poverty			
9. Parenting that is: overly harsh; sets insufficient boundaries; inflexible with regard to changing needs with age; overly permissive; abusive; violent; and neglectful			
10. Sexual abuse as well as emotional, physical and verbal abuse, bullying or neglect			
11. Transience, high mobility			
12. Truancy, academic failure and dropping out of school			

Source: Youth Development Strategy Aotearoa (2002) <http://www.myd.govt.nz/documents/resources-and-reports/publications/youth-development-strategy-aotearoa/ydsa.pdf>

TASK 2.

Q4. How would each of these risk factors add further wellbeing issues for a person who was already experiencing highly stressful life events or adversity?

Q5. What additional strategies or actions are needed to reduce the impact of these risk factors in situations *where they have already occurred* and can't be undone, and where they have had an impact on people's wellbeing? Select 6 risk factors for this question.

Q6. It would be better if people didn't have to experience some of these situations at all, but some might be inevitable because of insurmountable reasons (like parental separation). Select 3 situations where you think the risk factor could be prevented and identify strategies or actions needed to prevent this happening in future.

Common riskfactors listed in the YDSA report include:	Q4	Q5	Q6
1. Chronic illness, mental health or behaviour or learning problems			
2. Chronic marital conflict, particularly where it is in front of the children, destructive and/or involves violence			
3. Experiencing divorce while growing up			
4. Heavy use of alcohol and other drugs, especially where this is self-medication			
5. Lack of social support from family, neighbourhood and wider community			
6. Low income in the family			
7. Low self-esteem, poor social or coping skills			
8. Multiple problems or disadvantages in the family, including poor accommodation, mental health problems, unemployment, violence, addiction, crime and poverty			
9. Parenting that is: overly harsh; sets insufficient boundaries; inflexible with regard to changing needs with age; overly permissive; abusive; violent; and neglectful			
10. Sexual abuse as well as emotional, physical and verbal abuse, bullying or neglect			
11. Transience, high mobility			
12. Truancy, academic failure and dropping out of school			

Activity number 51.



Reading and synthesising material in a published report

Purpose: The online environment provides students with easy access to a wide range of material highly suited to senior secondary health education. Unlike academic journals (which require a subscription to access them), reports from many government and non-government organisations (NGO) are freely available online, tend to be written for a broad but informed audience, and are written in language that is generally accessible to students - with some teacher support. This activity provides a scaffolded approach to extracting relevant information from the *Youth Development Strategy Aotearoa*. The process could be used with other documents.

Learning intention and NZC HPE achievement objective: Students will be able to read health-related texts and select relevant information required for a critical analysis of an issue (*contributes to any AO featuring analysis or evaluation*).

Achievement Standard links: Skill required for all AS when evidence needs to be gathered from published sources.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access accurate information.

Time: 60 minutes.

Resources: Online access to the Ministry of Youth Development (now part of the Ministry of Social Development *Youth Development Strategy Aotearoa*, (2002).
<http://www.myd.govt.nz/documents/resources-and-reports/publications/youth-development-strategy-aotearoa/ydsa.pdf> - or if this is not practical, provide a print copy of p.7-43.

Activity sequence: Teacher activity

Provide students with access to the YDSA pdf. Explain that this is a structured task to practice extracting relevant information from a text. In this case the text is about strength building – or in other words building resilience. Provide students with the copy template that details the instructions and questions for the task.

Overall the students will answer the question: *“What can schools do as part of a strengths-based approach to help adolescents build resilience? Justify your response.”*

Instruct students that they will produce a 300-400 word response (about a page of written text) to answer the question. Check that the instructions are understood and allow time for

Activity sequence: Student activity

Students review the instructions and seek clarification as needed. Students decide how they will work – individually, in pairs or small groups, and use the copy template instructions

<p>students to work through the activity, providing additional scaffolding and support where this is needed for reading the text and writing a response. Add any further literacy strategies known to be useful for this class, or any strategies that are being used as part of whole school approaches to supporting reading and writing.</p>	<p>as a framework to develop a response to the question. After peer review, students submit their response for teacher feedback.</p>
<p>Student learning journal entry:</p> <p>Students file their written responses to the activity. A written reflection identifying which skills they need to practice is added to their journal. <i>This activity warrants verbal or written feedback from the teacher about the quality of each student's writing, and the clarity with which the question has been answered.</i></p>	<p>Contribution to NCEA achievement:</p> <p>Being able to extract relevant information from text to use as evidence to back up claims is required across all NCEA levels. This is most critical at NCEA Level 3. The skill needs to be developed and practiced across all levels.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Developing health education students' critical reading skills is an inextricable part of subject specific learning in health education. To be able to think critically requires knowledge. Not all knowledge will be held and conveyed by the teacher – and it's not expected it ever will be. Context specific knowledge changes over time with new documents and new research becoming available, and new events providing new contexts for learning. This means that students will need to know how to access suitable text and interpret these texts for learning purposes. This is a learned skill that requires practice.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily were students able to complete this activity? Did they need a lot of support (suggesting more scaffolding and practice is needed for tasks like this), or were they highly proficient and confident, working autonomously and (perhaps) requiring a less scaffolded approach? • Where there is a large disparity in reading ability among students in the class, is there any opportunity to team confident readers with less confident readers in a coaching type role – without drawing unhelpful and unintended attention to these differences in ability? Teaching or coaching someone else to learn something benefits both teacher/coach and learner.

Reading and synthesising material in a published report

Framework for answering the question	Prompts, things to think about, tasks to complete
<p>Unpack the question and highlight the key considerations e.g.</p> <p>What other questions might need to be asked in relation to these ideas.</p> <p>Note that for this activity you do not need to source any other material apart from your definition of resilience.</p>	<p><i>“What can <u>schools</u> do as <u>part of a strengths-based approach</u> to <u>help adolescents build resilience</u>? <u>Justify your response.</u>”</i></p> <p>Schools - select the parts of the report that refer to schools.</p> <p>Part of – apart from schools, what other community organisations or societal structures need to contribute to building the resilience of adolescents?</p> <p>Strengths-based approach – what is meant by a ‘strengths based approach’?</p> <p>Help adolescents – the whole document is about helping adolescents – how do I pin down a few key ideas about why adolescents need to be helped?</p> <p>Build resilience – <i>you won’t find this term in the report – when it was written the language was focused on ‘strength building’ which has come to mean much the same as ‘building resilience’. Where the text talks about ‘strength building’, you can read ‘building resilience’.</i></p> <p>Justify – what quotes or examples could be used from across the document to back up my answer?</p>
<p>And then</p> <p>Browse the document to see where some of the more useful material will be – some of it is not needed to answer the question. Highlight these potentially useful pages or sections of text.</p>	<p>Schools - e.g. p.11, 19, 21 (protective factors), 28-31 (framework of strategies)</p> <p>Part of - e.g. p.27 (summary) and the details on the following pages</p> <p>Strengths-based approach / Build resilience e.g. p.21</p> <p>Help adolescents e.g. the introductory section</p>
Match the sections of highlighted text with the parts of the questions. Which page(s) will help answer which part(s) of the question?	There are many ways to do this. What makes sense to you? You won’t be able to cover everything, so what do you want to emphasise?
Start writing sentences using ideas from the text (and in your own words as far as this is possible) to answer the different parts of the question.	There will be many ways to do this and you may need to rewrite and rewrite your sentences as you gradually synthesise (combine) all of your ideas to draw it into one overall coherent answer.
Check on your justifications	Where you make a statement or claim something, have you backed this up with ‘evidence’/ information from the text?
Using quotes as part of a justification.	As a rule of thumb, keep quotes to a minimum – you want to convince the reader that you understand the text by writing

	<p>as much as possible in your own words. Save direct quotes for those really punchy, gritty, statements that get to the point and sum up a whole lot of writing. Reference quotes with the page number in brackets at the end of the quote. Quotes are usually put in quotation marks “.....” and sometimes in italics.</p>
<p>Word count 300-400 words is recommended (about a page of typed text).</p>	<p>The word count here is a guide – it’s basically saying that it is expected that you can write an answer of the quality expected in this amount of space. <i>Less than this and you probably haven’t given enough detail in your answer; in excess of this it means you probably haven’t consolidated and summarised your ideas enough.</i> Don’t waste words simply quoting or copying text.</p>
<p>Peer review</p>	<p>In this case the writing is meant to convey what you understand about resilience to another reader – your teacher or a peer. Before your teacher reads the final response to the question, swap with a partner and review their work. Provide them with verbal or written feedback about what they have done well, and what they could improve, using the following prompts as a guide.</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Does it appear to be mostly written in the person’s own words? • Are quotes kept to a minimum – and if used, do they relate to the point being made? • Have any parts of the answer been left out? • Is the response what you understand schools can do to help students build resilience? If not, where do you think the writing has lost focus or missed the point? • Overall, does it make sense to you? • Overall, how well do you think the person has answered the question?

Activity number 52.



Resilience scenarios

Purpose: Stories and scenarios are a useful way to help students understand resilience as a concept, and the way risk and protective factors contribute to resilience. To complement the use of scenarios, stories, and film in the learning programme, this activity requires students to develop their own scenarios which are then compiled into a resource and used by their peers to develop their understanding of resilience in a range of contexts.

Learning intention and NZC HPE achievement objective: Students will demonstrate understanding of a range of risk and protective factors through the development of a scenario (*contributes to 7A1, C1 & D1*).

Achievement Standard links: AS91236 (Health 2.2).

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Producing appropriate digital content.

Time: 60 minutes.

Resources: Examples of scenarios if required - the NZHEA resource *Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11* (activity 15) contains a range of resilience-related scenarios (noting these each have an AoD risk factor as well). The scenario in Activity 47 could also be used as an example.

Activity sequence: Teacher activity

Explain to students that as a way to reinforce their understandings about resilience, they are going to write their own scenarios. Along with some questions about the scenario, the scenarios will be compiled into a resource that they and other students can use to support their learning.

Provide students with the scenario planning template and instructions. Provide time for students to develop their scenario. Keep an eye out for any potentially insensitive and over the top scenarios which are more problematic than useful.

Arrange for students to compile these into a single digital resource – checking these before

Activity sequence: Student activity

Students work individually to produce the scenario using the template as a guide. They can use a peer or group to discuss and check out ideas.

<p>they are shared and lightly editing where this is necessary.</p> <p>Make the file available for students to practice analysing scenarios for homework.</p>	<p>Once the scenario and questions are complete, students submit their work for compilation into a class resource.</p> <p>Students complete the questions with a selection of scenarios as homework to practice identifying risk and protective factors.</p>
<p>Student learning journal entry:</p> <p>Students file their own version of the scenario, and the digital file of all scenarios, along with the answers to questions for any they use for homework purposes.</p>	<p>Contribution to NCEA achievement:</p> <p>With careful planning, students' own scenarios may be able to be used as part of assessment evidence for AS91236 (Health 2.2). Or this activity could be developed as a resource to support health promotion AS91237 (Health 2.3).</p>
<p>Teacher knowledge and pedagogy:</p> <p>In health education, carefully crafted scenarios are often supplied for students to draw attention to key concepts or other considerations. They are not always easy to write. Asking students to think carefully about what they are putting into a scenario of their own creation, may help them analyse scenarios written by others when they are presented with these in assessments.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • What was the quality of the students' scenarios? Did they (mostly) contain useable ideas? • Where were the strengths and challenges for the students e.g. coming up with the ideas, writing the scenario in a coherent way? • What are the implications of this for future activities that require students to create their own story or situation?

Resilience scenario

Main ideas: <ul style="list-style-type: none"> • Main character • Situation or circumstance - the major change they have experienced or the adversity they are facing. 	
Thoughts and feelings (and wellbeing) of the person Ideas for thoughts and feelings they are experiencing at the beginning and end of the scenario – ideas you could include as you write your scenario.	
Risk factors Identify 2-4 risk factors that could complicate things further and have a negative effect on the person's wellbeing.	
Protective factors Identify 3-5 protective factors that could help the person cope with the situation.	
Writing Using examples of scenarios provided by your teacher, write your scenario to show how the various risk and protective factors are influencing the person's wellbeing.	
Ending You don't need to conclude your scenario with a 'happy ending'. Will your scenario lean towards having a positive outcome – where it is apparent things are heading toward the person's wellbeing being restored, or are you going to leave them in a negative situation where the road ahead is uncertain?	
Questions: Decide on 3-4 questions that you want someone reading your scenario to answer that will help them to understand what is going on for the person in the scenario. Regardless of your ending, make sure one of the questions is a 'what next' question.	

Activity number 53.



Personal stories – interviews

Purpose: Using personal stories can be a rich and valuable learning experience – when managed sensitively and ethically. This activity requires students to interview someone they know who has experienced a major change or loss in their lives, to find out what factors added to the problem and what helped them cope. Students analyse the results of the interview to determine the range of risk and protective factors featured in the story, and what ultimately meant the person's wellbeing was restored. The interview data will also be considered in relation to the definition of resilience.

Learning intention and NZC HPE achievement objective: To gather data about a person's experience of significant change to identify risk and protective factors that helped them to cope and bounce back from the situation (7A3 and a range of other AOs depending on the context and focus of the interview).

Achievement Standard links: AS91236 (Health 2.2), or depending on context selected, could contribute to AS91461 (Health 3.1).

Key competencies: Managing self, Relating to others.

Time: 60 minutes for planning and preparation, time away from class for the interview, and another 1-2 hours for analysis and writing up.

Resources: A resource sheet for collecting data ethically for health education investigations can be found with Activity 27 (social media investigation) – use ideas in conjunction with the copy template for this activity.

Activity sequence: Teacher activity

Explain to students that this task requires them to interview an adult they know who has experienced a significant change and loss in their life. It needs to be a situation that they have coped with and one where they have restored their wellbeing. As this requires asking someone personal and private information, the task needs to be approached ethically and with great sensitivity.

Provide students with the copy template of guidelines for this activity, along with the copy template for the activity 27 survey/interview. Use ideas from these guidelines to coach students as they establish ethical protocols for:

- approaching the person;
- inviting them to be interviewed;

Activity sequence: Student activity

Students, working with the teacher, prepare a set of protocols for conducting the interview safely and ethically.

<ul style="list-style-type: none"> • how privacy and confidentiality issues will be addressed. <p>Create a script in preparation for the interview. Once interview data is collected, supervise the analysis of the data to ensure that students are extracting useful and relevant information in relation to the overarching questions.</p> <p>Provide the opportunity for students to share the main ideas about what helped their person cope with the situation, without breaking confidentiality and giving away personal information.</p>	<p>Students individually prepare an interview schedule that they will use in the interview, using ideas discussed with peers. Students complete the interview recording responses in writing or by audio recording.</p> <p>Students complete the analysis of their data and prepare a summary report answering the overall questions provided. The main ideas about resilience are shared with the class.</p>
<p>Student learning journal entry:</p> <p>Students file their completed report. Original written notes from the interview are destroyed or audio data is deleted.</p>	<p>Contribution to NCEA achievement:</p> <p>It may be possible to base the assessment task for AS91236 (Health 2.2) around the interview but ensure that students have collected enough data to meaningfully discuss risk and protective factors.</p>
<p>Teacher knowledge and pedagogy:</p> <p>This activity can be very rewarding for students in several ways – particularly in their relationship with the person they are interviewing. However, the process must be carried out with great sensitivity. It is strongly recommended that students interview adults who can make adult decisions about what they reveal and are removed from the school setting, rather than similar age students.</p> <p>Be prepared to spend time establishing ‘dos and don’ts’. Consider providing students with the opportunity to stand in the shoes of the person being interviewed, to gain a sense of what it might be like to be asked these questions e.g. role playing an interview situation using their prepared script (the person they are interviewing can invent a change scenario) perhaps one used in a previous activity.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily did students respond to the idea of interviewing an adult? • What (if any) barriers needed to be overcome before the details of the interview were attended to? • How well did students see the need to think and act ethically and with sensitivity? • Was there any tendency on the part of some students to be a ‘bull-in-a-china-shop’ and tactless and go straight to the hard questions, or any tendency to be unduly voyeuristic (prying or nosey)? If so, how did you get students to reframe their ideas to be more sensitive? • Overall, how successful was this activity? Did it appear to have benefits beyond the immediate learning purpose? e.g. young people gaining insights into the lives of other people, or unsolicited reports from those being interviewed about how valuable the experience was.

Guidelines for the 'resilience' interview- overall planning and preparation, carrying out the interview, analysing the data and preparing the report.

Preparation – recruiting the person

Which people in your life do you know have experienced a major change or loss that resulted in high levels of stress, and which impacted their health and wellbeing? For example, a major injury or illness, migration/changed country, loss of employment, separation/divorce, or a death loss of family member or friend.

Do I know this person well enough to ask them questions about factors that got in the way of them coping with the situation, and factors that helped them cope and get through it? Has the person restored a sense or level of wellbeing that means they can talk about what helped them cope?

How will I approach this person to ask them if they would be prepared to be interviewed? What do I need to prepare to be able to respond to their questions about: confidentiality and who gets to read the information; will they be identified (*no they won't*); do they have to answer all questions (e.g. if they think a question is too personal or they don't want to share), etc. *See next section.*

How will you record the interview? e.g. take written notes, or audio record (this will need their permission). For privacy reasons, video is not recommended.

Ethical and safety protocols

Working with the teachers and the class, you will need to develop a set of protocols that describe what you will and won't do. The following provides a **framework** of ideas that you can **amend and add to** so that everyone understands what is expected of them.

Situation	WON'T DO	WILL DO
Inviting the person	<i>Expect to interview them on the spot</i>	Invite them in advance
Explaining what is required of the person being interviewed	<i>Hold back information about what you're doing and how you will use the information</i>	Explain what the interview is about, why you are doing the interview, and what you will do with the information.
Starting the interview	<i>No introduction and just start asking questions</i>	Formally introduce the purpose of the interview and make clear the safety protocols. (see below)
Safety protocols	<i>Ignore these and go straight into the interview</i>	Let the person know they have a right to not answer any questions they are not comfortable with or don't want to answer – and they don't need to give a reason for this. They can end the interview at any time.
Recording what they say	<i>Record without permission</i>	Explain that their ideas are being recorded (explain the method and that the written or audio information will be destroyed once it is analysed). Explain that the main ideas will be used to write a report that will be seen by their teacher – and no one else apart from the teacher will see the raw data.

	<i>Discuss private information from the interview with peers, family etc.</i>	Maintain confidentiality as agreed below.
During the interview	<i>Be unduly nosy, ask prying questions and press people for more details than they are happy to give; laugh at them or make inappropriate jokes; judge them; keep asking questions when they are clearly upset; add to this list ...</i>	Respect people's right to privacy and let them say as much or as little as they want to say. Respect their right to pass on some questions. Use effective listening skills – paraphrase, reflect feelings, ask for clarification if not sure. If the person is getting upset or emotional, be sensitive and offer to stop.
Strategies for responding to someone who becomes upset	<i>Keep on asking questions, ignore that they are upset</i>	Ask if they would like to stop the interview, or if they need to talk about something else, be left alone, or call someone else for support.
Concluding the interview	<i>End bluntly Forget to thank them</i>	Thank them for their willingness to share their ideas. Ask if there is any information they provided that they don't want you to use. Ask if they would like to see a copy of your final report. Assure them about the confidentiality aspects noted in the introduction.

Suggested interview questions/script

Prepare script of questions – use the sentence starters provided and adapt them for your own use.

<i>Introduction:</i>	Thank you for agreeing to discuss with me your experiences of ... and what helped you to cope during this time, and perhaps some of the things that didn't help.
<i>Confidentiality:</i>	As we discussed, anything you tell me will remain confidential. By this I mean you won't be named and what we talk about will not be shared with anyone apart from my teacher. I will use ideas from the interview to write a report that describes what the change or loss was and the thoughts and feelings you had about this event, what helped you cope with this change or loss, and if there was anything that wasn't helpful as you were managing this situation. <i>Include any other information about the way you will use this the information and who will see it e.g. only I will hear the recording (and I will delete this after I have made notes from it). The teacher will read my final report and may see the recorded data if they need to help me summarise it.</i>
<i>Checking with the person:</i>	Is there anything else you want to know before we start?
<i>Questions</i>	<i>(ideas – adapt these using your own words)</i>
	Tell me about what happened to you – the big change or loss that occurred?
	What were your thoughts and feelings at the time? How did it affect your health and wellbeing? <i>[Some prompts around physical, mental and emotional and social wellbeing might be useful, depending on the nature of the loss.]</i>

	At the time what helped you to cope with the situation? <i>[Some prompts about their own strengths might be useful – personal knowledge to know what to do and skills to do this, how other people helped, how people in the community or in organisations and agencies helped.]</i>
	At the time, was there anything that didn't help? <i>[Prompts could include what other people did – or didn't do, a lack of suitable community support, the person's own capabilities to cope.]</i> How did you overcome or deal with these things? If these things were really hard to deal with, why was this?
	Over time – in the weeks, months (years) after the event – what continued to help you cope with the situation?
	Over time – in the weeks, months (years) after the event – were there any other things that didn't help? How did you overcome or deal with these things?
	Overall, from all of the things you have told me, what would you say were the most important things for helping you to cope with the situation? Why these things?
	When other people experience what you did, what would you want to say to them about what helps in this situation <i>[think immediately after and long term]</i> ?
<i>Summing up:</i>	So if I can sum up some of the main things you have told me ...
<i>Checking:</i>	Is there anything else you would like to add, perhaps a question I haven't asked about something that's important to know?
<i>Close:</i>	Thank you again for being willing to share your story with me. <i>Assure them about the confidentially aspects noted in the introduction.</i> If there's anything else you think of that might be useful to add, please let me know. Is there any information that you don't want me to use in my report? Would you like to see a copy of the final report? <i>[Say when this will be ready]</i>
OVERALL CHECK OF INTERVIEW SCHEDULE	<i>You need to analyse the interview in relation to the definition of resilience, and the risk and protective factors. Do you think your combination of questions will provide you with enough information to do this? If not, what other questions will you need to include?</i>

Analysis of interview	
	<ul style="list-style-type: none"> You will need a written copy of the interview questions and the person's responses. For audio recordings: write the main ideas in each answer next to the questions asked. <i>Note that word for word transcribing can take a long time – you can do this if you have time.</i>
	<ul style="list-style-type: none"> Compare your interview with the resilience definition. Highlight parts of the person's answers where you can make links between the definition and the interview. You need to convincingly show that what the person experienced and how they coped relates to an understanding of resilience.
	<ul style="list-style-type: none"> Highlight the risk factors (or absence of protective factors). Highlight situations where the person's health and wellbeing was negatively affected because of these factors.
	<ul style="list-style-type: none"> Highlight the protective factors. Highlight situations where the person's health and wellbeing was positively affected because of these factors.
	<ul style="list-style-type: none"> Did they offer any other information that could be used to support the overall report?

Writing your report

If this information is being used for assessment purposes, your teacher will provide guidance about the way your evidence needs to be compiled to meet the criteria of the achievement standard.

Introduction:

Keep the person anonymous by name, but you can describe them in general terms.
Describe their change situation.

Body of the report:

Explain how this change or loss situation, and how the person coped, is related to an understanding of resilience – make links with the definition and provide some examples from your interview to back this up.

How did the change and loss situation affect the person's health and wellbeing? At the time of the event or soon after?

Explain any added risk factors that were not helpful when the person was dealing with the situation. *If there are no obvious risk factors, explain any lack of protective factors.*

Provide some examples from your interview to back this up.

State whether these risk factors (or lack of protective factors) were personal, interpersonal and/or community/societal.

Explain the protective factors that helped the person cope when the person was dealing with the situation.

Provide some examples from your interview to back this up.

State whether these protective factors were personal, interpersonal and/or community/societal.

Describe the person's state of health and wellbeing sometime after the event (or now) - once they had dealt with or moved on from the situation.

Summary: Overall, what appeared to be the main factors that helped the person cope and bounce back after their change and loss?

Your recommendations:

Based on all of your learning about resilience, as well as what the person said in the interview, what recommendations would you make about supporting others who experience a similar change or loss? These recommendations need to include at least one example of each personal, interpersonal and community/societal action or strategy for enhancing protective factors related to the change and loss situation.

Activity number 54.



Film (or story) analysis

Purpose: Many youth oriented films and novels contain themes related to the concept of resilience. This activity is an opportunity for students to view a film and to think critically about what is going on in the story – in particular what evidence there is of risk and protective factors and how these are impacting the wellbeing of the person at the centre of the story.

Learning intention and NZC HPE achievement objective: Students will be able to analyse a film to identify the range of risk and protective factors featured in the story (*supports an analysis using the socio-ecological perspective required for all Level 7 & 8 AOs*).

Achievement Standard links: AS91236 (Health 2.2).

Key competencies: Critical thinking, Using language and (visual) texts.

Time: Length of film (noting this could be viewed – wholly or in part - out of class time) plus 15 minutes debrief.

Resources: A selected film that depicts ideas about resilience. The UK film *Billy Elliot* (2000) is ideal although students may be able to recommend newer films. Be aware of censorship ratings before deciding on a film title. Alternatively this process could be applied to a TV series episode, a novel, or (auto)biography. Amend the copy template to refer to texts other than film.

Activity sequence: Teacher activity

Explain to the students that many films feature ideas about resilience and to help reinforce these ideas, they are going to watch [...]. Provide the opportunity to view the film using all or some class time – or assign viewing for homework if this is an option.

Students write notes to respond to the questions in the copy template and discuss their ideas with the class at the completion of the film.

As an alternative, students may view a film of their choice in their own time and prepare a brief report, using the questions provided. These ideas are shared with the class.

Activity sequence: Student activity

Students view the film and analyse the content related to risk and protective factors, as guided by the copy template questions. Students share with the class their understanding of these in the context of the film.

<p>Student learning journal entry:</p> <p>Students file their film analysis in their journal.</p>	<p>Contribution to NCEA achievement:</p> <p>Depending on film selection, this could provide evidence for an NCEA assessment such as AS91236 (Health 2.2) or AS91461 (Health 3.1).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Film can be a powerful medium for conveying messages. A carefully selected film containing health education-rich themes that have relevance for students provides a useful contrast to some of the other activities where students are actively constructing knowledge. Think about how much class time can legitimately be given to watching a feature length film, and what can be assigned as out of school activity. Where possible, share any learning associated with the selected film or text with the English department.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily could students extract ideas related to risk and protective factors from the film? • What are the implications of this for future activities where students need to interpret health education understandings from video?

Film analysis

Analysis Q	Your responses
Name of film	
Brief synopsis (summary) of the story – what was the stressful change or loss situation, or adversity that the character was experiencing?	
Who is the main character – the person who you are focussing on to discuss the risk and protective factors?	
At the beginning of the film, what were your first impressions about how resilient the person was – how well did you think they were going to cope? Why was this?	
As the film progresses, what risk factors complicated the situation AND how did these impact the person's wellbeing?	
As the film progresses, what protective factors helped the situation AND how did these impact the person's wellbeing?	
What was the outcome of the film? Explain this in terms of whether the risk or protective factors dominated at the end.	
Do you think this is a useful film for teaching young people about resilience – why or why not?	

Theme 6.

Mental health issues

“One of the biggest challenges for people experiencing mental illness is stigma and discrimination. It can feel like a constant, heavy weight that makes life more challenging.” New Zealand Mental Health Foundation.

“Using published data, we estimate the disease burden for mental illness to show that the global burden of mental illness accounts for 32.4% of years lived with disability (YLDs) and 13.0% of disability-adjusted life-years (DALYs)..... Our estimates place mental illness a distant first in global burden of disease in terms of YLDs, and level with cardiovascular and circulatory diseases in terms of DALYs.” The Lancet, 2016.

At senior secondary level, students learning about mental health issues could:

- Contribute to school wide (or community) health promoting actions for Mental Health Awareness Week, or actions that seek to destigmatise mental illness.
- Critique current mental health promotion campaigns using a range of health promotion models and frameworks.
- Develop knowledge of the role and services provided by a range of mental health support agencies in their community and nationally.
- Evaluate traditional, complementary and alternative, and western medical practices, to manage mental health issues.
- Analyse the influences on, and impact of, mental health disorders as a national or international health issue, and recommend the types of actions that would bring about equitable, population-level wellbeing outcomes.

By the time students are learning in health education at senior secondary level they will have general knowledge (and in some cases personal experience be that self, family or friends) of a range of mental health problems, such as depression. While it is not the stated purpose of health education to engage students in detailed learning specifically about the clinical or medical nature of mental health disorders, there is opportunity to critically examine the social, political, economic and cultural environments that have implications for people with mental health disorders.

For example, developing safe, supportive environments that are inclusive of diversity requires approaches that include consideration of sex, sexuality and gender, physical ability, cognitive abilities, and people experiencing changes to their physical health and mental health.

Specific to the development and maintenance of safe inclusive environments for people experiencing mental health issues are social actions that seek to destigmatise mental illness. Ideas developed when learning about ways to destigmatise mental health could be transferred to learning programmes that require consideration of inclusive practices in other contexts needed for several Achievement Standard assessments.

Specific to AS91463 (Health 3.3) students are able to evaluate traditional, complementary and alternative, and western medical health practices for a stated health condition. Mental health issues, such as depression, are a viable choice for this investigation.

As part of developing a broad knowledge about agencies in the community that support wellbeing, students learn about the role of organisations like the Mental Health Foundation and projects such as 'Like Minds, Like Mine'. As part of learning about and evaluating health promotion models required for NCEA level 3, and specifically for AS91465 (Health 3.5), students could analyse and critique the actions included as part of Mental Health Awareness Week, as well as other current mental health campaigns.

For students investigating the extensive impacts of poverty on health and wellbeing, analysing the reasons for the high rates of mental health problems among people who live in poverty, or why disorders like depression are higher among women, are among many possible issues students could explore as an international or New Zealand health issue (AS91461 and AS91462 – Health 3.1 and 3.2).

Activity number 55.

Mental (ill) health



Purpose: By the time students are learning in health education at senior secondary level they will have general knowledge (and in some cases personal experience be that self, family or friends) of a range of mental health problems, such as depression. While it is not the stated purpose of health education to engage students in detailed learning specifically about the clinical or medical nature of mental health disorders, the obvious association of mental health disorders with wellbeing is difficult to ignore. In preparation for the activities that follow, this activity aims to elicit students' general knowledge about the range of mental health disorders, and their understanding about the attitudes of individuals and society toward people with mental health disorders.

Key competencies: Participating and contributing.

Resources: Online access to reputable sources of mental health information may be needed where students' own knowledge needs to be verified.

Time: 30 minutes.

Activity sequence: Teacher activity

Ask students to draw on their general knowledge (learned from family and friends, media, and school) to name a range of mental health conditions or disorders. (The language here is deliberately avoiding the use of the term 'illness' but if students ask for clarification state that this can include examples of mental illnesses).

Once a sizeable list is compiled, ask students how the list could be grouped into similar conditions – it's not expected they will necessarily know this so some teacher support and direction, and quick online searching, may be necessary.

Emphasise to students that they are not required to learn and recall this information, and that the purpose of the exercise is to develop some appreciation that understanding these different conditions, and ways people need to be supported, is complex. For the

Activity sequence: Student activity

Students draw on their own knowledge to name a range of mental illnesses, neurological disorders (dementia, Alzheimer's), and possibly cognitive conditions resulting from brain injury, genetic abnormalities or conditions that arise prenatally like foetal alcohol syndrome.

With teacher and online support, students group their list of conditions into categories e.g. Mental illness (*"Mental illnesses are health conditions [or medical problems] involving changes in thinking, emotion or behaviour (or a combination of these)"* – depression, anxiety, psychosis, schizophrenia etc; (Check out the American Psychiatric Association website) Neurological disorders (*any disorder of the nervous system including structural, biochemical or electrical abnormalities in the brain, spinal cord or other nerves*) – there are many of these such as epilepsy, Alzheimer's

<p>learning that follows the main focus will be on depression, it being the most common mental health disorder (or illness).</p> <p>Ask students, when they hear the term ‘mental health’, what do they immediately think of? Why is this? When the news media report on ‘mental health’, what sorts of situations are they most commonly reporting on? What do you think ‘mental health’ means to most people in NZ? Why do you say this?</p> <p>Ask students why they think a variety of terms are used: e.g. ‘mental illness’, ‘mental health problems’, ‘mental health concerns’, ‘mental health conditions’, ‘mental health disorders’? Is it helpful to have all these terms? Who benefits? Who is disadvantaged? Taking direction from international health authorities on the matter, depression (used as the focus for most of the activities in this section of the resource) will be called a ‘mental health disorder’.</p> <p><i>Summary questions:</i> What does the use and understanding of language say about people’s attitudes to mental health in general, and mental illnesses specifically? Do you think that acknowledging that someone is experiencing a mental illness (and naming it) labels them? Do we think the same way if a person has a physical illness like the flu, diabetes, or cancer? Why/why not?</p>	<p>disease and other dementias, all of which have a variety of causes. (Check out the WHO website); Genetic conditions that impair cognitive function.</p> <p>Students share their own thoughts and opinions to the questions and draw conclusions about the use of language related to mental health.</p> <p>Students may also revisit learning from Activity 5, <i>The language of mental health and wellbeing</i>.</p> <p>Students share opinions and may recall ideas about the use of euphemisms when people don’t want to use blunt (possibly labelling) terms or language they think might upset people. Students may also indicate that the way society/ cultures think and talk about physical and mental illness shows that there is far greater stigma around having a mental illness.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Exercise sensitivity with an activity like this. Statistically, a substantial number of students will have close family members with one of these conditions which won’t necessarily be known to the teacher. Some students may have already been diagnosed with depression. People living with these conditions are generally grateful that education is talking about these as it acknowledges the reality of mental health problems for many people, raises awareness of the issue, and helps to reduce the unhelpful responses that result from ignorance.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • What surprised you about the students’ knowledge? Why was this a surprise? • Did anything concern you – if so, what was this? How sensitively do you think you handled this? How did this support the students’ learning? • If students shared personal (own or family) information, how respectful were other students in the class? Did you thank them for sharing and check in with the student after class to ensure that they had mechanisms in place to seek help if the information they disclosed was not treated respectfully by their peers in future).

Activity number 56.



Mental health disorders - what's 'cause for concern'?

Purpose: To help develop understanding of a mental disorder such as depression as a 'wellbeing' issue that is 'cause for concern', this activity requires students to use excerpts from international and national reports about the prevalence of depression. They then think critically about the implications of this for the wellbeing of individuals, of the people they live and work with, and for whole communities.

Learning intention and NZC HPE achievement objective: Students will develop understanding of depression, as a wellbeing issue for individuals and communities (8A1).

Achievement Standard links: AS91461 (Health 3.1), AS91462 (Health 3.2), and AS91463 (Health 3.3) depending on context selected.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access accurate information (where additional data is required).

Time: 60 minutes.

Resources: Copy template of excerpts about the prevalence of depression and the discussion questions. These may be supplemented with further data from the Health Promotion Agency: <https://depression.org.nz/>, WHO Factsheet on depression: <http://www.who.int/mediacentre/factsheets/fs369/en/> and a range of other reputable organisations.

Activity sequence: Teacher activity

Explain to students that they are going to interpret a selection of international and NZ research data about the prevalence of depression. Check – what is meant by morbidity, prevalence, or incidence (of a disease or illness)?

Provide students with the excerpts in the copy templates – this material can be supplemented with more material from these and other sources, or replaced by new data as it is reported. Check word meanings with students (see questions about the language used, listed in the task). Allow students time to discuss and work through the questions in groups, and then share some overall conclusions with the class.

Activity sequence: Student activity

Students show understanding that morbidity is about the condition of being diseased or the rate of disease in a population, and similarly, prevalence or incidence is how often something occurs, or the rate of occurrence, or the frequency of something (in a population).

Students contribute to class and group discussion using the questions and data provided in the copy template. Concluding ideas are contributed to class discussion.

<p>Student learning journal entry:</p> <p>Students file a summary of their notes recorded from the discussion about the questions in the task, along with the copy template information.</p>	<p>Contribution to NCEA achievement:</p> <p>Introductory activity for AS91461 (Health 3.1) where depression is selected as a NZ health issue, or AS91462 (Health 3.2) as an international health issue – where the assessment specifications allow for this, and AS91463 (Health 3.3) contemporary health practices, depending on context selected.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Again, sensitivity is needed when discussing depression. The incidence of the disorder in the NZ population means it is likely some students will have personal experience of the disorder, or know of a family member or friend. Prepare students prior to this lesson, making sure they know that if any of the material to be discussed is likely to be personally distressing, to discuss this with you privately. In the case of unforeseen distress arising from the material used in the lesson, provide students with the choice to leave the lesson and seek the support of the guidance counsellor or other trusted adult.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How easily were students able to talk about a mental disorder like depression in context of wider understandings about wellbeing? • How readily were students able to see the broader implications of depression for the wellbeing of others and whole communities? • What are the implications of this for future lessons focused on the topic of depression?

Depression and the burden of disease

Excerpt 1. Global burden of disease

GBD data is from the Institute for Health Metrics and Evaluation (IHME).

Internationally:

- The 1990 GBD study ranked depression as the fourth leading cause of disease burden after lower respiratory infections, diarrheal diseases, and conditions arising during the perinatal (around birth) period.
- In 2000 the GBD study ranked depressive disorders as the third leading cause of disease burden behind lower respiratory infections and diarrheal diseases.
- In 2010 the GBD study, ranked depressive disorders as the second leading cause of disease burden, and it remained that way for the 2016 study – but only just.

The global burden of depressive disorders increased by 37.5% between 1990 and 2010 because of population growth and aging.

Source: Adapted from reports produced by the Institute for Health Metrics and Evaluation (IHME)

<http://www.healthdata.org/>

Excerpt 2. World Health Organization

- Depression is common - globally, more than 300 million people of all ages suffer from depression.
- Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.
- The largest proportion of years lived with disability (YLDs) from depressive disorders occurred among adults of working age.
- More women are affected by depression than men.
- Depression can be long-lasting with mild, moderate or severe intensity, and may become a serious health condition. Some people suffer greatly and function poorly at work, at school and in the family.
- There are effective treatments for depression, but fewer than half of those affected in the world receive such treatments (in many countries, fewer than 10%).
- Barriers to effective care include a lack of resources, lack of trained health-care providers, and social stigma associated with mental disorders and inaccurate assessment.
- A complex interaction of social, psychological and biological factors cause depression.
- People who have experienced adverse life events (unemployment, bereavement, psychological trauma) are more likely to develop depression. Depression can, in turn, lead to more stress and worsen the person's life situation and depression itself.
- Effective community approaches can reduce the incidence of depression such as school-based prevention and intervention programmes to enhance a pattern of positive thinking in children and adolescents.

Source: Adapted from WHO website and Depression Fact sheet February 2017, and

<http://www.who.int/mediacentre/factsheets/fs369/en/>

Excerpt 3. Depression in New Zealand

- In the 2011/2012 New Zealand Health Survey, it was reported that 14.3% of New Zealand adults (more than half a million people) had been diagnosed with depression at some time in their lives
- 17.9% of women have been diagnosed with depression at some time in their lives compared with 10.4% of men.
- The highest rates for depression were amongst women aged 35 – 44 years (21%).
- The Health Loss in New Zealand study reported that anxiety and depressive disorders are the second leading cause of health loss for New Zealanders, accounting for 5.3% of all health loss, (coronary heart disease was 9.3%). For women, anxiety and depressive disorders were the leading cause of health loss (about 7%).
- Although mental disorders are common, they are disabling only for some people. The 2013 Disability Survey estimated that 242,000 people, or 5% of New Zealanders, are living with disability caused by psychological and/or psychiatric conditions.

Source: Adapted from *Mental Health Foundation: Quick Facts and Stats 2014*

<https://www.mentalhealth.org.nz/assets/Uploads/MHF-Quick-facts-and-stats-FINAL.pdf>

Questions for discussion:

Discussion to check word meanings:

- What does the term 'burden of disease' mean? (As distinct from deaths caused by disease.) Explain this in writing and in your own words.
- Scan through the excerpts and identify any terms where you are uncertain of the meaning. Look these up in an online dictionary.

Interpreting and extrapolating ideas from the data:

Use your prior learning about hauora and wellbeing, along with the socio-ecological perspective (the personal, interpersonal and societal considerations) to respond to each of the following questions. Make a note of your ideas in your learning journal.

1. Why do you think population growth and aging have led to an increase in the global burden of depressive disorders? [Excerpt 1.] *Think about what happens when populations grow, and what happens in an aging population.*
2. Do you think the increase in the global burden on disease from depression is because more people are becoming depressed, or that better access to medicine and better prevention methods for the other diseases meant the occurrence of these dropped - or is it a combination of these factors? *See if you can find out.*
3. Why do you think more women than men experience depression? *See if you can find out.*
4. These data refer to the people affected. In what ways are communities or all of society impacted with an increased burden of disease from mental health disorders like depression – especially severe debilitating depression?
5. Can a person living with depression have 'wellbeing' – why or why not?
6. What other questions about depression do these excerpts raise for you?

Activity number 57.



Investigating traditional practices for managing mental health issues

Purpose: Students investigating contemporary health practices leading to assessment with AS91463 are required to select a health condition as the basis for the investigation. A mental health disorder like depression is a useful example of such a condition. The assessment is not so much about the health condition (this just provides context), the learning focus is on the evaluation of Western medical practices, and traditional and/or complementary and alternative medicine that can be used to treat or manage the condition. The evaluation considers a range of context-relevant factors to discuss advantages and disadvantages of the practices, in relation to the underlying concepts, especially hauora. This activity focuses on ways to explore ideas about traditional medicine. It assumes that students have been introduced to an overall understanding of the differences between Western scientised (WSM) approaches to medicine, complementary and alternative medicine (CAM), and traditional medicine (TM).

Learning intention and NZC HPE achievement objective: Students will evaluate the ways mental health disorders like depression may be managed or treated using a range of contemporary health practices (8D1).

Achievement Standard links: AS91463 (Health 3.3).

Key competencies: Critical thinking, Relating to others.

Digital fluency: Access accurate information.

Time: 3-4 hours and if used, further time for a guest speaker.

Resources: Copy templates. Access to additional sources of information about a range of practices – online, guest speakers, etc.

Activity sequence: Teacher activity

Connect students with previous learning about WSM and CAM – as applicable. Explain that this part of the investigation will focus on TM and in particular Māori TM. Whether or not students use this for assessment, or whether they select another form of TM is up to them. This activity is about exploring the possibilities of the sorts of things that could be included – regardless of which example of TM is selected.

To introduce students to the possibilities of an investigation into TM, provide students with a copy of the scenario in the copy template, and

Activity sequence: Student activity

Students are able to describe in broad terms previous learning about the differences between WSM, TM and CAM.

Students read and discuss the scenario and formulate responses to the questions.

<p>the questions to analyse the scenario. Allow students time to work through this in groups and share ideas from their discussion with the whole class.</p> <p>Provide students with the overall framework for their investigation along with suggested questions and sources (if using Māori TM), or if students choose to use TM from a different cultural group as the basis for their investigation, they will need to find their own resources. Guest speakers are a recommended option here (see teacher pedagogy section below).</p> <p>Support students to source and interpret a range of materials that provide evidence which supports the overall requirement of the investigation.</p>	<p>Students undertake their investigation into their chosen TM practice, and in relation to the mental health condition selected. Students can work individually or in groups to collect their information, although individual documentation will be needed for assessment.</p>
<p>Student learning journal entry:</p> <p>Students organise all of the material in their investigation using the heading and prompts provided in the copy template. This material is then synthesised into a coherent report for the final assessment task.</p>	<p>Contribution to NCEA achievement:</p> <p>This activity relates specifically to AS91463 (Health 3.3).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Where teachers and students have access to people in the community with relevant expertise, a guest speaker lesson (with questions planned and prepared by students and made available to the speaker beforehand to elicit required information), can be a valuable learning experience. It can provide students with insights beyond what an internet search may reveal – especially for traditional, and complementary and alternative medicine. If accessing and drawing on the expertise and wisdom of kaumatua or kuia from the local community, follow school protocols for engaging with these people in the community. Teachers will also need to select ways to introduce students to Western medical practices and complementary medicine, to sit alongside traditional medicine.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily were students able to link ideas about TM with the underlying concepts? • Was there a tendency for some students to simply reproduce content knowledge, or could students ‘evaluate’ the TM practice and see beyond the information gathered to discuss advantages and disadvantages – and use the underlying concepts as a lens to do this? • What are the implications of this for other aspects of the investigation focused on WSM and CAM practices?

Overall requirements for the investigation

Investigation into traditional health practices needs to include the following points. Tick these off once you have information for each aspect of the investigation	
Overall: I can explain fundamental (e.g. philosophical or ideological) differences between traditional medicine (TM) and complementary or alternative medicine (CAM), and Western scientific medicine (WSM).	
Thinking specifically about TM practices used in New Zealand to treat, manage, or prevent a mental health condition:	
I can explain the philosophy or overall approach of the TM practice selected for this investigation e.g. Māori medicine.	
I can describe briefly or in broad terms, examples of the TM procedures used to treat or manage the mental health condition.	
I can explain advantages and disadvantages of TM in relation to concept of hauora e.g. <ul style="list-style-type: none"> What are the links between the dimensions of hauora and the underpinning philosophies and procedures? What aspects of hauora are evident in the philosophy and procedures of the TM practices? How is wellbeing affected by using TM – positively and negatively, short and long term? Therefore what are the overall advantages and disadvantages of TM compared with CAM and WSM? 	
And as relevant to the selected mental health condition and TM practices:	
I have made links between HPE attitudes and values and the philosophies and procedures of TM (<i>respect and care and concern for self, others, community and environment, and the values of social justice – such as fairness and inclusiveness</i>). e.g. whether gaining access to, or making use of, the health practices: shows respect for the rights of others; shows care and concern for others; reflects a positive and responsible attitude to own well-being, and how these attitudes and values are being shown (or not). I can use this information to make a comparison between the advantages and disadvantages of TM with CAM and WSM.	
I have considered a relevant combination of personal, interpersonal, and societal factors which can contribute to an explanation and comparison of the advantages and disadvantages of TM with CAM and WSM.	
I have considered whether or not the TM practices have any links with health promotion (e.g. models like Te Pae Mahutonga and/or as part of current mental health promotion initiatives) and therefore provide an explanation and comparison of advantages and disadvantages of TM with CAM and WSM.	
Overall....	
I can support all aspects above with examples of evidence from New Zealand.	
I have enough information to provide an account of TM that will contribute to discussing the advantages and disadvantages of the three health practices (WSM, CAM and/or TM) and which shows coverage of health concepts: attitudes and values, health promotion, hauora and P, IP and S.	

Introducing ideas about traditional medicine

World Health Organisation (WHO) definition of traditional medicine

“Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.”

Source: <http://www.who.int/traditional-complementary-integrative-medicine/about/en/>

Scenario: A Māori perspective on Mental Health

Mum reckons uncle is unwell. Uncle told mum and dad that he has been hearing voices, saying that our ancestors are speaking to him. Dad spoke to uncle and found out that he has been staying in the garage at Nan’s house where their other brother passed away a few years ago.

Mum is scared that uncle’s hearing of voices might affect his health, job, and whānau time, and thinks dad should go with uncle to a doctor or counsellor to get help. Mum and dad have started arguing about what they can do to help uncle because dad thinks differently. Dad realised the room was never blessed with the karakia tuku i te wairua, and believes the spirit of their brother may still be there.

A few days later mum and dad decide to make peace and patch things up between them. Dad and uncle would invite a kaumātua around to Nan’s garage and get it blessed. If uncle still hears voices afterwards, then dad said he would take uncle to the doctor.

I am really happy they have stopped arguing and came to a compromise that suits both their beliefs.

Analysing the scenario:

1. What is the dilemma or potential conflict presented in this scenario?
2. What might you assume about the cultural backgrounds or ethnicities of mum and dad? What do you base this assumption on? Can you be sure of your assumption?
3. What are the cultural attitudes, values and beliefs of the parents in the scenario? What knowledge do they bring to the situation and what do they think is important knowledge?
4. If only mum thinks uncle should go to a doctor or counsellor, what are the possible effects on uncle’s wellbeing, and the wellbeing of the whānau?
5. If only dad thinks there should be a blessing, what are the possible effects on uncle’s wellbeing, and the wellbeing of the whānau?
6. How can cultural values about mental health still be upheld when two people disagree?

Possible questions for investigation:

- a) What traditional ideas and beliefs do Māori have about mental health?
- b) How have these beliefs informed the cultural attitudes and values of Māori today?
- c) What is the importance of Māori medicinal practices for Māori in recovery?
- d) When Western perspectives of mental health promotion dominate NZ campaigns – which may include actions designed specifically for Māori - are the TM understandings of Māori medicine present in any way? Give examples of campaigns that include or lack considerations of Māori TM.
- e) Are there any examples of Māori perspectives of mental health promotion being developed for and with Māori? Describe any that you find.

Prompts and ideas to explore. Traditional ideas and beliefs could come from a combination of:

- Teaching based on gods from Māori legend e.g. Māori god of sadness and Māori god of challenges.
- Importance of connection with whenua (land) and nature (ngahere – bush/forest, moana - sea) in recovery, connections with people, and te reo Māori.
- Using kupu - words or terms - such as wainuku (ground water), whakamā (ashamed, embarrassed), whakamamae (feeling pain or experience emotional distress), nekeneke (movement), whakamomori (grieve for, desire desperately or commit a desperate act), manaaki (support), awhi (embrace or surround), tautoko (support, backing). For a more detailed explanation of these terms in context of mental health see <https://depression.org.nz/get-better/your-identity/maori/>
- Dimension(s) of well-being significantly related such as wairua/spiritual.
- Impact of rongoā (treatment, application of medicine).

Other sources of information for your investigation (add and share other sources that you find):

- Mason Durie's book *Whaiora: Maori Health Development* (1994) provides useful background material for this activity.
- Te Pae Mahutonga (Southern Cross) model. See the diagram on the Ministry of Health website <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-pae-mahutonga>
- Article to explain Te Pae Mahutonga model from the Health Promotion Forum <http://www.hauora.co.nz/resources/tepaemahutongatxtvers.pdf>
- A range of other articles about Māori health perspectives can be found on the Health Promotion Forum website <https://hauora.co.nz/maori-health-promotion/>
- WHO Traditional, complementary and alternative medicine <http://www.who.int/traditional-complementary-integrative-medicine/en/>
- Ministry of Health <https://www.health.govt.nz/our-work/populations/maori-health/rongoa-maori-traditional-maori-healing>
- Te Ara (The Encyclopaedia of NZ) Rongoā – medicinal use of plants (or books on this topic) <https://teara.govt.nz/en/rongoa-medicinal-use-of-plants>
- Te Papa Tongarewa (Museum of New Zealand) <https://www.tepapa.govt.nz/discover-collections/read-watch-play/maori/maori-medicine>

Where else can we find out more about Māori TM? What are some other respected, reliable, authoritative, and knowledgeable sources of information?

Activity number 58.



Social justice and mental health

Purpose: In preparation for considering ways to reduce stigma and discrimination for people living with a mental health disorder (Activity 59), and evaluating mental health promotion campaigns (Activity 60), this activity requires students to apply understandings of social justice to situations involving mental health. Students construct a mind map of ideas using evidence from a range of media – news, TV, film, and books, matched to statements explaining what social justice is, and is not.

Learning intention and NZC HPE achievement objective: Students will apply understandings of social justice to situations related to mental health (8D1).

Achievement Standard links: Supports all AS where an understanding of social justice is required e.g. AS91238 (Health 2.4).

Key competencies: Critical thinking.

Time: 30 minutes.

Resources: Copy template of the mind map 'starter'.

Activity sequence: Teacher activity

Ask students to recall what they have learned about the concept or idea of 'social justice'.

Help students to unpack the meaning of social justice e.g.

Social = relates to society or its organisation (and where society = the grouping of people living together in a community, who make decisions about how to do things and share the work that needs to be done).

Justice = is about fairness in the way people are dealt with.

Social justice = (has many varying definitions) e.g. the fair and equitable treatment of people.

Explain that this is a preparatory exercise for the activities that follow. Provide students with the copy template of the mind map. At the centre are some ideas about social justice (what it is and what it isn't).

Students need to access a range of recent news items (or they could recall examples from TV programmes and films) that feature something about people with mental health disorders.

Activity sequence: Student activity

Students may be able to recall HPE understandings such as fairness, inclusiveness, non-discrimination.

Students work on the mind map as a group, with each student producing their own version of the map. Students add to the mind map using examples they have seen or heard about in media and/or in TV programmes, films, or books they have read.

<p>Explain that the mind map is created by underlining or circling particular words or phrases in the text provided, drawing a line to the outer section, and providing an example from a news story or fictional story (film, TV, or book) related to that idea.</p> <p>Students may need to find out what it means to become a patient under the NZ Mental Health (Compulsory Assessment and Treatment) Act (what is colloquially called ‘being sectioned’ or ‘being committed’).</p> <p>Debrief: For which sections of the mind map was it easier to find examples of ideas linked with the explanation of social justice? Why do you think this might be the case?</p>	<p>Students respond to the question, based on their experiences of completing the activity e.g. <i>examples of social injustice were easier because that’s what gets reported in the news. Social injustice is a theme common in stories because having some form of conflict is what makes the story.</i></p>
<p>Student learning journal entry:</p> <p>Students file their mind map in their journal along with any notes that help them to remember what social justice refers to.</p>	<p>Contribution to NCEA achievement:</p> <p>Provides practice in identifying situations of (in)justice in preparation for AS91238 (Health 2.4) and other AS where an understanding of social justice is required.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Teacher knowledge of social justice (as part of the attitudes and values underlying concept in HPE) is essential. Teacher recognition of situations of social (in)justice is critical in order that they can challenge students when they don’t see this for themselves. Keep critical thinking questions like ‘who benefits’ in this situation and ‘who is disadvantaged’ to the fore.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How well are students grasping the concept of social justice? • Where are their ideas stronger and weaker? • As a concept that takes time to develop, where else in the learning programme can ideas about social justice be applied in a different context?

Social justice and mental health

<p>Social justice is evident when a society enables ALL of its members, including those with mental health disorders, to participate in and have access to the social, cultural, political, and economic resources that define a <u>generally acceptable way of life</u> for that society.</p>	<p>Social justice is absent when groups of people within a society are excluded – like those living with mental health disorders - or have very limited access to social, cultural, political and economic resources, as compared to the rest of society.</p>

Activity number 59.



Destigmatising mental health

Purpose: A statement on the New Zealand Mental Health Foundation website states that *“one of the biggest challenges for people experiencing mental illness is stigma and discrimination. It can feel like a constant, heavy weight that makes life more challenging.”* This activity requires students to develop understanding of ‘stigma’ and how it negatively impacts wellbeing – on top of any mental health disorder experienced by people - and the types of actions required to reduce stigma about mental health disorders.

Learning intention and NZC HPE achievement objective: Students will identify how stigma about mental health disorders negatively impacts wellbeing and the actions that are needed to reduce stigma (8D1 & D2).

Achievement Standard links: AS901461 (Health 3.1 and AS91237 (Health 2.3) depending on context selected.

Key competencies: Critical thinking, Participating and contributing.

Digital fluency: Access accurate information.

Time: 60 minutes.

Resources: Online access to find word meanings if required.

For campaigns and projects aimed at reducing stigma and discrimination direct students to:

- Like Minds, Like Mine <https://www.likeminds.org.nz/>
- Health Promotion Agency’s depression website <https://depression.org.nz/>
- Mental Health Foundation <https://www.mentalhealth.org.uk/a-to-z/s/stigma-and-discrimination>
- The UK based ‘Time to Talk’ initiative is also recommended by MHF <https://www.time-to-change.org.uk/>

Also: *Music to Metaphor: A unison of oars - Takanga a Fohe.*

<https://www.leva.co.nz/resources/music-to-metaphor-a-unison-of-oars---takanga-a-fohe> - the music can be downloaded from the website. Le Va support Pasifika families and communities to have the best possible health and wellbeing outcomes.

Activity sequence: Teacher activity

As a class, ask students what they understand ‘stigma’ to mean – find a dictionary source if unsure. How is the word stigma used in a sentence?
Specifically, how does the idea of stigma relate to people with mental health disorders?

Activity sequence: Student activity

Students find meanings such as: *something that takes away from a person's reputation or character* (because they have a mental health disorder); *a strong feeling of disapproval that people have about something* (like people with a mental health disorder); and *a mark of disgrace associated with a particular circumstance* (such as a person with a mental health disorder).

<p>What other health related conditions have stigma associated with them? Is there stigma about having an STI, a genetic deformity, or a disability? Or situations that used to be stigmatised in the past (and still are in some cases)? e.g unmarried women who were pregnant, and diseases like leprosy. Why are some medical conditions stigmatised? Ask students to recall previous learning about stereotyping. How does society stereotype people with mental health disorders? How does stereotyping contribute to stigmatising people?</p> <p>What does stigma lead to? [Refer to learning about bullying (see Theme 8) and discrimination in particularly (see Activity 73)].</p> <p>In what ways are people with mental health disorders stigmatised and discriminated against? Make reference to any recent news items related to this.</p> <p>Ask the students - on top of experiencing a changed state of wellbeing because of a mental health disorder, why does stigma add to the problem for a person already experiencing a mental health disorder?</p> <p>Pose the challenge – how do we reduce stigma and discrimination for people with mental health disorders? What do we understand perpetuates stigma and discrimination?</p>	<p>Students suggest reasons why stigma (still) exists e.g. <i>ignorance and lack of education, not knowing any better, non-inclusive personal, cultural or religious attitudes and values, it's what people learn to think and say about people as they grow up.</i></p> <p><i>Stereotyping - Having fixed ideas about people based on a particular set of characteristics – which are generally wrong – and assuming everyone is like this (all men or women, all people of a particular ethnicity or culture, all people of a particular body size and appearance, etc).</i></p> <p>Students identify negative stereotypes such as <i>losers, rejects, no-hopers, etc. Stereotyping people and attributing unfair and false characteristics to a person 'feeds' stigma – so if a person or group of people think it's a disgrace or a character flaw that someone has a mental health disorder they may make assumptions about them – and anyone one else with a similar condition, and isolate or reject them.</i></p> <p>Students recall ideas about bullying (<i>repeated actions that cause physical and/or psychological distress, that is harmful, where one person has power over another</i>), and discrimination (<i>unfair, unjust or prejudicial treatment of people, based on their mental health status</i>).</p> <p>Students suggest ideas such as being refused entry (or have limited entry) to education, people won't employ them or rent them a house, harder to get access to the medical care they need if they are perceived to be 'too difficult', being excluded from society.</p> <p>Students can identify ways that stigma and discrimination compound the problem for people living with a mental health disorder.</p> <p>Students make suggestions based on ideas discussed e.g. education, change policy.</p>
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<p>Therefore, what needs to change? What actions can be taken?</p> <p>Assign a different campaign or project to different groups (see resources list provided – there may be others students find in addition to these) – search the site to identify the type of actions proposed to reduce stigma. Provide the opportunity for students to report a summary of their findings to the class.</p> <p>Debrief:</p> <p>What were the main sorts of action proposed by these campaigns and projects? What do you think we could do here at school as a contribution to reducing stigma about people with mental health disorders?</p> <p><i>Extra:</i> Projects that aim to educate the public about the experience of living with a mental health disorder use a range of approaches. Music and other performance is one such approach. See for example <i>Music to Metaphor: A unison of oars - Takanga a Fohe</i>.</p>	<p>Students search the site and present a summary of the actions proposed by their allocated or selected campaign or project.</p> <p>Students draw conclusions about the main types of action needed to reduce stigma. Students locate an example of a music, or drama performance that aims to inform people about the experience of living with a mental health disorder and analyse this for its usefulness. Or analyse a TV programme, film or story that features a person living with a mental health disorder for: instances of stigma and discrimination; how these further complicated the situation; and what was done to improve the outcomes for the person in the story.</p>
<p>Student learning journal entry:</p> <p>Students write a summary paragraph based on ideas presented during the class discussion and feedback, noting particularly: what stigma is; what it leads to; how it adds to the health and wellbeing problems being experienced by a person with a mental health disorder; and, importantly, what actions contribute to reducing stigma.</p>	<p>Contribution to NCEA achievement:</p> <p>Where applicable, students may consider some form of destigmatisation campaign for AS91237 (Health 2.3).</p>
<p>Teacher knowledge and pedagogy:</p> <p>It is recommended that the introductory questions in this activity are asked of the whole class so that clear messages about stigma and discrimination can be signalled from the outset. This is one situation where controlling the discussion to maintain safety of all students might be appropriate in case there are any negative (uninformed) attitudes and values among students about stigma related to mental health disorders.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • How receptive were students to the idea of reducing stigma? Did they appear to understand what it is, and how it leads to the discrimination of people with mental health disorders? • Did they understand the sorts of actions needed to reduce stigma? • Did ideas about stigma, stereotyping and discrimination highlight any other contexts for use in future lessons where these ideas could be revisited? If so, what are these?

Activity number 60.



Evaluating mental health promotion campaigns

Purpose: Mental health promotion campaigns have been part of the New Zealand public health promotion agenda for some years. This activity provides the opportunity for students to apply knowledge learned about the models and frameworks for health promotion to a current mental health promotion campaign, and to evaluate the likely success of the campaign based on how well it meets the principles of effective health promotion. *This activity assumes students have had some introductory learning about models and frameworks for health promotion.*

Learning intention and NZC HPE achievement objective: Students will apply understanding of health promotion models to determine the likely success of a mental health promotion campaign (*contributes to 8D1, D2 & D3*).

Achievement Standard links: AS91465 (Health 3.5) and may provide ideas for AS91461 (Health 3.1) and AS91462 (Health 3.2).

Key competencies: Critical thinking, Participating and contributing.

Digital fluency: Access accurate information.

Time: 1-2 hours

Resources: Copy template. Link to resources at the websites noted in the copy template.

Activity sequence: Teacher activity

Explain to the students that this activity carries on from other learning about models and frameworks for health promotion, and applies ideas from this learning to mental health campaigns.

Check that students understand the preparation task and can access the required materials online. Supervise groups as they work through the questions.

Provide the opportunity for sharing of answers to questions across the groups.

Activity sequence: Student activity

Students work in groups to discuss and document responses to the questions on the copy template.

Students share their evaluation of the campaign with the class.

Student learning journal entry:

Students file all notes and answers to questions. They may also wish to copy and

Contribution to NCEA achievement:

Practice in preparation for AS91465 (Health 3.5) examination, and may provide ideas for

<p>paste/download materials from websites for future reference.</p>	<p>strategies to produce equitable outcomes for AS91461 (Health 3.1) and AS91462 (Health 3.2).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Teachers will need a working knowledge of all health promotion models and frameworks used at NZC Level 8. This is not to say they need to know them ‘off by heart’ but that, like their students, they have sufficient knowledge of the principles/elements/action areas – what these mean – and are able to apply the ideas to a range of health promotion contexts. Whether or not the students are absolutely ‘correct’ in their evaluation is not the point, more that the links between the aspects of models and campaign make reasonable sense, and they can defend their judgement with evidence from the campaign.</p> <p>The NZHEA resource: <i>Health Promotion as an underlying concept in Health Education: Position statement & Professional learning and development resource</i>. The New Zealand Health Education Association provides additional background for teachers on the concept of health promotion. See the NZHEA website resources section for this document. https://healtheducation.org.nz/resources/</p> <p>The Bangkok Charter hasn’t been included here given the broad scope of this. Mental health promotion campaigns tend to be coordinated and funded by health sector agencies who (mostly) adopt the Ottawa Charter model. However, the Bangkok Charter could be added if it appears useful given the selection of campaigns by students.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily could students apply the principles/elements/action areas of the models and frameworks to a particular situation (or campaign)? This takes practice to do well. • Where else in the learning programme could a process like this be repeated with a different topic/learning context?

Evaluating mental health promotion campaigns

Preparation:

Locate the following resources online. Make a copy of these for your file, or bookmark the webpages for future use.

Use the WHO website to locate and make a copy of the five action areas of the **Ottawa Charter** (and the page where these are explained).

<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

Te Pae Mahutonga (Southern Cross)

Diagram on the Ministry of Health website <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-pae-mahutonga>

Article to explain the model from the Health Promotion Forum

<http://www.hauora.co.nz/resources/tepaemahutongatxtvers.pdf>

The health education models of health promotion – **behaviour change, self-empowerment and collective action**. These are in an online resource called *The Curriculum in Action: Making meaning, making a difference* (MoE, 2004)

<http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Socio-ecological-perspective/Defining-health-promotion/Models-of-health-promotion>

You will then choose one New Zealand mental health promotion campaign from:

- The **Health Promotion Agency** 'What we do' Mental Health page
<https://www.hpa.org.nz/what-we-do/mental-health>
- **Depression.org.nz** <https://depression.org.nz/>
- **Like Minds Like Mine** <http://www.likeminds.org.nz/>
- **Mental Health Foundation** (various campaigns)
<https://www.mentalhealth.org.nz/home/our-work/>

TASK. Work in pairs or small groups. Select ONE recent or current NZ mental health promotion campaign. Familiarise yourself with the various aspects of the campaign using the website.

1. Briefly describe the campaign – its overall aims, and the various actions that make up the overall campaign.
2. Which of the five action areas of the Ottawa Charter appear to be present in the design of this campaign? (Do any action areas appear to be missing?)
3. Based on the principles of the Ottawa Charter, will this campaign likely achieve its aims? Why do you say this?
4. Which of the six elements of Te Pae Mahutonga appear to be present in the design of this campaign? (Do any elements appear to be missing?)
5. Based on the principles of Te Pae Mahutonga, will this campaign likely achieve its aims? Why do you say this?
6. Does this campaign appear to reflect a behaviour change, self-empowerment or a collective action model? What's your evidence for saying this?
7. Based on what you decide (behaviour change, self-empowerment or collective action model), what do you think the outcomes (the impact, the result) of this campaign will be? Do you think it will meet its aims? Why or why not?

Theme 7.

Alcohol and other drugs (AoD)

“We all want young people to succeed. New Zealand schools help young people to take their place in a society where a wide range of drugs exist by building their knowledge, skills and resilience and helping them to shape a positive character.... Perhaps surprisingly, half of all New Zealanders with a substance dependency issue became dependent by the time they were 19. This is why it is so important to support young people now rather than later.” (New Zealand Drug Foundation, 2016)

At senior secondary level (Years 12-13) students learning about AoD issues learn to:

- Apply in detail a socio-ecological perspective to an aspect of AoD use to analyse the personal, interpersonal, and societal factors that influence AoD use and the impact of this on wellbeing, and identify strategies needed to reduce AoD harms.
- Use a range of qualitative and quantitative data about AoD use as evidence to support their analysis.
- Consider the way an understanding of the determinants of health relates to AoD use.

Activities in this section of the resource are specific to Years 12-13 (NZC Levels 7-8/NCEA Levels 2-3). The resource *Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11*, (NZHEA, 2017) contains a wide range of activities for students in Years 9-11. Some of these activities will be suitable for introducing AoD learning at senior level. Teachers may still have access to the resource *Social Issues: Alcohol* (Tasker & Hipkins, 2002). These activities are still highly applicable for senior secondary teaching and learning. This section of the resource aims to expand the scope of these SIA activities by considering drugs other than alcohol, and responding to a changing legal, cultural and social environment related to AoD use and data about AoD use in New Zealand.

With other teaching and learning resource material available to support AoD education, the focus for this resource is on the data needed to provide evidence about the factors influencing AoD use, the impact this has on wellbeing, and aligning these ideas with the actions required to promote wellbeing in AoD contexts. This is essential for learning assessed by AS91235 (Health 2.1) - in years the examiners specifies this topic as an option - or for AS91461 (Health 3.1), and the potential of the topic for AS92462 (Health 3.2).

AoD education across all year levels adopts a harm minimisation approach. That is “*it does not condone harmful or illegal drug use. It does recognise it is important to minimise the personal, social and economic costs associated with those behaviours [and that] for many people “just say no” is not effective*” (Ministry of Education, 2014).



What we know about alcohol (and other drugs) as a mental health issue

Purpose: Although alcohol and other drugs (AoD) warrant some different considerations based on the prevalence of use, legality, availability, population groups most impacted, types of harm, and specific influences, there are some factors and ideas that are similar, regardless of the drug that is the focus for the learning programme. This activity requires students to use recent and past copies of the HPA (alcohol.org.nz) newsletter to answer the question, ‘*why is alcohol use a mental health issue*’? The activity is also about developing skills to find relevant information to use as evidence that supports an analysis or an evaluation.

Key competencies: Critical thinking, Participating and contributing.

Resources: Access to the HPA – Health Promotion Agency (alcohol.org) ‘Ease up’ newsletter free online at: <https://www.alcohol.org.nz/resources-research/alcohol-resources/ease-up-e-newsletter> Note that anyone can subscribe to this newsletter.

Digital fluency: Accessing and using online materials effectively.

Time: 60 minutes.

Activity sequence: Teacher activity

Pose the question ‘*why is alcohol use a mental health issue*’? Invite a range of responses to be shared with the class.

Explain to the students that they are going to use an online source of information to answer this question – that is they are going to take what they already know about mental health (or mental and emotional wellbeing), look through a selection of articles in the HPA (alcohol.org.nz) ‘Ease Up’ newsletter, and answer the question using evidence from this publication.

Assign each group a different newsletter (month and year) – use the most recent issues. Explain to students they need to scan the articles, and pick the ones they think might help them answer the question. They only need to skim read at first. If it’s apparent that the article isn’t that useful, they can skip it and go to another. Point out that the articles won’t necessarily answer the question directly and they will need to use their knowledge of mental health or mental and emotional

Activity sequence: Student activity

Students suggest ideas such as: *people use AoD when they feel depressed, feel they are not coping; they use alcohol to socialise if they are not feeling confident; excessive use can lead to addiction; getting drunk can lead to violence or injury and the result of that is that people are left feeling upset/life in ruins, etc.*

Working in groups – perhaps distributing different articles in the assigned issue to different members of the group, students find evidence that they think helps to answer the question.

Examples of this evidence are shared with the class, and any particularly useful articles that might be useful for future learning are noted.

<p>wellbeing to pick out examples of where this is implied or referred to in other ways. Model an example of this if need be.</p> <p>Allow time for students to find examples and provide the opportunity to share ideas with the class. If alcohol is the focus for the learning, recommend that students bookmark or make a note of any articles that could be useful e.g. new reports on alcohol use just released, or research on influences on alcohol use, etc.</p>	
<p>Teacher knowledge and pedagogy</p> <p>Note that the resource <i>Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11</i>, (NZHEA, 2017) contains many other activities that teachers could use to revise/introduce a unit focused on AoD.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • Did any of the feedback from students indicate the need to revisit aspects of previous learning by reworking and strengthening of some of the Year 9-11 material? • If so which activities could be reused – with modifications and without being repetitive - to provide students with a solid foundation for their Year 12/13 learning about AoD?

Activity number 62.



“Preparing students to live in a world where alcohol and drugs exist”

Purpose: The New Zealand Drug Foundation article “*Preparing students to live in a world where alcohol and drugs exist*” (2017) provides a useful summary of some key aspects of AoD issues as they apply to young people in NZ. This structured activity provides an introduction for any AoD focused investigation at Years 12 and 13. It shifts the focus to the societal considerations of the issue, whereas junior programmes tend to give more focus – but not exclusive focus – to personal and interpersonal considerations.

Learning intention and NZC HPE achievement objective: Students will develop understanding of some core principles of AoD education, based on national policy considerations (7/8D1).

Achievement Standard links: AS91235 (Health 2.1), AS91461 (Health 3.1) where AoD is the selected context.

Key competencies: Critical thinking, Using language and texts.

Time: 60 minutes.

Resources: Print or digital copy of the (4 page) NZ Drug Foundation 2017 article “*Preparing students to live in a world where alcohol and drugs exist*”

<https://www.drugfoundation.org.nz/assets/uploads/drugs-education-discussion.pdf>

Activity sequence: Teacher activity

Provide students with a print or digital copy of the NZ Drug Foundation article. Instruct students to read the article. Support this reading with any literacy strategies useful to use with the class – as applicable.

Explain that this is partly a comprehension exercise to check on understanding of the article that has been read, and partly a way to start thinking about AoD in relation to some health education ideas – like hauora, and the socio-ecological perspective (the personal, interpersonal, and especially societal considerations), as well as actions needed to promote wellbeing in AoD situations.

Provide students with the copy template containing the task instructions and allow time for students to work through this individually, or in pairs/small groups – as best supports their learning.

Activity sequence: Student activity

Students read the article, supported by literacy strategies suggested by the teacher if required.

Students complete the task working individually (where some discussion is still recommended), or in pairs/small groups.

Ideas from a selection of questions are shared with the class.

<p>Student learning journal entry:</p> <p>Students file a copy of the article and their answers to the questions for future reference.</p>	<p>Contribution to NCEA achievement:</p> <p>The content of this article could provide a range of examples of evidence for AS91235 (Health 2.1), AS91461 (Health 3.1) where AoD is the selected context, and indicate where students could search for more detailed data.</p>
<p>Teacher knowledge and pedagogy:</p> <p>This is a really useful summary for students investigating AoD use by adolescents. As this is already a summary so any literacy strategies that support students to comprehend what is written need to focus on the whole piece of writing.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily did students manage this amount of non-fiction reading, and comprehend the text in an article of this length? • Did they need much (literacy/reading) support? • What are the implications of this when using similar readings in future? • What is this activity indicating about students' capabilities for extracting useful information and interpreting health education ideas from written text?

Comprehending and analysing the New Zealand Drug Foundation article

"Preparing students to live in a world where alcohol and drugs exist"

After reading the article, provide a response to each of the following questions.
1. Based on the page 1 introduction, describe the NZ Drug Foundation's position on their approach to AoD use and young people.
2. 'Some facts of life' (p.2) – draw your own diagram to show the 'every, many, some, few' information.
3. Use a selection of the data (p.2) to explain what 'many' students means in relation to alcohol and cannabis use.
4. Use a selection of the data (p.3) to explain what 'some' and 'many' students means in relation to 'harm' and 'impacts'.
5. Redraw the 4-tier inverted triangle on p.2 – make this a whole page so that you can write in it. Summarise the text for each section (p.2-3) to about 3-4 points and write these points in the relevant level of the triangle.
6. Give your triangle diagram a title.
7. Based on the questions they ask, what can you conclude about the recommendations the NZ Drug Foundation makes about the ways schools need to support 'all', 'many', 'some' and 'few' students (p.4)?
8. Overall, why do you think the NZ Drug Foundation take the position that drug education is about ' <i>preparing students to live in a world where alcohol and drugs exist</i> '? Why do you think they don't promote an 'eliminate drug use' or 'just say no (to drugs)' approach?
You can source this article and other drug related information from the New Zealand Drug Foundation website https://www.drugfoundation.org.nz

Activity number 63.

Harm minimisation



Purpose: A harm minimisation approach has underpinned the curriculum approach to AoD education in New Zealand for decades. It is also the approach upon which several iterations of the National Drug Policy have been based. This activity introduces students to the idea of harm minimisation as a way to understand the complex array of strategies (and actions) needed to minimise harm from AoD use.

Learning intention and NZC HPE achievement objective: Students will develop understanding of harm minimisation and the implications of this for health promotion in AoD contexts (7/8D1).

Achievement Standard links: AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2).

Key competencies: Critical thinking, Using language and texts.

Time: 30 minutes.

Resources: Copy template – this is based on the previous version of the National Drug Policy (2007-2012).

Activity sequence: Teacher activity

Ask students what they think 'harm minimisation' might mean. What do they think it means when applied to AoD? Prompt students if some obvious answers are not suggested.

Based on these ideas, what do you think might be involved in a 'harm minimisation' approach?

Explain to the students that they are going to look at harm minimisation from the perspective of the National Drug Policy. Provide students with the copy template for this activity and allow time for them to complete the tasks. Provide the opportunity for class feedback about the questions.

Activity sequence: Student activity

Students make suggestions about harm minimisation e.g. *making harm less severe, reducing the amount of harm, having less people harmed (by AoD), fewer people getting hurt or injured after drinking or taking drugs, less addiction, less policing problems, fewer people using drugs, less alcohol consumption.*

[Dependent on above] *More education, more health services, more policing, etc.*

Students provide ideas for a class discussion summarising the main ideas about harm minimisation.

<p>Student learning journal entry:</p> <p>Students file their responses to the tasks in the copy template.</p>	<p>Contribution to NCEA achievement:</p> <p>Supports understanding of strategies for AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) when AoD is the focus.</p>
<p>Teacher knowledge and pedagogy:</p> <p>The harm minimisation approach is still criticised by lobby groups who advocate a ‘just say no to drugs’ approach that’s been around for decades and has failed to meet its objectives, or a ‘zero tolerance’ approach, the implications of which are contradictory to efforts to build young people’s resilience (e.g. excluding from school students caught with AoD). That said, the harm minimisation approach also struggles to show outcomes of reduced harm – especially at national level - but then when we consider what it would take to bring all of these pillars together simultaneously, and the level of resourcing to do this (police and customs, health professionals, teachers and health promoters, and communities) it’s perhaps not surprising that this approach is generally only shown to work at local community level.</p> <p>Teachers are referred to the Ministry of Education guidelines on this matter - see <i>AoD Education Programmes - Guide for Schools</i> (2014) http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Alcohol-and-other-drug-education-programmes</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily did students grasp the notion of harm minimisation? • What ideas surfaced that could be used as part of societal strategies for promoting wellbeing in AoD situations?

Harm minimisation

Harm minimisation as a strategic approach is based on the three principles or ‘pillars’: supply control, demand reduction, and problem limitation (this version of the model is from the National Drug Policy, 2007-2012).

Supply control	Demand reduction	Problem limitation
<p><i>“Supply control aims to prevent or reduce harm by restricting the availability of drugs.</i></p> <p><i>For legal drugs, this will involve restricting the circumstances in which they can be sold, supplied or consumed.</i></p> <p><i>For illegal drugs, supply control activities will focus on controlling New Zealand’s borders to prevent drugs being imported into the country and shutting down domestic drug cultivation, manufacturing, trafficking and selling operations.”</i></p>	<p><i>“Demand reduction involves a wide range of activities designed to reduce individuals’ desire to use drugs. The focus for demand reduction is on initiatives that aim to delay or prevent uptake, encourage drug-free lifestyles or create awareness of the risks involved with drug use.”</i></p>	<p><i>“Problem limitation seeks to reduce harm from drug use that is already occurring. This group of activities includes emergency services and treatment for problematic drug use and dependence. Some problem limitation interventions do not seek to eliminate or reduce drug use in the short to medium term, but instead aim to reduce the related harm to the individual and community.”</i></p>

Questions
1. Which pillar does learning in health education fit into? Why do you say this?
2. Apart from school based education, who or what other organisations contribute to this pillar?
3. Which pillar do ‘early intervention’ programmes fit into (e.g. programmes that a group of young people with an identified need might attend after they have been caught using drugs at school)?
4. What sorts of jobs do people who contribute to actions within this pillar have?
5. Which agencies or organisations are mostly responsible for the supply control pillar? Why do you say this?
Which pillar(s) would apply in these situations and why?
6. Liquor licensing and sales laws that state the minimum age for purchasing, and where alcohol can and cannot be consumed.
7. School policy, rules and disciplinary procedures prescribe the non-use of alcohol and other drugs at school.
8. Communities lobbying their council for a ban on liquor outlets near schools.
9. Laws about illicit drugs and the illegality of supplying them.
10. School policy that states the circumstances under which alcohol can be used on school premises, or at school and community-related functions.

11. Community action groups that advocate rigorous compliance with sale of liquor laws by local liquor suppliers
12. School policy and procedures that state the consequences for being caught under the influence, in possession of AoD, or dealing in drugs.
13. Community action groups that formally organise and hold safe parties (e.g. marae-based events that are alcohol-free or have an official liquor licence).
Summary questions
14. A harm minimisation approach does not condone the use of AoD. What does 'condone' mean? Therefore, what is this sentence saying? How does it relate to ideas about harm minimisation?
15. Does a harm minimisation approach include non-use of AoD? Give a reason for your answer.

Activity number 64.

Using data and evidence



Purpose: When students are (critically) analysing health and wellbeing issues in preparation for NCEA levels 2 & 3 assessments, it is important that they can use a range of data to clarify what the issue is. What is it about the situation that is causing concern? This knowledge is required in preparation for analysing the range of factors that have directly caused or indirectly influenced the problem in the first place, and what action needs to be taken to improve people's health and wellbeing. This activity requires students to access a data set related to AoD use, and interpret the wellbeing issue (the problem, the cause for concern) from the data.

Learning intention and NZC HPE achievement objective: Students will show understanding of how data about health and wellbeing needs to be used to identify what the issue is (8A1).

Achievement Standard links: AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) depending on topic selection.

Key competencies: Critical thinking.

Digital fluency: Access efficiently, accurate information about a health or wellbeing issue, and critique the relevance and accuracy of information being accessed.

Time: 60 minutes.

Resources: Online access to data sets such as:

Youth'12 https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/overview-of-health-and-wellbeing-findings.html#par_pagetitle

Ministry of Health, New Zealand Health Survey <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey>

NZ Statistics <https://www.stats.govt.nz/all-topics> (search under 'Society')

Or links can be found to data from the New Zealand Drug Foundation, and HPA (alcohol.org.nz).

Activity sequence: Teacher activity

What sources of quantitative (numerical) data and qualitative data (referring to quality rather than quantity – information, opinions, perceptions, experiences, etc) about AoD are available?

Note that this activity is specifically about quantitative data – the activities following focus on qualitative data.

Whether pre-decided by the teacher (due to assessment specification requirements or consideration of resourcing and student

Activity sequence: Student activity

Students suggest data sources such as: *government or NGO reports about young people's well-being, summaries of research reports, recent news items, magazine or journal articles, online posts – blogs, social media, etc. analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys.*

[Where applicable] Students negotiate the drug of focus for the learning. If the focus is alcohol, there may be certain contexts or aspects of the

<p>learning needs), or negotiated with students, alcohol, or the drug(s) of focus, is identified for the investigation.</p> <p>What types of questions do we want to seek answers to from the data? This can be a bit ‘chicken and-egg’ for students as their questions will be limited by the online data sets they can access and understand, but until they know what is available they won’t know what questions are useful to ask. <i>For NCEA success students will need to align their selection of data to the influences on, and consequences of AoD use on wellbeing. Some teacher input into the decision about the most useful data sets is recommended.</i></p> <p>[Optional] Note that the NZHEA Years 9-11 AoD resource contains an activity using a range of the Youth’12 data. This maybe a useful starting point if teachers have not used this activity before, or some of the questions from these tasks could be reused here.</p> <p>Direct students to suitable data sources (see recommendations in resource list). Their initial task is to explore what data is available and to check that they can understand what the tables or spreadsheets of data are saying. Be prepared to spend some time doing this as some of these data sets will have uses for other learning contexts, and students may return to some of these for other information in future.</p> <p>Once a suitable data set has been located, decide what questions can be asked and answered by these data. Set about making a summary of data that helps to show what the issue or problem is – what is ‘cause for concern’?. Remember that the data set can always be returned to if other questions surface throughout the investigation.</p> <p>Provide the opportunity for students to share some of their findings so that all students have a variety of data that they can use to justify, with evidence, their statements in their analysis of the issue. <i>Note that evidence is the data selected to support a case or a claim – not all data will be useful. An important skill to learn is</i></p>	<p>issue that students can negotiate, e.g. population group.</p> <p>Students provide some initial thoughts about the sort of data they might need for the investigation e.g. <i>population statistics by age and sex, how the drug affects wellbeing, costs of harms, how much of the drug is consumed by a population, how many people go to prison for AoD related crimes, how many students get excluded from schools, etc.</i></p> <p>[Optional] Students work though some of the Youth’12 AoD data and answer questions about this.</p> <p>Students locate and bookmark a small number of useful AoD data sets.</p> <p>Students identify what they think is useful information to help describe what the issue or problem is – what is ‘cause for concern’?</p> <p>Students share with each other examples of data that may be useful for their analysis.</p>
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<p><i>to select relevant data that backs up, or justifies, the point being made.</i></p>	
<p>Student learning journal entry:</p> <p>File a copy of the data set used (or link to it) and the outcome of this activity in the learning journal for future reference. Encourage students to add notes to their data and analysis to identify things they found helpful when they were interpreting what the selected data set was showing.</p>	<p>Contribution to NCEA achievement:</p> <p>When students are compiling evidence for their (critical) analysis of an issue for AS91235 (Health 2.1 – adolescent health issue), AS91461 (Health 3.1 – NZ health issue) and AS91462 (Health 3.2 – international health issue), identifying what the issue is, is vital for a coherent and critical analysis.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Teaching students the skills they need to ‘read’ and interpret data for carrying out an analysis or evaluation, tends to require a structured approach to teaching. This is one aspect of health education where constructivist approaches may be less useful and a teacher-led lesson might be more appropriate – until students have developed their data skills enough that they can work more independently.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily were students able to ‘read’ and make sense of the data in order to identify health and wellbeing issues? • Were they able to draw on learning from other subject areas to help them do this (from which subjects could students transfer data interpretation skills)? • What are the implications of this for future units where students need to be able to clearly identify the nature of health and wellbeing ‘issues’?

Activity number 65.



Personal and interpersonal influences on AoD use

Purpose: Activity 65 provides a planning framework to help identify a range of data sources that provide evidence to show the personal and interpersonal influences on AoD use, and the impacts this has on wellbeing.

When students identify the factors influencing AoD use by a population, or a specified group (males and females, adolescents or adults), it is most appropriate that they seek examples of evidence from sources that have high relevance for them whether that is the most recent research data from a NZ project, using data they have collected themselves from their own surveys, or other information local to them. An initial activity is provided to explore the possibilities of the evidence that could be useful, but beyond that teachers will need to help students decide on the details of the data to be collected, and how it will be collected. Personal and interpersonal considerations have been grouped together in this activity as these are often closely aligned. *Use of this planning framework assumes prior learning about personal and interpersonal considerations, and the factors that influence wellbeing, and consequences or effects on wellbeing as a result of these factors.*

Learning intention and NZC HPE achievement objective: Students will collect data to show personal and interpersonal influences on AoD use (8D1).

Achievement Standard links: AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) depending on topic selection.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access accurate and select relevant information.

Time: Ongoing over several lessons.

Resources: A wide selection of data from government or NGO reports about young people's wellbeing, summaries of research reports, recent news items, magazine or journal articles, online posts – blogs, social media, etc, analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys. Provide guidance for students as to which sources will provide useful evidence for their analysis.

Activity sequence: Teacher activity

Over a succession of lessons, discuss with students the wide range of possible sources of evidence they could use to support their investigation into AoD use. Provide an overview of the approach you intend for them to use – whether structured and directed by you,

Activity sequence: Student activity

Students, with teacher support, identify a wide range of possible data sources that show personal and interpersonal influences on AoD use. Students negotiate with the teacher and their peers which sources will be used, and how the data for the investigation will be collected.

and/or aspects of the investigation they will carry out themselves.	
<p>Student learning journal entry:</p> <p>Students maintain a file of data that may be able to be used as evidence for their write up or reporting of their overall analysis of the AoD issue.</p>	<p>Contribution to NCEA achievement:</p> <p>Using a range of evidence to support analyses is required for many Level 2 & 3 AS, and is essential for AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Depending on student learning needs, the activities needed to provide evidence for the investigation could be structured and scaffolded by the teacher to provide clear guidance for students where this is required (e.g. using activity ideas from across this resource, adapted and applied to an AoD context). Independent learners could be left to collect evidence with minimal teacher supervision (but with occasional and timely checks on progress).</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • Learning how to effectively and efficiently locate, select and use data as evidence, to back up and justify a claim or a point being made, takes a lot of practice. How confidently are students locating and selecting relevant data for their AoD investigation? • Are there any particular skills that need more focused attention? If so, what, and what sort of teaching and learning activities are needed to develop these skills? Or does it seem to be more effective to support individual students with individual needs as they surface?

Overview of data to collect that could provide evidence of personal and interpersonal influences on wellbeing in AoD contexts

If the personal influence on a person's AoD use is Possible data sources* that MIGHT provide evidence to support the claim that this is an influence	Why or how does this influence lead to a person's use (or non-use) of AoD, and therefore, affect their wellbeing?
Lack of knowledge about the effects of AoD		
Lack of personal confidence in social situations		
Feeling down and depressed		
Doesn't know how to be assertive		
Doesn't know they have the right to say 'no'		
Lack of experience to know what they are getting into		
Low self-esteem or feelings of self-worth		
Think it will make them popular		
Think it will make them cool (and fit in)		
They are grieving after a major loss		
Personal beliefs about wellbeing		
Feelings of dissatisfaction or inadequacy about the appearance of their body		
<i>(add your own ideas)</i>		
If the interpersonal influence on a person's AoD use is What source of evidence* MIGHT support the claim that this is an influence?	Why or how does this influence lead to a person's use (or non-use) of AoD, and therefore, affect their wellbeing?
Peer pressure to use AoD		
Regular use of AoD by close family members		

Parents provide alcohol		
All their close friends use AoD		
Everyone expects you to use AoD		
Alcohol is provided by a coach, parent's friend or other adult		
Pressure from coach or team mates (to use performance enhancing drugs specifically)		
<i>(add your own ideas)</i>		

Note that **data is the raw information collected - quantitative** (numerical) data and **qualitative** data (referring to quality rather than quantity – information, opinions, perceptions, experiences, etc). In an investigation we often collect far more data than we can use, or is relevant to our analysis.

Evidence is the data we select and use to back up or justify the statements or claims we make.

*Data to use as sources of evidence are many – for example select from government or NGO reports about young people's well-being, summaries of research reports, recent news items, magazine or journal articles, online posts – blogs, social media etc, analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys.

Summary: What sorts of data will you collect for your investigation? Work with your teacher and peers to share the workload to make sure you collect a wide range of data that you can select from, and use as evidence, when you write up your analysis in your assessment.

Activity number 66.



Social, cultural, political and economic influences on AoD use

Purpose: Activity 66 provides a planning framework to help identify a range of data sources that provide evidence to show the societal influences on AoD use, and the impacts this has on wellbeing. Using a similar approach to Activity 65, this activity provides a framework of ideas to show teachers and students where they could collect data that shows the social, cultural, political and economic influences on AoD use. An initial activity is provided to explore the possibilities of the evidence that could be useful, but beyond that teachers will need to help students decide on the details of the data to be collected, and how it will be collected. Activity 28, the social determinants of health, is recommended for use in conjunction with this activity. *Use of this planning framework assumes prior learning about societal considerations, and the factors that influence wellbeing.*

Learning intention and NZC HPE achievement objective: Students will collect data to show societal influences on AoD use (8D1).

Achievement Standard links: AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) depending on topic selection.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access accurate and select relevant information.

Time: Ongoing over several lessons.

Resources: A wide selection of data from government or NGO reports about young people's wellbeing, summaries of research reports, recent news items, magazine or journal articles, online posts – blogs, social media etc, analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys – provide guidance for students as to which sources will provide useful evidence for their analysis.

Activity sequence: Teacher activity

Over a succession of lessons, discuss with students the wide range of possible sources of evidence they could use to support their investigation into AoD use. Provide an overview of the approach you intend for them to use – whether structured and directed by you and/or aspects of the investigation they will carry out themselves.

Activity sequence: Student activity

Students, with teacher support, identify a wide range of possible data sources that show societal influences on AoD use. Students negotiate with the teacher and their peers, which sources will be used, and how the data for the investigation will be collected.

<p>Student learning journal entry:</p> <p>Students maintain a file of data that may be able to be used as evidence for their write up or reporting of their overall analysis of the AoD issue.</p>	<p>Contribution to NCEA achievement:</p> <p>Using a range of evidence to support analyses is required for many Level 2 & 3 AS, and is essential for AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Societal influences on wellbeing – in this case wellbeing associated with AoD use, are likely to be less familiar to students as many of these influences operate ‘at a distance’ – through culture, organisations, media and other social structures. Although many of these influences are enacted through interpersonal communication and interaction, what is driving them are circumstances related to the (in)equitable distribution of money and resources in a community or a society, cultural attitudes and values, laws and policies, and systems like health and education. These understandings take time and repeated opportunities to develop. Be prepared to rework these ideas with each new learning context.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily are students grasping the idea of these societal influences? • Which ways of explaining how these influences operate and impact wellbeing seem to be making most sense to students? • Are there any aspects of the determinants of health that students don’t seem to understand? If so which, and what can you add to the learning programme to help develop this understanding?

Overview of data to collect that could provide evidence of societal influences on wellbeing in AoD contexts

If the societal influence on a person's AoD use is Possible data sources* to provide evidence to support the claim that this is an influence.	Why or how does this influence lead to a person's use (or non-use) of AoD, and therefore, affect their wellbeing?
Historic cultural behaviours and attitudes		
Measure of masculinity/ rite of passage and masculinity culture in NZ		
Sporting culture traditions		
Poverty		
Unemployment / availability of work		
Living in a community where there is widespread use of AoD		
Living in a community where a lot of income is from AoD		
Media advertising of alcohol		
Laws about alcohol supply		
Laws about alcohol consumption		
Laws about illicit drugs – use, possession and supply		
Subculture – groups that identify specifically with particular AoD use		
Marketing of certain alcohol products to a target group		
Religious or other cultural beliefs		
It's perceived to be common practice in some sports codes		
<i>(add your own ideas)</i>		

Note that **data is the raw information collected - quantitative** (numerical) data and **qualitative** data (referring to quality rather than quantity – information, opinions, perceptions, experiences, etc). In an investigation we often collect far more data than we can use, or is relevant to our analysis.

Evidence is the data we select and use to back up or justify the statements or claims we make.

*Data that can be used as sources of evidence are many – for example select from government or NGO reports about young people’s well-being, summaries of research reports, recent news items, magazines or journal articles, online posts – blogs, social media etc, analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys.

Summary: What sorts of data will you collect for your investigation? Work with your teacher and peers to share the workload to make sure you collect a wide range of data that you can select from, and use as evidence, when you write up your analysis in your assessment.

Activity number 67.



Taking action – reducing harm from AoD use

Purpose: Following Activities 65 & 66, this activity also provides a planning framework to identify a wide range of possible strategies and actions that students could use when compiling a coherent account of their analysis of an AoD situation. Bringing about sustainable changes to wellbeing (for individuals and communities) requires identifying and making changes to the factors that contributed to – or caused – the problem in the first place. That is, strategies and actions need to align with the factors that influenced the issue. In AoD contexts this is highly complex work, as shown in the harm minimisation activity (Activity 63). When some of the changes require undoing decades of culturally endorsed behaviours (i.e. New Zealand drinking culture) the task may seem insurmountable. However, despite the enormity of the issue, doing nothing is not an option – acting locally can bring about positive changes and reduce harm from AoD – and promote wellbeing. *Use of this planning framework assumes a range of learning about personal and interpersonal actions and some introductory ideas about societal strategies.*

Learning intention and NZC HPE achievement objective: Students will identify personal, interpersonal and societal strategies to promote wellbeing in AoD contexts (7/8A1, 7/8C3, 7/8D2).

Achievement Standard links: AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) depending on topic selection.

Key competencies: Critical thinking, Participating and contributing.

Digital fluency: Access accurate information from key agency websites.

Time: Ongoing over several lessons.

Resources: Access to government and NGO websites such as:

- NZ Drug Foundation <https://www.drugfoundation.org.nz/> (see policy and advocacy and resources sections)
- HPA (Health promotion Agency) Alcohol.org.nz <https://www.alcohol.org.nz/>
- NZ National Drug Policy (Ministry of Health) <https://www.health.govt.nz/publication/national-drug-policy-2015-2020>
- Ministry of Education AoD Education Programmes - Guide for Schools <http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Alcohol-and-other-drug-education-programmes>

Activity sequence: Teacher activity

Over a succession of lessons, discuss with students the wide range of possible strategies and actions that could be applied in AoD

Activity sequence: Student activity

Students, with teacher support, identify a wide range of possible personal, interpersonal and societal strategies and actions that could be applied in AoD contexts. Among these ideas is

situations, and align these with the factors that influenced the situation in the first place.

Help students to see that the many personal strategies (Theme 3, 4) and interpersonal strategies (Theme 2) learned in previous health education lessons and programmes, can be drawn on and applied in an AoD context.

Although understanding the distinction between strategies and actions is not essential knowledge, it may be helpful for students to start understanding that:

- Actions are those activities people actually do – the use of a range of personal and interpersonal skills would tend to be called ‘actions’.
- Strategies are approaches, the way to go about something, or the overall ideas that lead to action being taken. It’s often useful to talk about societal strategies as these often require many different actions to be taken, by different people, with different roles and responsibilities – forming an overall approach.

Also introduce the idea of sustainable strategies and actions i.e. those things that can keep being done by individuals, groups or communities that keep reinforcing the ideas about reducing harm/promoting wellbeing, (especially as new people come and go from communities - like schools), or where resistance to ongoing pressures from wider societal influences need to be constantly maintained.

Students may require a range of prompts about the sorts of actions that can be undertaken to change societal influences:

- cultural attitudes (e.g education, social marketing,
- changes to/effective implementation of law or policy that endorses some practices and limits or prevents others), change to systems (e.g. policy and procedural changes by governing bodies or organisations),
- more resources for better enforcement of laws where these already exist,
- public advocacy asking for these changes to be made,

consideration of the harm minimisation approach (especially as it applies to societal actions) and use of approaches recommended by key agencies working with evidenced-based approaches in the AoD field.

<ul style="list-style-type: none"> • upskilling and mobilising people in particular roles such as health professionals or teachers to lead or direct others to make changes (e.g. doctors helping their patients to quit smoking, teachers – who work with students - supporting whole school approaches to reduce and eliminate bullying), and • community action where people in communities actually undertake actions themselves – guided by some overarching principles and with direction from an organising group. 	
<p>Student learning journal entry:</p> <p>Students maintain a file of strategies and actions that could be applied to a range of AoD situations and used for their write up or reporting of their overall analysis of the AoD issue.</p>	<p>Contribution to NCEA achievement:</p> <p>Learning about actions and strategies applies to all AS. In an AoD context, knowledge of these is essential for AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) – where an AoD context is selected.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Teacher knowledge of strategies for promoting wellbeing/reducing harms in AoD contexts is well supported by materials available on the websites listed in the resource section. It is useful to have an overview of the material on these sites in order to direct students to likely sources of useful ideas for the AoD context they are using in the investigation.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily are students able to link the factors that influenced (caused/contributed to) the AoD issue (the issue being the impact AoD use has on wellbeing), with the actions or strategies to reduce harm/promote wellbeing? • This is a fundamental ‘big idea’ at senior secondary level. What are the implications of learning in AoD for learning in other contexts where these same ideas apply – that is identifying strategies that change the factors that influenced the issue in the first place?

Overview of personal, interpersonal and of societal actions and strategies to reduce harm and promote wellbeing in AoD contexts

Note: When answering ‘what action or strategy is needed to reduce harm or promote wellbeing in this situation?’ don’t assume (for example) that a personal strategy requires only a personal action - how can an individual person know what they don’t know? Sometimes it takes other people to recognise a problem and act for the benefit of others. In another example, in interpersonal situations where a person is being pressured to use AoD, they might have to develop personal knowledge about ways of being assertive that they can then use in interpersonal situations.

If the personal influence on a person’s AoD use is ...	What action or strategy is needed to reduce harm and promote wellbeing in this situation?	Who carries out this action or strategy?
Lack of knowledge about the effects of AoD		
Lack of personal confidence in social situations		
Feeling down and depressed		
Doesn’t know how to be assertive		
Doesn’t know they have the right to say no		
Lack of experience to know what they are getting into		
Low self-esteem or feelings of self-worth		
Think it will make them popular		
Think it will make them cool (and fit in)		
They are grieving after a major loss		
Personal beliefs about wellbeing		
Feelings of dissatisfaction or inadequacy about the appearance of their body		
(add your own ideas)		
If the interpersonal influence on a person’s AoD use is ...	What action or strategy is needed to reduce harm and promote wellbeing in this situation?	Who carries out this action or strategy?
Peer pressure to use AoD		

Regular use of AoD by close family members		
Parents provide alcohol		
All their close friends use AoD		
Everyone expects them to use AoD		
Alcohol is provide by a coach, parent's friend or other adult		
Pressure from coach or team mates (to use performance enhancing drugs specifically)		
<i>(add your own ideas)</i>		
If the societal influence on a person's AoD use is ...	What action or strategy is needed to reduce harm and promote wellbeing in this situation?	Who carries out this action or strategy?
Historic cultural behaviours and attitudes		
Measure of masculinity/ rite of passage and masculinity culture in NZ		
Sporting culture traditions		
Poverty		
Unemployment / availability of work		
Living in a community where there is widespread use of AoD		
Living in a community where a lot of income is from AoD		
Media advertising of alcohol		
Laws about alcohol supply		
Laws about alcohol consumption		
Laws about illicit drugs – use, possession and supply		

Subculture – groups that identify specifically with particular AoD use		
Marketing of certain alcohol products to a target group		
Religion or other cultural beliefs		
It's perceived to be common practice in some sports codes		
<i>(add your own ideas)</i>		

Theme 8.

Bullying, intimidation, discrimination

“Perhaps the most distressing threat to students’ wellbeing is bullying, and it can have consequences for the victim, the bully, and bystanders.” This survey showed that fifteen-year-olds in New Zealand are reporting the second-highest rate of bullying out of 51 countries.”

PISA 2015 Results Students' Well-Being (OECD).

At senior secondary level students learning about bullying, intimidation, and discrimination will:

- Examine the way power imbalances present in some interpersonal relationships, result in behaviours such as bullying, intimidation, and discrimination.
- Understand how these behaviours impact wellbeing.
- Recognise instances of bullying, intimidation, and discrimination, and which laws or policies apply when these behaviours occur.
- Have knowledge of and know when to use a range of personal and interpersonal skills to manage situations if bullying, intimidation, or discrimination occurs. This includes skills that could be used by the recipient of the behaviour (the ‘victim’) and bystanders.
- Recommend strategies required to reduce and eliminate bullying, intimidation and discrimination in places like schools and workplaces.
- Understand why taking action to prevent these behaviours is required for a fair and just society.

Many students will have had access to learning about bullying and related behaviours in their junior health education programme. After learning about the qualities of friendships, bullying (and other behaviours) can be viewed as one of the factors that gets in the way of making friends, and maintaining and enhancing friendships and relationships.

When learning about bullying, intimidation, discrimination, harassment and abuse, students will develop understanding about the similarities and differences (by definition and in law) of each behaviour, and learn to recognise examples of these. As a feature of the learning at senior secondary level they are also introduced to the way ‘power imbalances in relationships’ contribute to all of these behaviours. Note that situations specific to sexual harassment, and sex/sexuality and gender discrimination, and sexual abuse, are developed in the *Sexuality, Gender and Relationships, Years 11-13* resource.

Particular attention is paid to cyberbullying and other online behaviours that have become prevalent with the increased use of digital technologies and social media.

Students will revisit ideas about 'fairness' and 'being treated fairly' as a way to understand the values of social justice, and how understanding this concept and acting in ways that are fair and inclusive are critical for eliminating bullying and other behaviours.

Again a socio-ecological perspective is applied to the issue to consider: personal factors that may contribute to some people experiencing these behaviours; interpersonal factors beyond just the interaction between the perpetrator and victim, such as the role of the bystander; as well as cultural attitudes and values that perpetuate these behaviours.

As bullying remains a known problem and high priority area for focus when promoting wellbeing in New Zealand schools, consideration is also given to the way learning in health education can contribute to a whole school approach (WSA) to eliminate bullying.

There is a great deal of New Zealand specific material online provided by a range of organisations and agencies in response to this issue. This material is referred to extensively in this section as it shows how laws and policies are intended to be interpreted and put into action in schools, workplaces and other social settings.



What we know about bullying (etc)

Purpose: The high incidence of bullying in New Zealand reported in national and international studies, and prevalence of the topic across a range of media, means that it is a popular context for learning at primary and secondary schools. Students in senior secondary health education will already have many ideas about the nature and impact of bullying, cyberbullying and other behaviours such as intimidation, harassment, discrimination, and abuse and violence. As an introductory activity, students prepare a 'brain dump' to map out what they know about bullying and associated behaviours. Teachers can select the method for this – either a postbox, graffiti sheets (bus stop), or a mindmap. *Instructions for each of these methods are included with this activity.*

Key competencies: Managing self, Participating and contributing.

Resources: Questions for the postbox or graffiti sheets and paper and pens for summarising, or a mind map template with prompts, or large sheets of paper.
[Optional] A suitable digital application for collecting and curating snippets of information from all members of the class, or a comprehensive mindmap application that allows for a lot of ideas to be organised.

Digital literacy: If a digital option is used to gather ideas - using digital tools effectively.

Time: 60 minutes.

Activity sequence: Teacher activity

Explain to the students that as an introductory activity, they are going to identify, share and compile a wide range of their existing knowledge about bullying and other behaviours like intimidation, harassment, discrimination, abuse and violence. The method they are going to use is postbox/ graffiti sheets/ mindmap – select an option that best suits the class and which adds variety to the learning programme.

Explain the approach that will be used – the level of detail will be dependent on students' familiarity with the method selected – see instructions provided with this activity.

Activity sequence: Student activity

Students participate in the selected activity to individually identify a wide range of prior knowledge about the topic of bullying (and other behaviours), and work cooperatively to collate and summarise the material.

Teacher knowledge and pedagogy:

There are many ways teachers can collect information about students' prior knowledge without resorting to individual testing or surveys, especially when an overall impression

Teacher's evaluation of the activity:

- As a method for collecting evidence of prior learning, how did the selected method compare with other methods you have used previously in other contexts?

<p>of student knowledge will suffice, and as long as there is no identified need to track individual student progress and performance (as would be the case in formal assessment situations). Postbox, graffiti sheets, or mindmaps, whether pen-and-paper based, or using digital applications that serve a similar purpose can be used.</p> <p>If selecting a digital option, ensure there is still plenty of opportunity for discussion and for students to actively engage in the process of sorting and summarising the ideas provided by the class, as these are skills needed for carrying out analyses and evaluations.</p>	<p>Think in terms of the quality of information produced, the level of student engagement, and the value of having a balance of independent and cooperative tasks within the overall activity process (given the dynamics and learning needs of students in this class).</p> <ul style="list-style-type: none"> • Which methods seem to be more useful with which contexts, and which groups of students. Why is this? • What does the information from the postbox, graffiti sheets, or mindmap reveal about students' knowledge of the topic, and what their potential interests are? • What don't they know about, and therefore what needs to be developed in the learning programme? • What do the details of the feedback reveal about the situations and circumstances students have knowledge and experience of that could be used as the basis for some of the learning activities?
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Item bank of questions or prompts for postbox, graffiti sheets or a mindmap. Select from and adapt these items to meet the students' learning needs, and the overall focus of the learning programme that follows.

For postbox and graffiti sheets, say to students that if you are not sure then write 'don't know' as this is useful information to know.

What is similar and different about bullying and intimidation?
What do you think is the difference between bullying and harassment?
What do you think is the difference between harassment and discrimination?
What do you think bullying, intimidation, harassment and discrimination all have in common?
What do you think are a person's rights in situations where they have been bullied, intimidated, harassed, or discriminated against?
At what point do you think bullying or intimidation is called violence or assault?
Name or describe as many forms of bullying as you can.
How does bullying or intimidation affect people's wellbeing? <i>How do they think and feel, how do they react, or behave, as a result of being bullied?</i>
How does harassment affect people's wellbeing? <i>How do they think and feel, how do they react, or behave, as a result of being harassed?</i>
How does discrimination affect people's wellbeing? <i>How do they think and feel, how do they react, or behave, as a result of being discriminated against?</i>
How does cyberbullying affect people's wellbeing? <i>How do they think and feel, how do they react, or behave, as a result of being cyberbullied?</i>
If you are bullied at school, what can you do?
If you are bullied away from school, what can you do?
If you are cyberbullied what can you do?
If you are a 'bystander' who sees someone else being bullied, intimidated, harassed or discriminated against – what is your social responsibility in this situation?
Where can you go (in person or online) to find out about bullying and what you can do about it?
Where can you go (in person or online) to find out about cyberbullying specifically, and what you can do about it?
Where can you go (in person or online) to find out about harassment and what you can do about it?
Where can you go (in person or online) to find information about discrimination and what to do about it?

Information for teachers facilitating post box, graffiti sheet/pass-the-paper (bus stop-type) activities

Facilitating a postbox activity

1. Select 6-8 questions.
2. Have these questions printed in large font on pieces of paper and pin them to the wall at regular intervals around the room. Place a box (ice cream container or similar) under each question.
3. Provide students with a blank sheet which they fold and cut into as many pieces as there are questions. Number the pieces of papers sequentially.
4. Students circulate around the room answering each question anonymously and 'posting' their answer in the box provided. Recommend that students use an ordinary pen and not write in a distinctive way to help keep their answers anonymous. *An alternative (especially in rooms not conducive to moving around) is to have questions prepared and printed on a sheet. Students answer the questions on the page, cut up the sheet and then post their answers.*
5. Once all students have answered each question, divide the class into as many groups as there are questions and allocate each group a box of answers and supply paper and pens for making a summary.
6. Instruct the students that they need to summarise ALL responses which means that they don't get to remove any they don't like or disagree with. Explain that they would expect to see that other groups had considered what they had to say – they may not see their words exactly but they can see that their ideas have been included.
7. Once all summaries are complete each group shares the summary with the class. Facilitate further discussion as points of interest arise or where clarification is needed.
8. Retain summaries for reference and come back to them throughout the learning programme when links can be made.

Facilitating a pass-the paper (graffiti sheet) activity (a version of a bus stop type activity)

1. Select 6-8 questions for the activity (decide upon the number of questions based on class size). Groups for the activity will need to comprise 3-5 students.
2. Head each large sheet of paper with a question. (For questions that have two parts or a yes/no section and a why/why not section, set the sheet up in a way that encourages responses to each part).
3. Allocate one sheet (i.e. one question) and marker pens to each group of students.
4. Instruct students to use the sheet like a graffiti sheet. Any ideas they can think of, related to the question, are written down. They do not have to all agree on the ideas.
5. Allow 3-4 minutes for recording and then ask them to pass their paper to the next group.
6. Repeat the process. Ask students to read what the previous group wrote. They can tick any ideas they particularly agree with and want to endorse, and add more ideas of their own.
7. Keep the rotation of the sheets in the same direction. Students may only need 2-3 minutes with the last of the questions as the sheets get full.
8. Keep passing the paper until the each sheet returns to the group that started with it.
9. Each group prepares a 1-2 sentence summary answer to the question based on what everyone in the class has said.
10. Supply another clean sheet of paper to record the question and summary/answer from (9) in preparation for reporting back and displaying, or making a digital copy for filing in students' learning journals.

11. Invite each group to report their summary statement back to the class.
12. Ask students to identify one thing they read on one of the sheets or heard during the reporting of the summaries that they didn't realise e.g. something they didn't actually know.
13. Acknowledge that their ideas will be developed further in the following learning activities.

Mindmaps

Mindmaps are a useful way to 'dump' a whole lot of ideas already in your brain onto paper (or into a digital application) and organise them into a diagrammatic form (or map) which can then be used in a logical and sequential way. It's a form of note taking to which more details can be added as the learning develops and progresses.

- Mindmapping requires a central idea presented as a topic or an overarching question.
- Radiating out from this central topic or question, main or important themes are identified. When working with students in health education, these themes could be prompted by another set of questions (like those in the item bank) – not to be answered as such, but to prompt possible ways to think about the different aspects of the topic.
- Branching off these themes are related ideas, perhaps not as important as the overall themes, but which show the breadth and complexity of the situation.
- Some of these ideas may be connected across themes, to reinforce the complexity of the situation.

Some students take to mindmapping more readily than others. In subjects like health education where issues are often complex, multi-faceted, and with many interconnected ideas – understanding of which is essential for critical thinking - mindmaps are ideal for showing this complexity. If students struggle with mindmapping, provide opportunities to practice constructing mindmaps and tips for helping mindmaps e.g. adding diagrams if visual ideas have more meaning than words, likening a mindmap to a regular topographical map and what these sorts of maps are for. It is not an approach to dismiss if students are not good at it, as the abstract thinking it develops and promotes is a precursor for critical thinking in health education.

Look online for ideas such as <https://www.library.auckland.ac.nz/study-skills/study-exams/mind-mapping> or <http://www.mindmapping.com/>

If using a digital application for mindmapping, ensure it is a comprehensive one that allows for a lot of information and multiple connections to be made – if too simple in its design, the opportunities for making connections become limited, defeating the purpose of the mindmapping.

Activity number 69.



Definitions and laws

Purpose: An integral part of identifying strategies to manage situations of bullying and other behaviours, requires knowledge of acts of law, or policies derived from these that provide the 'legal' foundations for taking action. To know which law applies requires being able to identify the particular behaviour, according to an agreed definition. This activity requires students to locate New Zealand definitions of bullying, cyberbullying, harassment and discrimination, and identify laws (and any associated organisations responsible for helping people to use the law) in preparation for explaining strategies needed to eliminate bullying and other behaviours. *This activity also provides the opportunity for students to become familiar with a range of online sources of information and support agencies.*

Learning intention and NZC HPE achievement objective: Student will identify laws that protect the wellbeing of people in situations defined as bullying, cyberbullying, harassment, discrimination, and abuse (*contributes to 7/8D3*).

Achievement Standard links: AS91238 (Health 2.4), and may have relevance for a range of other AS, depending on context selected.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access essential information from key government and NGO websites.

Time: 1-2 hours.

Resources: Copy templates and online access to websites such as those listed in the copy template (and use links from these sites to other sources).

Activity sequence: Teacher activity

Explain to students that understanding the differences between bullying, cyberbullying, harassment, discrimination, as well as abuse and violence, are all described in law, or as part of policies derived from laws.

Provide students with the copy templates for this activity. In the first instance they need to share the job of finding definitions and laws for each of the behaviours listed, and then put these ideas to the test and work out which behaviour and which law applies for each of the situations listed.

Monitor students as they complete the task to determine if locating definitions or laws is problematic, and provide guidance as needed.

Activity sequence: Student activity

In groups, students share responsibility for finding definitions and laws for each behaviour, and share these with other members of the group to complete the template.

In pairs students decide which behaviour is depicted in each situation and reasons for saying this.

<p>As a summary statement for this exercise, draw attention to the terms used to describe the people involved in bullying (and other behaviours). Ask students who is the 'perpetrator'? So what do we call people who are being bullied (etc)? <i>The most usual term is victim.</i> How helpful is it to call people 'victims'? Why might this term be unhelpful in some situations? <i>There is some concern that the connotations of being called a 'victim' reinforces people's vulnerability and powerlessness and doesn't provide any sense of hope for the restoration of their wellbeing. However alternative terminology like 'prey' or 'target' can be just as problematic for much the same reason, and (in an attempt to be sensitive), terms like 'survivor' can detract from the seriousness of the situation. Rather than call people 'victims' and use this as a label, it may be more helpful to refer to people as the 'victim of bullying'. However, if making general reference to an incident, the terms perpetrator (or bully, harasser, abused) and victim are clearly understood terms in this context.</i> Ask what we call people who witness a bullying incident. (See Activity 71)</p>	<p>Students convey understandings such as: <i>The perpetrator is the person who is using their power over another person i.e. the bully. The victim is the person who has been bullied (harassed or discriminated against).</i></p> <p>Students may be able offer some ideas about the unhelpful use of the term 'victim'.</p> <p>Students may know the term bystanders.</p>
<p>Student learning journal entry:</p> <p>Students file a record of their definitions and laws in their journal to refer back to when identifying strategies for creating safe environments.</p>	<p>Contribution to NCEA achievement:</p> <p>Knowledge of which law applies to which behaviour is specifically required as part of the strategies for AS91238 (Health 2.4).</p>
<p>Teacher knowledge and pedagogy:</p> <p>With topics like this, where there is so much information readily available online, make sure information-finding tasks are complemented with thinking tasks that require students to process the information they have collected.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> How proficient were students at locating a relevant combination of definitions and laws from the recommended (or other) websites?

Definitions and laws

Behaviour	Definition or description	Law or policy that applies	Source of information about this
Bullying			
Cyberbullying			
<i>Intimidation*</i>			
Harassment (in general)			
Sexual harassment (specifically)			
Discrimination			
Violence (assault)			
Domestic violence			
Abuse (of children and young people)			

**The word intimidation is used a lot but is there a law that deals specifically with 'intimidation', or is the term used to describe behaviours under several headings like bullying and harassment? In what situations might a word like intimidation be useful?*

Suggested websites to search:

- Human Rights Commission (discrimination) <https://www.hrc.co.nz/>
- Employment New Zealand (bullying, harassment and discrimination) <https://www.employment.govt.nz/resolving-problems/types-of-problems/bullying-harassment-and-discrimination/>
- Ministry of Health (abuse) <https://www.health.govt.nz/your-health/healthy-living/abuse>
- Ministry of Education (bullying – several links from this site) <http://www.education.govt.nz/school/student-support/student-wellbeing/health-and-wellbeing/bullying-prevention-and-response/>
- Bullying-Free NZ <https://www.bullyingfree.nz/>
- Netsafe (cyberbullying) <https://www.netsafe.org.nz/>
- Are you ok? (domestic violence) <http://areyouok.org.nz/family-violence/thelaw/>

- NZ Government (overview of laws, crime and justice – use links from this page) <https://www.govt.nz/browse/law-crime-and-justice/abuse-harassment-domestic-violence/>
- Community law (description of assault) <http://communitylaw.org.nz/community-law-manual/chapter-35-common-crimes/assault-chapter-35/>
- YouthLaw <http://youthlaw.co.nz/>
- Citizens Advice Bureau <http://www.cab.org.nz/vat/gl/laws/Pages/home.aspx> may also provide useful information

An internet search will also locate a range of other websites, or topic specific pages at these websites.

If the definition of bullying used by the New Zealand Ministry of Education is that: Bullying is deliberate - bullying involves a power imbalance – bullying has an element of repetition – bullying is harmful, then why are the following behaviours NOT considered to be instances of bullying?

A one-off fight or argument	
A difference of opinion between friends or peers	
A single act of social rejection or not liking someone	
A one-off act of meanness or spitefulness	
An isolated incident of aggression, intimidation or violence	
Using sexist or racist terms but not meaning to cause harm e.g. said as joke between friends	
Theft - taking someone else's things on one occasion	

For more information see <https://www.bullyingfree.nz/about-bullying/what-is-bullying/>

Putting into practice definitions of behaviours where there is an imbalance of power in relationships

Situation	Type of behaviour	Reason for saying this – what tells you it is this behaviour?
At work Tina's boss often pressures her into working extra shifts by using threats (e.g. she will lose her job if she doesn't).		
At school Hemi is often hassled by two older boys looking for lunch or money.		
A teenage girl who wears a head scarf for cultural reasons is refused entry into a shop.		
At home, Sally's mum occasionally beats Sally up if she's had a bad day.		
While at the bus stop one morning, a group of girls tease Mele about her appearance.		
Harry's dad often yells at him telling Harry that he is useless and stupid.		
Tom is told at an interview that he is too old to be able to do the job.		
Older students barge in on the Year 9 students in the boys' changing rooms at school and threaten them.		
At work, Frankie's boss often touches her in inappropriate ways.		
Someone in Sam's class took a photo of him in the changing rooms and posted a naked photo of him on social media.		
At school the other students deliberately leave Martin out of their group or team and don't talk to him in the playground.		
At school, Jo is often called homophobic names.		
At a party, two girls get a boy drunk and have sex with him.		
In the street after school, a group of students end up in an all-out brawl after an argument gets out of hand.		

Activity number 70.



Power imbalances in relationships

Purpose: The 'big idea' that unifies all teaching and learning about bullying, harassment, discrimination (etc), is how power imbalances in relationships underpin all of these behaviours. In this activity students consider: what is meant by 'power' in these situations; the values and beliefs of people who think they have the right to use power this way; and, what can be done about it. Integral to developing these understandings is consideration of the values of social justice, and revisiting ideas about 'fairness' and 'being treated fairly.' These ideas are central to understanding how to act or behave in ways that are fair and inclusive and which are critical for eliminating bullying and other anti-social behaviours.

Learning intention and NZC HPE achievement objective: Students will develop an understanding of how people's attitudes and values lead to power imbalances in relationships and result in behaviours like bullying and harassment (7/8C2).

Achievement Standard links: AS91238 (Health 2.4).

Key competencies: Critical thinking, Relating to others.

Time: 60 minutes.

Resources: Copy template of questions for the activity.

Activity sequence: Teacher activity

Ask students what they think a 'power imbalance in relationships' might refer to. In what ways do people exert power over others in relationships?

Provide students with the copy template of questions. Explain the task. Model an example with one of the situations if required. Check that students understand that a power imbalance simply means one person has more power than the other – the power is not equal between them – it is out of balance.

Provide the opportunity for students to feedback a selection of their ideas to the class.

Activity sequence: Student activity

Students could respond with ideas such as *one person having emotional control over another, one person being physically stronger, one person knowing more than another*, etc.

Working in pairs or small groups, students discuss each power imbalance and answer the questions in relation to each situation. Students provide ideas for class discussion and draw conclusions about the way power imbalances are a part of bullying and other behaviours.

<p>Student learning journal entry:</p> <p>Students file their responses to the questions in the copy template.</p>	<p>Contribution to NCEA achievement:</p> <p>A key understanding for AS91238 (Health 2.4) and may be useful for contexts related to sexuality and gender AS91239 (Health 2.5) and AS91461 (Health 3.1), AS91462 (Health 3.2) depending on context selected.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Concepts of power can be complicated. In this sense power is a straightforward understanding of one person dominating, or using their power over another, whether this is done physically, or mentally and emotionally.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily did students grasp the notion of power in this activity? • Did their responses indicate that they understood the different ways one person could have power over another? • Where else in the learning programme could ideas about power feature as part of the learning? e.g. <i>Whose knowledge is more powerful in particular situations?</i>

Power imbalances in relationships

Power can be demonstrated:	Focusing questions
Physically	1. How could a person who thinks or knows that they are physically stronger than another person have power over them?
Mentally	2. How could a person who perceives themselves to be smarter or more capable than another person, have power over them?
Emotionally	3. How could a person who knows how to manipulate others have power over them?
Economically	4. How could a person who makes and controls all of the money have power over another person?
Online	5. How could a person who goes online and anonymously says things about another person have power over them?

For each of situations 1-5 above, discuss and answer the following questions:

- What are the likely attitudes, values or beliefs of this person that lead them to abusing their power this way?
- Why is this behaviour unfair?
- Describe an example of a bullying, harassment, discrimination, or abuse situation that this power imbalance could lead to.
- What impact could this abuse of power have on the wellbeing of the victim in the situation you described in (c)?
- What could the victim do in this situation?

Activity number 71.

Bystanders



Purpose: Over the years the approaches to reducing and eliminating bullying have changed focus from supporting and upskilling the victim, to restorative approaches whereby the bully makes amends and action is taken to modify their behaviour. More recently, emphasis has also been given to the bystander – those who witness instances of bullying, harassment and discrimination. This activity requires students to consider the role and social responsibilities of the bystander, and the knowledge and skills all people need should they find themselves as bystanders in bullying or other such situations. These ideas are reinforced through a role play scenario.

Learning intention and NZC HPE achievement objective: Students will develop understanding of the role and responsibilities of bystanders in bullying and other situations where there is a power imbalance in relationships (7/8C2).

Achievement Standard links: AS91238 (Health 2.4).

Key competencies: Critical thinking, Participating and contributing.

Time: 1-2 hours with the roleplay.

Resources: Copy template of bystander scenarios.

Activity sequence: Teacher activity

Ask students if they think acts of bullying (etc) are always done out of view of others, or are some acts in public view? What do we call people who view another person being bullied?

Provide students with the copy template tasks and explain the activity. Allow time for groups to discuss and respond to each task. Provide opportunity to give feedback and for the class to reach a common understanding about bystanders and upstanders.

Debrief:

Is it fair if bystanders do nothing? Who is it (un)fair to? Do you think we all have a social responsibility to do something if we see another person being bullied (or other behaviour)? Why or why not? If students say they have no responsibility – challenge them on this e.g. does our safe school policy apply to everyone or just bullies and victims? How can a policy be upheld if we don't each take some

Activity sequence: Student activity

Students may know the term 'bystanders' – those who watch bullying happen or hear about it. They may also know the term 'upstanders'.

Students work in groups to discuss and agree on understandings about bystanders and upstanders. A selection of ideas are presented to class discussion.

Students recognise that doing nothing is unfair, not only for the victim but also the bystander as the wellbeing of victim and bystander are impacted by the bully's actions. Students also recognise that for a safe school or safe community everyone has to take some form of responsibility, and in situations where the victim is feeling powerless, it may take someone to act on their behalf.

<p>responsibility for implementing it? What if it was you being bullied? Would you want someone to help you and help you to look after your rights and your wellbeing?</p> <p>A role play process to explore the role of the bystander is included with the copy template for this activity.</p>	<p>Students participate in the role play and respond to questions as directed.</p>
<p>Student learning journal entry:</p> <p>Students file their completed copy template.</p>	<p>Contribution to NCEA achievement:</p> <p>In addition to interpersonal strategies for AS91238 (Health 2.4), this activity may be useful for contexts related to sexuality and gender AS91239 (Health 2.5) and AS91461 (Health 3.1), AS91462 (Health 3.2) depending on context selected.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Increasing importance has been placed on the role of the bystander in bullying (and other) situations. When a whole school approach is taken to eliminate bullying, in essence a form of collective action, all members of a community have roles and responsibilities to see that policy is adhered to and that creating safe environments requires actions on the part of everyone.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • How readily were students able to view instances of bullying from the perspective of the bystander? • Was there any resistance to the idea that the bystander does have a responsibility to act in ways that support the victim? If so, how did you manage this? Was the situation adequately resolved? Why or why not? • What other situations in the learning programme will require students to see that everyone in a community, or in society, has a social responsibility to contribute to a greater good? • Which learning contexts will be useful for developing these ideas in other situations?

Bystander responsibilities

TASK 1.

Hurtful Bystanders	Most bystanders
<ul style="list-style-type: none"> Start the bullying by encouraging the bully to begin. Encourage the bully by laughing and cheering them on, or making comments that further motivate the bully. Join in the bullying once someone else has started it. 	These bystanders also contribute to the problem (often without realising it) because they passively accept bullying by watching it and doing nothing. Passive bystanders provide the audience some bullies want (to reinforce their power), and the silent acceptance of bystanders allows bullies to continue their hurtful behaviours.
Q. Why do you think some bystanders get involved in bullying incidences in this way?	Q. Why do you think many bystanders do nothing?

TASK 2.

Helpful Bystanders - or 'Upstanders': Bystanders can prevent or stop bullying.	
A bystander who is an upstander:	Other bystanders who are upstanders:
May directly intervene and discourage the bully, defending the victim, or redirect the situation away from bullying.	Go and get help either from peers who they encourage to stand up to the bully, or by reporting the bullying to adults.
Q. In what sorts of situations would an upstander feel confident to respond this way?	Q. In what sorts of situations would an upstander choose to respond this way?

TASK 3.

Reasons why some bystanders don't intervene when they see bullying.	Knowledge and skills the bystander needs to learn, or an attitude that needs to change to become an upstander.
They think it's none of their business	
They are scared they will get hurt or become a victim themselves	
They feel powerless to stop the bully	
They don't actually like the victim and think the victim deserves it	
They don't want to draw attention to themselves	
They fear the bully will take revenge and get them back	
They think that telling an adult won't help and it may even make things worse	
They don't know what to do	

TASK 4.

Bystanders who don't do anything to stop the bullying or don't report it may experience negative consequences for their own wellbeing.	
Possible negative impacts on wellbeing if a bystander does nothing:	Why might doing nothing after witnessing bullying lead to these feelings for the bystander?
They feel pressured to participate in the bullying anyway	
They feel anxious about speaking to someone about the bullying	
They feel powerlessness to stop bullying	
They are vulnerable to becoming victims themselves	
They are scared to associate with the victim, the bully, or the bully's friends	
They feel guilty for not defending the victim	

Bystander Role play

Set the scene: A new Year 9 student has arrived at the school. S/he started school several months into the year after friendship groups have already formed in the class, and 'rules' about who sits where have been established. It is apparent from the student's appearance and demeanour that they like to express their individuality and don't like to conform to popular ways of dressing and behaving. One group of students has taken a dislike to the new student and thinks they need to be taught a lesson and that the student needs to be more like them.

Preparation: *Allocate roles to groups and allow a few minutes for them to prepare their role – see role cards provided.*

- Ask one group to volunteer to be the bullies.
- Ask a volunteer to be the new student – the rest of their group will be their support crew for the role play.
- The remainder of the class are bystanders. Allocate different bystander roles e.g. bystanders who join in, bystanders who do nothing, and bystanders who take a stand.

Explain the safety guidelines and that this is a role play – whatever is said and done by the bullies are not the values and beliefs of the people saying it.

Act 1. Play the scene ONLY with the new student coming into class and walking past the bullies – the bullies say/do something of a bullying nature. **Freeze the action.**

Debrief:

- Who has the power in this situation? How are they using their power?
- How is this behaviour allowed to happen?
- How do you think [new student] is feeling at this time?
- [To the new student's support crew] What do you think the [new student] would like to happen at this moment - in relation to the bullies? And what would they like the rest of the class to do?
- [To the bystander groups - in role] What does it feel like to witness bullying like this? Do you think you should do something? Why or why not? What stops you? What would encourage you to act and stand up for [new student]?

Act 2. Replay the scene, this time play it through and let the **bystander group 3 join in the bullying.** **Freeze the action.**

Debrief:

- Ask the above questions again, as relevant to the scene.

Act 3. Replay the scene again, this time play it through and let **the bystander group 4 join in (the upstanders).** **Freeze the action.**

Debrief:

- Who has the power in this situation now? Has it changed? How are they using their power?
- How do you think [new student] is feeling at this time?
- Why might the upstanders have decided to speak up for the new student?
- [To the group of upstanders] How easy is it to stand up for someone in this way? Why is this?

- [To the do-nothing bystanders] What does it feel like to do nothing? Why is this? *Make connections with previous learning about the impact of bullying on bystanders who don't act.*

De-role and thank everyone for their contributions.

Out of role: Ask the class what would it take to change the school culture so that everyone could be an upstander – and no one was a passive bystander, a bully or a victim?

Role cards:

Group	Role	Information about the role	Preparation
1	Bullies	<p>A new Year 9 student has arrived at the school. It is apparent from the student's appearance and demeanour that they like to express their individuality and don't like to conform to popular ways of dressing and behaving. Your group has taken a dislike to the new student and thinks they need to be taught a lesson, and that the student needs to be more like you and your group.</p> <p><i>The scene is the classroom just before the bell and before class starts – the teacher is not in the room. Your group (of bullies) are already at your desks and the new student has just walked in the door. S/he needs to get to his/her desk down the back of the room. The only way there is right past your table.</i></p>	As the bullies you need to decide on a few acts of bullying to use as the student comes into class – they have to walk right past your table to get to their desk. Make sure it is something that the whole class sees and hears.
Group	Role	Information about the role	Preparation
2	New student	<p>You are a new Year 9 student who has just arrived at the school. You started school several months into the year and friendship groups have already formed in the class, and 'rules' about who sits where have been established. You like to express your individuality and don't like to conform to popular ways of dressing and behaving. One group of students has taken a dislike to you and has started bullying you. So far you have done nothing about it – they haven't hurt you but it is getting annoying and it is getting worse.</p> <p><i>You are heading into class, the bullies are already at their seats. Your desk is at the back of the room and you need to go right past their desks.</i></p>	Give your student a name and use your group as a support crew to help prepare for the role. Decide what body language you will use and what you might or might not say once the bullies say or do something.
Group	Role	Information about the role	Preparation
3	Bystanders who join in	<p>You will play your role in ACT 2.</p> <p>Your group has noticed the bullying of the new student, but so far you've done nothing. However, you don't think the new student has made any effort to fit in so you think it's time you added to what the original group of bullies is doing.</p>	As the bystanders who join in with the bullies you need to decide on a few acts of bullying to use after the original group of bullies has said/done something to

		Note: In Act 3 you will be bystanders who do nothing.	the new student. Make sure it is something that the whole class sees and hears.
Group	Role	Information about the role	Preparation
4	Bystanders who take action	<p>You will play your role in ACT 3.</p> <p>Your group hasn't noticed the bullying of the new student before but you did notice this incident in class. Members of your group have been bullied by this group before. You now realise what's going on and having dealt with them previously, you know how to stand up to them.</p> <p>Note: In Act 2 you will be bystanders who do nothing.</p>	Decide how your group will stand up to the bullies and support the new student.
Group	Role	Information about the role	Preparation
5	Bystanders who do nothing	You have noticed the bullying of the new student but don't do anything. You will be asked for reasons why with each Act of the role play.	Decide on some reasons why your group does nothing to stand up for the new student.

Activity number 72.

Bullying in New Zealand



Purpose: National and international research about bullying in New Zealand identifies it as a persistent problem. It is also a significant social problem and data shows that New Zealand has one of the highest rates of bullying in the Organisation for Economic Co-operation and Development (OECD) countries. This activity requires students to examine recent data about bullying research and consider reasons why New Zealand has such a high rate of bullying.

Learning intention and NZC HPE achievement objective: Students will use data about bullying to ask questions about why the NZ incidence of bullying is higher than most other countries (8A1 and 7/8C2).

Achievement Standard links: AS91238 (Health 2.4).

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access accurate information (if further data about bullying is being sourced).

Time: 60 minutes.

Resources: Copy template of data. To extend this activity, see the NZ PISA wellbeing report at https://www.educationcounts.govt.nz/_data/assets/pdf_file/0005/181544/PISA-2015-NZ-Students-Wellbeing-Report.pdf and teachers can use the Youth'12 data available in the prevalence tables (see School safety p.53) at: <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Prevalence%20report.pdf>

Activity sequence: Teacher activity

Ask students what they understand about the incidence of bullying in New Zealand – is it high or low compared to other countries? Why do they think this (or know this)?

Provide students with the copy template containing a sample of the PISA wellbeing data. Allow time for students to work through the questions.

Debrief:

Summarise the lesson with feedback from a selection of the discussion questions.

Activity sequence: Student activity

Students respond with any ideas they have about bullying in New Zealand.

Working in pairs or small groups, students discuss and respond to the questions on the copy template.

Students share a summary of their ideas with the class.

<p>Student learning journal entry:</p> <p>Students file the copy template information and their answers to questions.</p>	<p>Contribution to NCEA achievement:</p> <p>Where required, statistical data about bullying can be used to explain the extent of the issue and the impact on wellbeing for AS91238 (Health 2.4) and may be useful for contexts related to sexuality and gender AS91239 (Health 2.5) and AS91461 (Health 3.1), AS91462 (Health 3.2) depending on context selected.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Large scale population studies that yield useful data like this take a while to be published, and any interventions in the interim which may (or may not) have had an impact are not accounted for. As part of a whole school approach to wellbeing, and to understand the problem at local school level, it is recommended that schools carry out a survey like this, using the same items as the OECD report, or make use of the NZCER <i>Me and My School Survey</i> and other related tools.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • What surprised you about students' insights into bullying? • Did any of their comments suggest a naivety about the scale of the problem, or an over-estimation? Why might this be the case? • What do you know of the scale of the problem at your school? Has your school recently collected data about bullying behaviours to help the school decide ways to respond? If not, what are the options for doing this as a health education exercise?

Bullying in New Zealand – resource

(A) Definition: The most widely accepted definitions of bullying are based on four characteristics. These are that bullying is: (1) deliberate, (2) harmful, (3) involves a power imbalance, and (4) has an element of repetition

Ministry of Education (2015). *Bullying prevention and response: A Guide for Schools*.

<https://www.hrc.co.nz/files/5714/3226/0531/MOEBullyingGuide2015Web.pdf>

(B) New Zealand bullying behaviours recorded in PISA 2015: Students were asked if and how often they had the (following) experience in school during the previous 12 months. (% rounded to nearest whole number) Types of bullying:	Occasionally or never %	A few times month %	Once a week or more %
Other students took away or destroyed things that belong to me. <i>Physical</i>	94	4	2
I was hit or pushed around by other students. <i>Physical</i>	93	4	3
I was threatened by other students. <i>Verbal/physical</i>	92	5	3
Other students spread nasty rumours about me. <i>Verbal/relational</i>	87	8	5
Other students left me out of things on purpose. <i>Relational</i>	87	8	4
Other students made fun of me. <i>Verbal</i>	83	10	8
OVERALL – all forms of bullying combined	74	26	

(C) Fifteen-year-olds in New Zealand 4,500 students	All OECD countries 540,000 students in 72 participating countries
Second-highest rate of bullying among OECD countries	... out of 51 countries (Latvia was first, Singapore third, and Australia fifth, UK sixth, and Canada seventh).
<ul style="list-style-type: none"> For every type of bullying, NZ students were above the OECD average 45% of students at Year 9, and 60% of students at Year 5 had experienced bullying behaviours monthly or more often <p>Specifically:</p> <ul style="list-style-type: none"> 6.7% reported being hit or pushed around by other students at least a few times a month 8.3% reported being threatened 6.3% said other students took or destroyed things that belonged to them 2.8 % reported being left out or having students spread nasty rumours about them 17.4% said other students made fun of them 	<ul style="list-style-type: none"> 8% physically bullied a few times a year 26% of frequently bullied students are not satisfied with their life, while only 10% of students who are not frequently bullied, reported so 4% reported being hit or pushed around by other students at least a few times a month - varies from 1% to 9.5% across countries 7% were left out and 8% had nasty rumours spread about them 11% said other students made fun of them
<p>PISA 2015 Results (Volume III) Students' Well-Being http://www.oecd.org/education/pisa-2015-results-volume-iii-9789264273856-en.htm</p> <p>Data collected 2015, reported 2017 (PISA stands for <i>Programme for International Student Assessment</i>)</p> <p>Data is collected by the OECD Organisation for Economic Co-operation and Development</p>	

Bullying in New Zealand – questions

TASK: Read over the resource material provided.

Discuss the following questions with your group and record the main ideas:

1. What surprised you most about these results? Why?
2. What surprised you the least? Why?
3. Why do you think some forms of bullying like *'other students made fun of me'* were more common than *'other students took away or destroyed things that belong to me'*?
4. Do you think there is a difference between boys and girls bullying? Why? Use the Youth'12 data to find out if your assumptions are correct –see School safety p.53 in the prevalence tables:
<https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Prevalence%20report.pdf>
5. What other types of bullying behaviour do you think would be useful to include in research like this? Why?
6. Why do you think most other countries have lower rates of bullying than New Zealand? Do you think there is an answer to this question? Why or why not? How could you find this out?

Activity number 73.

Cyberbullying



Purpose: The increased rate of cyberbullying has been a direct consequence of the increased use of personal digital technologies. The nature of communication in the digital world has expanded the ways in which people can intimidate, manipulate, control, threaten, and humiliate other people. This happens not only with words but also through the inappropriate use of photographic images. The profound and negative impact of cyberbullying on wellbeing has led to laws being introduced to respond to incidences of cyberbullying, as well as seemingly futile attempts to control social media. The invisibility of threatening texts or emails – until after they have been sent and the damage done (and opportunities for sending these anonymously) - makes preventing these behaviours a challenging task and requires a fundamental shift in the values and attitudes of some people. This activity requires students to make comparisons between cyberbullying and other forms of bullying, and to develop a set of class protocols (which could be extended to school protocols) which describe students' commitment to being responsible digital citizens.

Learning intention and NZC HPE achievement objective: Students will demonstrate understanding of cyberbullying, its impacts on wellbeing, legal solutions for dealing with cyberbullying, and make recommendations of ways to reduce cyberbullying (*contributes to a combination of 7A3 7C2 7D3*).

Achievement Standard links: AS91238 (Health 2.4) and may be useful for contexts related to sexuality and gender AS91239 (Health 2.5) and AS91461 (Health 3.1), AS91462 (Health 3.2) depending on context selected.

Key competencies: Participating and contributing, Using language and texts.

Digital fluency: Access accurate information.

Time: 2-3 hours.

Resources: Access to the Netsafe website <https://www.netsafe.org.nz/>

The description of digital citizenship is at:

<https://www.netsafe.org.nz/digital-citizenship-and-digital-literacy/>

(Optional) To extend this activity, teachers can use the Youth'12 data available in prevalence tables (see p.137-138 anti-social messaging) at:

<https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Prevalence%20report.pdf>

Copy template.

Activity sequence: Teacher activity

TASK 1.

Scene setting: The 2015 PISA Student wellbeing report released in 2015 (see Activity 72) stated

Activity sequence: Student activity

that New Zealand “students reported an average of 163 minutes on the internet on weekdays outside of school, and 196 minutes on weekend days”.

Based on what we know about the high rate of bullying in New Zealand, what might this statement indicate about the level of cyberbullying? *Note that the survey wasn’t explicitly about cyberbullying.*

Check with students what they have learned since being at school about cybersafety. What they can and can’t do on school computers, ways to stay safe online when using own devices, etc.

What behaviours are specifically ‘cyberbullying’?

What do you know about the impacts of cyberbullying on wellbeing?
Do you think cyberbullying is more or less harmful than other forms of bullying? Why?

What do you know about what to do if you have been cyberbullied? (*Indicate that this will be investigated further.*) What do you know about ways to stop cyberbullying happening in the first place?

Direct students to the New Zealand Netsafe website. Each pair or small group is going to develop one question and seek an answer to it using the Netsafe information provided online. These questions could elaborate on or confirm answers to questions already asked and answered, or questions that students weren’t able to answer. Facilitate the activity in a way as to ensure that a diversity of questions are covered, and with little or no double up of information e.g. prepare some questions and assign these to groups in order to achieve coverage of ideas. It may be useful for students to spend some time familiarising themselves with the Netsafe website as it contains a number of sections from which an investigation question could be generated.

Students speculate on the links between (high) levels of internet use and the incidence of bullying in New Zealand (using data from Activity 72).

Students recall previous learning about cybersafety in preparation for the learning that follows.

Students can identify forms of cyberbullying (or other forms of behaviours that are harmful) such as: *Horrible text messages or emails, unwanted sexting, rumours sent by email or posted on social media, embarrassing pictures or videos posted on social media, fake profiles, body shaming and people saying nasty things about your appearance on social media, cyber stalking, revenge porn etc.*

Students share some initial ideas about what to do if they have been cyberbullied and any ideas they have for preventing it.

Possible questions:

- What behaviours are considered to be ‘cyberbullying’?
- Are any harmful online behaviours not considered to be cyberbullying – if so which and why?
- How does cyberbullying affect wellbeing?
- What can I do if I am cyberbullied?
- What law protects people’s safety online?
- How can we prevent cyberbullying? E.g. What does it mean to be a responsible digital or cyber citizen?
- What information does the Netsafe website provide?

Students work in pairs or groups to decide and refine their question, and seek information to answer their question. They then present Q & A

<p>Allow time for students to familiarise themselves with the website and find an answer to their question. If they can't find a clear answer, reframe the question (but still note they couldn't find an answer to their original question).</p> <p>Each group has 2 minutes to report their question and findings back to the class. Provide a way for all Q & A to be collated and made available to all members of the class.</p> <p>TASK 2: If not already covered, draw students' attention to the idea of digital citizenship (as explained by Netsafe and as used by the Ministry of Education). Focus on the principles indicated in the copy template. Explain to students that their task is to create a class set of protocols ('rules') for how they will 'behave' in cyberspace. The copy template provides a thinking and planning framework.</p> <p>Facilitate the activity in much the same way as establishing class safety guidelines. Recommend that each group decides on the sort of protocols they would want to see included. Negotiate a final list and the wording of these. Make a copy of the final document available to all students in the class.</p>	<p>to the class discussion. Each pair or group contributes their Q & A to a class resource.</p> <p>Students negotiate a set of protocols to promote safety in cyberspace.</p>
<p>Student learning journal entry:</p> <p>Students file the class collection of Q & A and the group protocols for digital citizenship.</p>	<p>Contribution to NCEA achievement:</p> <p>Provides a range of personal, interpersonal and societal strategies for AS91238 (Health 2.4) and potentially other AS depending on learning context selected.</p>
<p>Teacher knowledge and pedagogy:</p> <p>It is recommended that teachers supplement this activity with other ideas provided online by Netsafe. Coordinate the use of these materials with the school's approach to cybersafety.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily were students able to recognise the sorts of actions needed to reduce cyberbullying? • Did students understand what it means to be a responsible digital citizen? • What other opportunities will there be across the learning programme to develop digital citizenship (and therefore, digital fluency)?

Preparing class protocols for being responsible digital citizens (and eliminating cyberbullying and other harmful online behaviours)

Netsafe states that: A successful digital citizen is someone who:	Planning: If our class protocols aim to describe what we will do personally , and what we expect of others , how can the principles of digital citizenship guide our ideas?
<ul style="list-style-type: none"> • uses and develops critical thinking skills in cyberspace 	
<ul style="list-style-type: none"> • uses ICT to relate to others in positive, meaningful ways 	
<ul style="list-style-type: none"> • demonstrates honesty and integrity and ethical behaviour in their use of ICT 	
<ul style="list-style-type: none"> • respects the concepts of privacy and freedom of speech in a digital world 	
<ul style="list-style-type: none"> • contributes to and actively promotes the values of digital citizenship. 	
Note that this is not the complete list of principles for digital citizenship. The full list is at https://www.netsafe.org.nz/digital-citizenship-and-digital-literacy/	

What we will personally do when using social media, email, texting, etc. (how we will personally contribute to a safe online environment as a way to eliminate cyberbullying):	What we expect of others when using social media, email, texting, etc. (how we expect others to contribute to a safe online environment as a way to eliminate cyberbullying):
Prepare your list of ideas to share with the class	

Activity number 74.

Discrimination



Purpose: Discrimination is a particular form of behaviour whereby people are treated unfairly or less favourably than another people in the same or similar circumstances, e.g. on the grounds of race, sex, sexual orientation, gender identity, religious belief, age, body size, marital status, country of origin, or disability. As a matter of law, cases of discrimination are handled under the Human Rights Act. This activity requires students to make clear a distinction between discrimination and other behaviours, why some people think they can discriminate against others, how discrimination impacts wellbeing, and what legal channels are available for dealing with incidences of discrimination.

Learning intention and NZC HPE achievement objective: Students will demonstrate understanding of discrimination, its impacts on wellbeing, legal solutions for dealing with discrimination, and make recommendations of ways to reduce discrimination (*contributes to a combination of 7A3 7C2 7D3*).

Achievement Standard links: AS91238 (Health 2.4).

Digital fluency: Accessing accurate information.

Key competencies: Critical thinking, Relating to others.

Time: 30 minutes.

Resources: Copy template and online access to the Human Rights Commission (if required for further information).

Activity sequence: Teacher activity

Revisit the definition of discrimination from previous learning. Explain to students that they are going to apply learning about bullying and other behaviours to the particular situation of discrimination. Provide students with the copy template and explain the overall requirement of the task. Work through one or two examples of discrimination to model what is meant by the questions: What is unfair about this situation? What are the values and beliefs of the person who is treating the person (or people) unfairly? And where do you think these values and beliefs come from?

Summarise the lesson with feedback from the questions about impact on wellbeing, overall understandings about why some people discriminate, and the HRC as the overseeing

Activity sequence: Student activity

Students can distinguish that discrimination is specifically about behaviour whereby people are treated unfairly or less favourably than another people in the same or similar circumstances, e.g. on the grounds of race, sex, sexual orientation, gender identity, religious belief, age, body size, marital status, country of origin, or disability. Unfair behaviours could include being excluded/not allowed entry to an organisation, or denied access to something like a job, or accommodation.

Working in pairs or small groups students discuss and respond to the questions on the copy template and visit the HRC website for ideas, as required. A selection of these ideas is shared with the class.

body who provide guidance and support for dealing with complaints of discrimination.	
<p>Student learning journal entry:</p> <p>Students file their responses to the questions on the copy template.</p>	<p>Contribution to NCEA achievement:</p> <p>Provides ideas about influences on discriminatory behaviours and strategies to respond to these for AS91238 (Health 2.4) and may be useful for contexts related to sexuality and gender AS91239 (Health 2.5) and AS91461 (Health 3.1), AS91462 (Health 3.2) depending on context selected.</p>
<p>Teacher knowledge and pedagogy:</p> <p>The laws about discrimination in New Zealand make it clear what people's rights are and what constitutes a breach of these rights – as matter of law. Consequently the suggested approach to learning about this topic is a largely teacher-directed one to ensure students connect with accurate information.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • Did any of the scenarios raise issues about the exceptions to Human Rights? If so which situations, and did students manage to find information that made clear the situations where people can be excluded on the basis of age, marital status and other circumstances? • Were there any unresolved issues emerging from this activity? If so, what do you need to find out – or what did you direct students to try and find out?

Discrimination scenarios

<p>Discrimination is a particular form of behaviour whereby people are treated unfairly or less favourably than another people in the same or similar circumstances.</p> <p>Discrimination scenarios:</p>	<ul style="list-style-type: none"> • What is unfair about this situation? • What are the values and beliefs of the person who is treating the person (or people) unfairly? • Where do you think these values and beliefs come from?
Gender: A male is told he cannot apply for a job to sell cosmetics because only women buy the products and they need to be able to relate to the person selling them.	
Size/appearance: A woman is told that she didn't get the job because she was too big to fit into the company uniform.	
Sexuality: A same-sex couple is turned down for a flat because the prospective landlord 'doesn't agree with their lifestyle'.	
Ethnicity: An office manager won't employ a person from another ethnic group because they say they only want people who can understand and relate to each other culturally.	
Culture: A person with a cultural tattoo (e.g. Māori moko) is turned down for a job where they have to deal with the public.	
Disability: A person in a wheelchair is not able to enrol at course. They are told that this is because there is no wheelchair access.	
Religious belief: A person of one faith is denied participation in a community group dominated by people from another faith – they were told they wouldn't fit in.	
Nationality: A person is denied entry to a social club because they weren't born in NZ.	
Age: A person over 65 is told they can't apply for the job because they are too old and it's a job designed to give a young person a start in life.	
Health status: A person is denied enrolment at a school because of a significant health condition.	
Marital status: A company will only employ married people because they think they are more mature and stable workers.	

Discrimination scenarios summary

Summary:	
<ul style="list-style-type: none"> • For all of these cases, how does being discriminated against make people feel? • What thoughts might a person have when they are discriminated against? • Overall, how does being discriminated against affect people's wellbeing? 	
Overall, why is it that some people think they can treat others unfairly?	
Check out the Human Rights Commission website https://www.hrc.co.nz/	
What are 'human rights' – according to New Zealand law?	
Under what circumstances can people be excluded? What are the exceptions when it comes to cases of discrimination?	
What is the role of the Human Rights Commission in cases of discrimination?	

Activity number 75.



Contributing to whole school approaches to promote student wellbeing

Purpose: Whole school approaches to promoting wellbeing have been proposed for many years for contexts such as AoD and bullying. In this activity students will develop understanding of how a whole school approach can be used as a form of collective action whereby everyone is involved and has some responsibility to an overall objective, in this case to eliminate bullying in a school. They will use the promoting and responding triangle (or intervention triangle) as a diagrammatic way to summarise how a range of actions need to be used in combination to eliminate bullying in schools.

Learning intention and NZC HPE achievement objective: Students will develop understanding about why collective action, in the form of a whole school approach, is required to eliminate bullying (7/8D2).

Achievement Standard links: AS91238 (Health 2.4), AS91235 (Health 2.3) – if safe schools selected as the health promotion focus.

Key competencies: Critical thinking, Managing self.

Digital fluency: Producing digital content (if using a digital solution for producing the diagram).

Time: 30 minutes.

Resources: For reference the Education Review Office (ERO) resource, *Wellbeing for success: effective practice* (2016) <http://www.ero.govt.nz/publications/wellbeing-for-success-effective-practice/> contains worked example of the promoting and responding triangle (page 5).

Activity sequence: Teacher activity

Explain to students that the purpose of this activity is to summarise all of the actions needing to be included in a school wide health promotion approach to eliminate bullying. Their summary is going to be in the form of a 'promoting and responding triangle' diagram. They can either do this on paper, or select a template from the 'Smartart' (or equivalent) option on their computer. Note that the digital option doesn't allow for much writing to be added so additional text boxes will be required alongside the triangle diagram.

Activity sequence: Student activity

<p>Instruct students to draw an inverted triangle – taking up a whole page. Divide the triangle into 3 approximately equally spaced sections. In the top section write <i>‘Promoting wellbeing for all students, school staff, and school community (parents and whānau)’</i>, in the middle sections <i>‘Responding to issues for some students’</i> and in the bottom section <i>‘Responding to a crisis for a few students’</i>.</p> <p>With support, students identify the range of strategies or actions from their previous learning that could be included in a WSA to eliminate bullying, and populate each level of the triangle with ideas. Provide support where some details may not have featured explicitly in the learning.</p> <p>Support students to understand that a WSA approach like this is a collective action whereby everyone has a role and responsibilities.</p> <p>It is also a ‘societal strategy’ which includes many separate actions – some of which may include teaching students how to communicate respectfully, valuing others – i.e. a range of personal and interpersonal knowledge and skills.</p>	<p>Students construct their promoting and responding triangle with ideas such as:</p> <p>Promoting wellbeing for all students: <i>assemblies and other forums that promote inclusive values, inform students about expected behaviours and the safe school policy, and the school system the students need to use if they are the victim of bullying; health education classes for students to learn knowledge and personal and interpersonal skills required to eliminate bullying [list some of these]; information made available for parents in newsletters and links to sites like BullyfreeNZ and Netsafe so they know what to do as parents to support students, etc.</i></p> <p>Responding to issues for some students: <i>having support systems for students who are bullied – contact people (or equivalent), (tutor or form) teachers, pastoral care team - deans and guidance counsellors, links to online support or helplines.</i></p> <p>Responding to a crisis for a few students: <i>guidance counsellor services, or in cases where students require specialist mental health services, links with community health providers.</i></p>
<p>Student learning journal entry:</p> <p>Students file their completed promoting and responding triangle diagram and refer back to this as a source of ideas for strategies to eliminate bullying.</p>	<p>Contribution to NCEA achievement:</p> <p>As a way to summarise whole school approaches for health promotion, in learning contexts where the school is the site for these actions, the promoting and responding triangle could be used for planning aspects of AS91235 (Health 2.3), and may be useful for contexts related to bullying and harassment AS91238 (Health 2.4), sexuality and gender AS91239 (Health 2.5) and depending on contexts selected AS91461 (Health 3.1), AS91462 (Health 3.2).</p>
<p>Teacher knowledge and pedagogy:</p> <p>It is recommended that teachers are familiar with any recent NZCER research and ERO reports focused on student wellbeing, especially those that use the promoting and</p>	<p>Teacher’s evaluation of the activity</p> <ul style="list-style-type: none"> • How useful was the WSA for developing ideas about societal strategies and demonstrating that often these strategies

<p>responding triangle as way to frame the combination of actions required for a WSA. These documents consider wellbeing at school well beyond health education teaching and learning in the NZC but it is useful for teachers and senior students to understand how school communities function when promoting wellbeing for all students.</p>	<p>(or approaches) are not a single action, but a whole combination of actions?</p> <ul style="list-style-type: none"> • Where else in the learning programme can an idea like this be applied?
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Theme 9.

Body image

An overview of research on social media and body image reported that “studies consistently show that social media usage (particularly Facebook) is associated with body image concerns among young women and men, and longitudinal studies suggest that this association may strengthen over time. Furthermore, appearance comparisons play a role in the relationship between social media and body image... Research is also needed on more diverse samples as well as other social media platforms (e.g. Instagram)” (Fardouly & Vartanian, 2016).

At senior secondary level students learning about body image learn to:

- Understand what it means to have a ‘positive body image’.
- Think critically about the way the media (entertainment media like film and TV, advertising, and social media) influences the way people think and feel about their bodies.
- Think critically about the way cultural attitudes and values operating through other societal organisational structures like schools, sport, and the health system, influence the way people think and feel about their bodies.
- Promote a positive body image for themselves and others through developing personal and interpersonal strategies to resist pressure to conform to a particular idealised (often unrealistic) body appearance, and challenge the attitudes and behaviours of peers who ‘fat talk’ and compare their bodies with each other, or with idealised images of the body.
- Advocate change when media (or other societal structures or organisations) portray bodies in ways that contribute to a negative body image.

As a mental health topic, health education uses the definition that **body image is a person’s thoughts, feelings, and perceptions about their body**. Whether a person has a positive body image (or body satisfaction) or a negative body image (or body dissatisfaction) leads to behaviours that either support wellbeing or impacts negatively on wellbeing.

Body image in this sense is not to be confused with phrases like ‘*the image (or appearance) of the body*’ which simply refers to what the body looks like. However, how people review, critique and talk about the appearance of their body, is an expression of their body image.

In past decades, learning about body image has been dominated by a focus on female body image, but in recent years research is showing that it is a significant and growing issue for males. Consequently, teachers will need to take care to take a balanced view of the issue, not only, but especially when teaching in coeducational schools.

Teachers need to be constantly aware of the language they are using in class when describing body size, shape (etc) and be aware of their own biases in their attitudes and values. Many mental health topics are about behaviours that occur away from the classroom. Some topics are of a nature generally deemed to be less sensitive, or are about situations where students can ‘hide’

their personal experiences simply by not talking about them. However well-intended but ill-chosen comments about size, shape, weight, or other aspects of appearance, that obviously relate to the physical appearance of some students in the room, may serve only to reinforce negative body image.

Research from this decade is repeatedly reporting the correlation between the use of social media and an increase in negative body image. Spending time on social media appears to increase the opportunity for and incidence of comparing body appearance with that of celebrities (for example), and provides a platform for people to comment about the appearance of others' body appearance (leading to behaviours like fat-shaming). Other research is showing the rise in body dissatisfaction among males and the association of some behaviours designed to alter body appearance with sport and masculinities cultures.

Although health education does not promote teaching about eating disorders as such, it is hard to ignore the fact that body image education grew out of concerns about the weight reducing, and appearance altering behaviours that girls and women (and increasingly men) were adopting to achieve an idealised body image. Awareness of the extent of body dissatisfaction has shown up in various ways, with most concern being expressed around the increased patterns of disordered eating behaviours being adopted by many, and clinically diagnosed eating disorders being the result for some people.

Even when teachers structure activities to keep a focus on critical thinking about the impact of media on body image (and what can be done to resist the messages inherent in media), it is hard to avoid the abundance of online images, articles, and video about eating disorders like anorexia nervosa and bulimia nervosa (mainly, but not only, in females), or body (or muscle) dysmorphic disorder (in males), and drastic practices used in sport like weight cutting. When these issues surface, it is recommended that teachers avoid engaging in extended conversation with students about these complex mental health disorders (that is, anorexia, bulimia and body dysmorphic disorder) as this may, unintentionally, run the risk of glamorising or normalising them. In these cases the objective is to shift the learning conversations back to looking critically at the social and cultural environments that contribute to the problem in the first place. See also the safety comment in the introduction to this resource.

Teachers may find it highly problematic teaching about body acceptance and promoting a positive body image as a mental and emotional wellbeing issue, in a health and social climate dominated with the biomedical issue of obesity. In recent years, an added complication to this 'what should I/what shouldn't I teach' dilemma, has arisen from global concerns about increasing rates of obesity and the increased rates of obesity-related disease. Images of overweight people have dominated all manner of media from research documentaries to reality TV. These programmes highlight that being significantly overweight has long term health consequences, and promote the ideal that a healthy diet and exercise is the way to achieve and maintain health. But for all the health-enhancing intentions of these media portrayals of bodies, the message is still that being overweight is unhealthy. So how does a teacher reconcile that with teaching students how to think critically and promote a positive body image when the dominant messages are basically saying that being fat is bad?

It is tempting to suggest that teachers try and keep separate body image as a mental and emotional wellbeing issue and obesity as a biomedical issue. However, the issues can't help but collide when so many forms of media perpetuate a culture that says weight loss and being smaller/weighing less is good (which still impacts on people including those that don't need to lose weight). In situations like this, keep asking students the questions – who is advantaged/ who

benefits when media portray images of obese people (how and why), and who is disadvantaged by these portrayals (again, how and why)? In the current media climate, probably the best contribution a teacher can make is to teach students to **critically analyse everything** in order that that can make rational, informed judgements about situations for themselves.

Activity number 76.

Influences on body image



Purpose: Whether or not deliberate teaching about body image has previously featured in the students' health education learning programme, it is highly likely they will know a lot about it from the media saturated world that most of them were raised in. As an introductory exercise, this activity requires students to communicate a breadth of ideas about body image – what it means, what leads to a positive or negative body image, the notion of the 'idealised' body appearance, and the behaviours that result from a negative body image in particular. This is in preparation for the lessons that follow.

Key competencies: Participating and contributing.

Resources: Copy template of prompts, poster sized paper and pens.

Time: 60 minutes.

Activity sequence: Teacher activity

Explain to students that as an introductory exercise they are going to produce a poster of ideas about body image. You will provide them with a definition and a copy template of prompts (questions and things to think about) and it will be up to them how they show you what they already know. They will also come up with (at least) one question they would like to be able to answer about body image by the end of the unit.

Allow time for students to identify a range of ideas to include on their poster, and to design and produce the poster. Invite groups to present an overview of what they know about body image and the questions they hope to have answered.

Activity sequence: Student activity

Working in small groups students identify what they know about body image using the prompts from the copy template as a guide, and organise their ideas into a poster. A body image related question that they want an answer to is added to the poster.

Students present a summary of ideas to the class.

<p>Teacher knowledge and pedagogy</p> <p>This is a diagnostic activity to use at the beginning of a unit. As noted in the purpose statement, students will have ideas about body image even if they haven't had any deliberate learning about the issue. This activity deliberately uses a paper based presentation. The physicality of the process is intended to promote interaction with others to complement a lot of the other activities which require engaging in the online environment. Body image education is dependent on being able to view, for the purpose of critique, a range of images of bodies, and this is most readily done in the online environment.</p> <p>It is recommended that student take an image of their poster and file this in their journal.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • Which aspects of student knowledge were much as you predicted? • Were there any surprises? • Did any particularly sensitive issues surface? If so, how will you deal with these? • What ideas and student questions support what you have planned? • What could you amend or refocus based on the students' ideas and questions?
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Prompts for preparing a poster showing what you know about body image

TASK: your group will prepare a poster indicating all the things you know about body image.

The questions below do not need to be answered as such – they are just to help you think of ideas to add to your poster. Think about how you will organise your ideas into themes. You can add illustrations to your poster to support what the words are saying.

Definition: Body image is defined as our thoughts, feelings and perceptions about our body.

1. What helps people have a positive body image or be satisfied with their body?
2. What gets in the way of people having a positive body image, or leads to people being dissatisfied with their body?
3. Do body image issues impact females and males? Who is more affected?
4. Do body image issues impact children as well as teenagers, younger adults and older adults? Who is more affected?
5. Do you think all people from different cultural and ethnic backgrounds are affected by body image issues?
6. What behaviours result from having a negative body image?
7. What behaviours result from having a positive body image?
8. How do friends influence or have an effect on our body image?
9. How do family influence or have an effect on our body image?
10. When some people look at magazines, or watch people on TV or in films, why is it they are left feeling dissatisfied about their own body?
11. How does social media impact positively or negatively on body image?
12. What is an idealised body appearance?
13. Why do some media promote a certain ideal of beauty and attractiveness?

Don't be limited by these ideas.

On your poster include (at least) ONE question you would like to have answered during this unit. Make sure it is something you don't know the answer to already.

Activity number 77.

Body image bumper sticker



Purpose: Unrealistic portrayals of bodies in media have long been shown to contribute to feelings of body dissatisfaction, especially among females, and increasingly among males. As a way to see how well students can disrupt the discourses around idealised body appearance, this activity requires students to use photographed images of people celebrated for the appearance of their body (and/or people who are criticised or ridiculed by media for their appearance), to construct a 'bumper sticker' with a message that communicates an idea about resisting idealised images and promoting body acceptance.

Key competencies: Critical thinking

Resources: Printed magazines to cut up (especially fashion and sports magazines OR similar images copied from the internet and printed). Strips of heavy paper for the bumper sticker (e.g. fold an A4 sheet in half lengthwise, cut it along the fold and join it end to end).

Time: 60 minutes.

Activity sequence: Teacher activity

Explain to students that they are going to create a bumper sticker – describe the general construction (see resources) and indicate that there are magazines available to cut up and/or they can snip images from online sources and print these. As a bumper sticker the point is to make a physical artefact that has a punchy message and is intended for display.

Explain the point of the activity: the bumper sticker needs to have a message that promotes positive body image. The magazine or other media images can be used in a way quite different to the way the magazine showed them (celebrating slim attractive people and commenting on overweight or unattractive people, for example). Encourage students from diverse cultural backgrounds, and male and female students to focus on ideas and messages they can identify with.

Allow time for students to complete their bumper sticker. These are presented to the class and displayed on the classroom wall. If an element of competition helps students to engage, suggest that the class will vote on the

Activity sequence: Student activity

Working in pairs, students select images and decide on a message to promote positive body image. They construct their bumper sticker and share it with the class.

bumper sticker with the most powerful message.	
<p>Teacher knowledge and pedagogy:</p> <p>Although this activity only elicits one idea from each pair of students, once all bumper stickers are displayed in a space that can be viewed by the whole class, the combination of messages can have a powerful impact.</p> <p>Suggest students take an image of their own bumper sticker and the wall of bumper stickers and file these images in their journal.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • How readily were students able to come up with a slogan or message for their bumper sticker? How readily did students find an alternative way to use found images for their bumper sticker? • How engaging was an activity like this? • Did it matter that each student only needed to work with one idea, considering the way these were then shared with the whole class?

Activity number 80.

Pressure to conform - females and males



Purpose: A lot of education programmes that teach young people to resist media messages about idealised body appearance, focus on the pressure exerted subtly and explicitly by media, and culture. In addition to this is the pervasive and persistent pressure from family and friends, exerted in subtle and not so subtle ways. In this activity students are required to identify where this pressure to conform to an idealised body image is coming from, the sorts of unhealthy and unhelpful behaviours this leads to for some people, and how this pressure can be resisted.

Learning intention and NZC HPE achievement objective: Students will identify where pressure to conform to an idealised body appearance comes from and ways to resist this pressure (6/7A4).

Achievement Standard links: AS91235 (Health 2.1) and may have relevance for AS91239 (Health 2.5).

Key competencies: Critical thinking, Relating to others.

Time: 30 minutes.

Resources: Copy template of scenario and questions.

Activity sequence: Teacher activity

Ask students - how does media exert pressure to conform to a particular body appearance? What about some cultural attitudes – how does culture exert pressure to conform to a body ideal?

Think about your family and friends, or peers at school. How do they convey messages about an 'acceptable' or desirable body appearance?

Provide students with the copy template. Instruct pairs or groups to select 3 scenarios and answer the questions. Model one example if needed.

Provide the opportunity for students to feedback ideas for each scenario.

Activity sequence: Student activity

Students offer ideas such as:

Media – mostly show images of people who conform to an ideal body appearance, or mock those who don't.

Culture e.g. Western culture associates success and popularity with being tall and slim or an athletic build.

Family – comments made by parents directly or indirectly, dietary habits of parents and parental attitudes to food (good/ slimming foods and bad/ fattening foods); favourable and unfavourable comments made about the appearance of other people e.g. people on TV. Friends and peers: fat talk, weight comparisons, comparisons with celebrities' bodies, commenting on the appearance of others, comments about food choices, etc.

Students contribute ideas to a class summary.

<p>Student learning journal entry:</p> <p>Students file their responses to the 3 selected scenarios and individually complete one more using ideas presented by others in the class.</p>	<p>Contribution to NCEA achievement:</p> <p>This activity provides ideas about interpersonal influences and strategies for AS91235 (Health 2.1).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Teachers can unwittingly and unintentionally be complicit in this pressure to conform to an idealised body appearance. The selection of images for use in class, the choice of language used to refer to diverse body shapes, and teachers' reactions to images selected by the class for critique can send subtle (and not so subtle) messages about teachers' beliefs and values related to body appearance. Teachers need to become aware of their own biases and take care to use inclusive language – which is not easily done in this context. Make it clear to students that they can challenge you about your use of language.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • How readily could students see the values and beliefs of the people applying the pressure in these scenarios, and where they likely got these from? • What other opportunities are there in the learning programme for developing student insights into the values and beliefs of people that lead them to say and do unhelpful things that impact on the wellbeing of others?

Resisting the pressure

Scenario: What's the 'pressure' here? What are the values and beliefs of the person exerting the pressure? Where do you think their ideas have come from?	Describe an action a person could take to help resist the pressure in a situation like this.
(1) One of the girls in a friendship group is always going on about how fat her thighs are and drawing attention to them. This usually results in comments from her friends like, <i>"no they're not, you're skinnier than all of us"</i> or <i>"so what, [named celebrity] has thighs like that and look at how popular she is."</i>	
(2) One of the very muscular boys is always showing off his muscles in the changing room before and after PE. He makes a point of going up to the skinny and fat students in the class - posing in front of them and flexing his muscles - without actually saying anything.	
(3) One of the students in the class always makes it known that s/he just eats salads and points out to everyone else in the class how fattening their food is, even when their food is consistent with understandings of a balanced nutritional diet.	
(4) A student comes from a home where mum is always on a weight reducing diet, and dad is always saying how good she looks when she's lost a few kilos, but also makes comments about how fat mum is looking if she slips up and eats some junk food.	
(5) A young female student lives in a house where the males (dad and brothers) make comments like – <i>"if you get fat you'll never get a boyfriend,"</i> or <i>"you'll never get a good job if you're fat."</i>	
(6) At school a group of girls is always looking at fashion magazines or social media sites with images of models and celebrities. They compare their bodies with those in the photos and say things like <i>"oh if I could lose a few kilos [here], I'd look like that,"</i> or <i>"she's so lucky to look like that,"</i> or <i>"I wish my breasts were that big,"</i> etc.	

Activity number 78.



Body image as a (mental and emotional) wellbeing issue

Purpose: By definition a person's body image is their thoughts, feelings and perceptions about their body. These ideas are taken from psychology which helps to also understand body image as a mental health issue. If psychology is the science of the human mind and its functions, especially as it relates to behaviour it makes it clear why and how a positive or negative body image contributes to mental and emotional wellbeing. Body image is not to be confused with phrases such as the 'image of the body', or in other words, the appearance of the body or what it looks like. In this activity students will draw on their knowledge of body image and wellbeing to describe the impact of a negative body image on wellbeing, and importantly, what it means to have a positive body image.

Learning intention and NZC HPE achievement objective: Students will demonstrate understanding of the impacts of positive and negative body image on wellbeing and the challenges to maintaining a positive body image (6/7A4).

Achievement Standard links: AS91235 (Health 2.1).

Key competencies: Critical thinking, Participating and contributing.

Digital fluency: Producing appropriate digital content (if a digital option is selected for documenting ideas).

Time: 30 minutes.

Resources: Large sheets of paper and pens, or copy template enlarged and copied, or access to digital technology to fill in the copy template.

Activity sequence: Teacher activity

Explain to students that they are going to share ideas to create a comprehensive picture of body image as a wellbeing issue and what it means to have a positive body image.

Provide students with the copy template as described in the resources section. Explain that in the first instance this activity requires students to draw on what they know about the concept of hauora and connect these with ideas they have about body image. If they are unable to complete parts of the picture – leave these incomplete and return to them later in the unit. Even if students are able to fill in something in each section, they may add more ideas as they learn more about body image. If it helps to fill in the template, students can

Activity sequence: Student activity

Students decide if they will fill in the template with generic responses or if they will fill it in from a male or female perspective.

Students work in pairs or small groups to add ideas into the template, making sure they have their own copy of it for their file.

respond from either a male or a female perspective.	
<p>Student learning journal entry:</p> <p>Students file their wellbeing template in the journal and add more ideas to this as they work through the unit.</p>	<p>Contribution to NCEA achievement:</p> <p>Contributes ideas about the impact of body image concerns on wellbeing and provides a framework for strategies that promote a positive body image AS91235 (Health 2.1).</p>
<p>Teacher knowledge and pedagogy:</p> <p>A recurrent issue for teachers in body image education is around what language is (currently) deemed to be the most inclusive, and least deficit or problem-focused. It would seem that the term 'healthy body image' has been dismissed – presumably to avoid the term 'health' becoming focused only on physical health (diet and exercise) considerations associated with body image. Popular terms at present include positive body image, body acceptance, body satisfaction, and body positive. Although it makes sense to take the lead from advocates working in the field (internationally) about currently accepted terminology, this still needs critique to check that what is proposed overseas, doesn't have unfortunate connotations locally. Negotiate with students the preferred and most meaningful term(s).</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How readily did students transfer their ideas about hauora to the context of body image? • Did any dimensions pose more of a challenge than others? • What opportunity will there be in future learning activities to develop these ideas further?

Body image as a (mental and emotional) wellbeing issue

Body image definition: a person's thoughts, feelings and perceptions about their body	
If a person's thoughts and feelings about their body are mostly negative	If a person's thoughts and feelings about their body are mostly positive
The sorts of thoughts and feelings they might have about their body that are negatively affecting their mental and emotional wellbeing could include ...	The sorts of thoughts and feelings they might have about their body that are positively affecting their mental and emotional wellbeing could include ...
As a consequence of these thoughts and feelings, behaviours or things they might do include ...	As a consequence of these thoughts and feelings, behaviours or things they might do include ...
As a result of these behaviours, their physical wellbeing could be ...	As a result of these behaviours, their physical wellbeing could be ...
Their social wellbeing could be ...	Their social wellbeing could be ...
Their spiritual wellbeing could be...	Their spiritual wellbeing could be...
Summary: If a person has a negative body image this means that overall their wellbeing is ...	Summary: If a person has a positive body image this means that overall their wellbeing is ...
If a person has a negative body image over a long period of time , the impact on their wellbeing could include ...	If a person has a positive body image over a long period of time , the impact on their wellbeing could include ...

Activity number 79.



Expressing identity vs body image

Purpose: The language around body image can be confusing. As a concept, body image is defined as a person's thoughts, feelings and perceptions about their body – their physical flesh and bones, living body. When people clothe and adorn their bodies as a way to express who they are, the focus shifts to the concept of identity. That said, people's thoughts and feelings about the way their body looks when they wear certain clothing and adorn their body to express something about themselves, may still contribute to their body image. When learning activities place a lot of focus on looking at the appearance of bodies, and critiquing pictures/images of 'idealised' bodies that dominate some media, the learning purpose can become tangled. This activity requires students to make a distinction between expression of identity and body image and consider how these ideas might overlap.

Learning intention and NZC HPE achievement objective: Students will make a distinction between the expression of identity and body image (6/7A4).

Achievement Standard links: AS91235 (Health 2.1) or AS91461 (Health 3.1), depending on context elected.

Key competencies: Critical thinking, Relating to others.

Digital fluency: Access relevant images and information.

Time: 30 minutes.

Resources: James Mollison's photo essay *The disciples* <http://jamesmollison.com/books/the-disciples-work-test-1/>

Activity sequence: Teacher activity

Introduce lesson by directing students to the online source of James Mollison's photo essay *The disciples* (see link in resources section). Explain that these people have all been photographed as 'tribes' or subcultures who express their identity with clothes, body adornment and related behaviours.

Ask students to select one 'tribe' that interests them and to use this image for the discussion that follows. What are the people in this tribe expressing about their identity? What is important to them? What do they value? What do they want other people to know about them?

Activity sequence: Student activity

Working in pairs or small groups, students each select one 'tribe' to use for the discussion that follows. In groups or pairs, students discuss each question and note down their main ideas.

Students record their own ideas about their selected 'tribe'.

<p>What do you think the people in this tribe think and feel about their own body? Do you think they have a positive or negative body image – can you tell? Why do you say this?</p> <p>Ask students to draw conclusions about the way we express our identity through our clothes (etc.) and our body image. <i>Responses will be highly individual.</i> Do you think the answer to this question would vary across cultures? Think of cultures where people mostly wear the same clothing in contrast to those where there is choice.</p> <p>Ask students to think about the way they express their own identity through what they choose to wear and how they adorn their bodies. <i>Check on understanding of ‘adornment’ – in addition to clothing this includes hairstyle, jewellery, garments with symbolic meaning for (sub)cultures, tattoo or piercings, makeup, etc).</i> When they deliberately express something of themselves in what they choose to wear, does this result in positive or negative feelings about the body – or is there no connection between these ideas? <i>(There may be gender or cultural differences here – if these are apparent among the students in the class, tease these ideas out).</i></p> <p>If students wear a school uniform: How does wearing a school uniform impact on young people’s ability or opportunity to express their personal identity (why do schools have a uniform)? Does a school uniform help or hinder young people to think and feel positively about their body – or is this a ‘non-issue’?</p> <p>Ask students why ‘makeover’ shows are popular reality TV programmes. Who are these shows mostly aimed at? <i>(Mainly females but there are occasional male-oriented shows.)</i> What is the founding premise for these shows? <i>(Usually to help people feel better about themselves by dressing them in a way that results in positive comments from others, to show people how to select clothes that complement their size and shape, and that looking after your appearance can result in more positive feelings).</i></p> <p>Summarise the discussion with the idea that responses to these questions will vary – and</p>	<p>Students draw their own conclusions about identity and body image – what we show on the outside and what we think and feel on the inside may be closely related to each other (that the way we dress is an expression of how we feel about our bodies – love it or hate it); or what we show on the outside might disguise what we feel on the inside so the ideas are still related but in tension with each other. For some people, the two ideas might not connect at all.</p> <p>Students reflect on their own expressions of identity and contribute ideas that they feel safe and confident to share with the class.</p> <p>Students give their views on school uniforms and how it helps or hinders expressions of personal identity, but is intended to promote group/school identity and belonging to a school community. Students give their opinion on whether they think school uniforms contribute to a positive or negative body image.</p> <p>Students use any experiences they have of ‘makeover’ TV reality shows to make further connections between personal appearance and expression of identity, with body image.</p>
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<p>that's the point. For some people the way we express our identity through the way we dress is closely related to our thoughts and feelings about our body – for others there may be little or no connection.</p> <p><i>Extra:</i> What might our body language reveal about the way we think and feel about our body?</p>	
<p>Student learning journal entry:</p> <p>Students select an image of their own choosing showing a 'tribe' or (sub)culture (either from the resource used or another source), and draw conclusions about the links between the expression of identity and body image.</p>	<p>Contribution to NCEA achievement:</p> <p>The activity has indirect relevance for many AS where being able to see an issue from different perspectives is required, or seeing that the experiences of one person might be quite different to the next in seemingly similar situations.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Although substantial amounts of health education at senior secondary level requires students to develop knowledge about the wellbeing of a diversity of people – other than themselves, it is still useful to help them connect learning in most topics and themes to their own lives. In situations like this, where there are no right and wrong answers and it's a matter of personal perception, identifying different points of view helps students to appreciate that not everyone thinks the same way about issues.</p>	<p>Teacher's evaluation of the activity</p> <p>The activity presented is only intended as a brief discussion to explore some ideas about identity (other aspects of which will have featured across the health education programme) and body image.</p> <ul style="list-style-type: none"> • Did student engagement in this activity surface ideas that could be explored in more depth? If so what are these ideas? Where could they be added in the learning programme?

Activity number 81.

Challenging the idea of the 'ideal body'



Purpose: For millennia societies have promoted ideas about attractiveness and beauty for men and women – the idealised body is not a new concept. This activity requires students to consider the concept of the idealised body from western and other cultural perspectives to decide how pervasive the western idea of the ideal body is (for males and females). With global migration and the internet offering access to other cultures, does the western idealised body image dominate, or are other cultural ideals also having an impact? Do migrants from societies with different perceptions of physical attractiveness get caught up in western ideals or do they retain their own cultural attitudes and values about this? What sustains this idea of the ideal body? This activity requires students to engage in a continuum activity to explore a range of considerations related to the notion of the ideal body.

Learning intention and NZC HPE achievement objective: Student will express opinions about a range of situations related to the notion of 'ideal' body appearance (7/8A4).

Achievement Standard links: AS91235 (Health 2.1) or AS91461 (Health 3.1), depending on context selected.

Key competencies: Critical thinking, Relating to others.

Time: 30 minutes.

Resources: Copy template of continuum statements.

Activity sequence: Teacher activity

Ask students what they understand is meant by an 'ideal body appearance? Nominate two (or two pairs of) students to come and draw a body outline on the whiteboard – one male, one female. Ask students to call out features of an 'ideal' male or female body. The students at the board add these details to the drawings. When students have exhausted their ideas, ask how they know this – where have they got these ideas from?

Explain to students that they are going to explore a range of questions about the so-called 'ideal body' through a continuum activity. Explain which method will be used (see additional notes about facilitating continuums).

Activity sequence: Student activity

Students provide responses related to ideal body appearance – ideas related to height and weight, proportions and overall size, musculature, particular features like breast/chest, stomach/waist, hips and thighs, facial features, skin tone, hair, etc. Students recall where they got these ideas from family and parents, friends TV, film, magazines, internet, etc.

Students participate in the continuum activity, providing a reason for their opinion as invited.

<p>Debrief: Acknowledge any diversity of opinion and any areas of shared understanding and that some of these ideas will be explored further in subsequent lessons.</p>	
<p>Student learning journal entry:</p> <p>Allocate a small number of questions from the continuum statements to the students. In their learning journal they need to state their view or opinion about the statement – to what extent do they (dis)agree and why?</p>	<p>Contribution to NCEA achievement:</p> <p>Provides background for understanding factors that influence body image and how it impacts on wellbeing for AS91235 (Health 2.1).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Continuums are a useful strategy for surfacing a range of values and beliefs about issues. They need to be facilitated carefully, not only, but especially when dealing with sensitive issues. Make sure the 'rules' are clear about who can talk. Use different methods for different units across the year.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • How well does the class respond to continuum activities? Does this class respond better to one method more than another – if so, which method and why is this (perhaps)? • Did anything interesting surface during the activity that could be expanded upon in following lessons? If so what, and where will it be included?

Extra teacher notes: Ways to facilitate a knowledge and values continuum activity

There are several ways in which a knowledge and values continuum activity can be facilitated.

For each of methods 1 – 3, a minimum of two cards are needed: ‘completely disagree’ and ‘absolutely agree’ – or other choice of terms to mean the same. An optional third card: ‘unsure or don’t know’ may be included. Students need to understand that a continuum (or a range of ideas) exists between these two extremes – their opinion may fall at any point between these cards.

1. As a whole class discussion – students sit or stand in a circle with the two cards placed at opposite sides of the circle ‘definitely disagree’ and ‘agree absolutely.’ A number of individual students (or pairs of students) are handed a statement and, in turn, students read their statement and place the statement on the continuum where they see it best fits. They explain their reasoning and then discussion about the statement is opened up to anyone in the class.

Alternative – this can be completed in several small groups using the same process as above.

2. As a whole class ‘physical’ or ‘line-up’ continuum. The two cards are placed at each end of the room. The teacher reads each statement and directs students to move towards the place on the continuum that best represents their opinion. Invite students to share their opinion or reason why they have positioned themselves at that point.
3. The ‘neutral chair debate’. This method works well with a small number of contentious statements (ones which will likely result in a variety of viewpoints). The teacher reads a statement and students take up positions of ‘agree’, ‘disagree’, ‘neutral’ or ‘don’t know’. The task for students who agree or disagree is to convince the members of the opposite group to change their position and to convince the students in the ‘neutral’ and ‘don’t know’ positions to join them.

Body image continuum statements

1. The notion of the 'ideal' body appearance always impacts negatively on a person's body image
2. Males are affected by images of the 'ideal' body just as much as females
3. People can only blame themselves for perpetuating the idea of an 'ideal' body appearance
4. If fashion and sports magazines didn't show pictures of people with 'ideal' bodies, the magazines wouldn't sell
5. There's nothing wrong with comparing your body with that of a celebrity you admire
6. Images of the 'ideal' body appearance affect young children
7. Indigenous people are not affected by images of the westernised version of an ideal body appearance
8. People of Asian descent and cultures have a different idea of an 'ideal' body appearance to that of European/Western cultures
9. To resist the pressure to conform to an ideal body appearance, all you have to do is not read magazines
10. Dieting or using supplements, and exercising to try and look like a celebrity is connected with negative body image
11. Images of the 'ideal' body don't affect older adults
12. People from African (African American, Anglo-Caribbean, etc) cultures have a similar idea of an 'ideal' body to that of European/Western cultures
13. When people migrate to another country they adopt the dominant understanding of that country about the 'ideal' body appearance
14. When people read magazines (see films, etc.) they like to see attractive people with an 'ideal' body appearance
15. Some people are immune to the impact of mass media images depicting ideal body appearance

Activity number 82.



Statistics about the body image of young New Zealanders

Purpose: Carrying out research about body dissatisfaction and negative body image has occupied researchers for decades. This activity requires students to consider New Zealand data about body image and related behaviours from the Youth'12 study, and draw conclusions about the impact negative body image is having on the wellbeing of young New Zealanders.

Learning intention and NZC HPE achievement objective: Students will draw conclusions about body image issues from research data (8D1).

Achievement Standard links: AS91235 (Health 2.1) or AS91461 (Health 3.1) depending on context selected.

Key competencies: Critical thinking, Using language and texts.

Digital fluency: Access accurate information (if further data is required).

Time: 60 minutes.

Resources: The full version of the Youth'12 data is in the prevalence tables (see p.60-63) at: <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Prevalence%20report.pdf>

Activity sequence: Teacher activity

Indicate to students that the most comprehensive data set related to body image is in the Youth'12 survey. A selection of data from this survey is provide in the copy template.

Provide students with a copy of the data and the questions. Allow time for students to work through the questions.

Summarise the lesson with feedback around a selection of questions. How could some of these data be used to back up learning about the effect of body image issues on wellbeing?

Activity sequence: Student activity

In pairs or small groups students work through the questions in the copy template.

Students contribute their conclusions to class discussion and make suggestions for places where examples of data could be added to previous learning to back up claims about the impact of body image issues on wellbeing.

<p>Student learning journal entry:</p> <p>Students file their completed questions and data set in their journal.</p>	<p>Contribution to NCEA achievement:</p> <p>Data could be used to highlight the extent of the issues and as an example of evidence to support assessment for AS91235 (Health 2.1) or AS91461 (Health 3.1), depending on context selected.</p>
<p>Teacher knowledge and pedagogy:</p> <p>Supporting students to understand data typically requires a structured approach, especially for students not confident using numerical data. Be prepared to add additional scaffolding to this activity and coach students to understand the data if necessary. Students may wish to convert the % into tables – copy and paste the table from a Microsoft Word doc into an Excel spreadsheet, and manipulate the layout to produce the required bar graph.</p>	<p>Teacher’s evaluation of the activity</p> <ul style="list-style-type: none"> • How readily were students able to interpret a table of data presented like this, and answer questions associated with the data? • What are the implications of this for other learning contexts where students need to have some basic understanding of statistical data related to the issue?

Summary of data related to body image from the Youth'12 survey

These are a simplified version of the tables that appeared in the Youth'12 Prevalence Report. The full version of the Youth'12 data is in the prevalence tables (see p.60-63) at:

<https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Prevalence%20report.pdf>

Table A. Weight concerns	Variable	N (numbers of students)	Very happy %	Happy %	Okay %	Unhappy %	Very Unhappy %
Total		8,235	17.4	26.1	33.9	16.5	6.1
Gender	Male	3,766	25.1	32.2	31.0	9.6	2.1
	Female	4,557	11.0	21.1	36.3	22.2	9.4
Age	13 or less	1,790	21.2	25.7	35.4	13.3	4.3
	14	1,863	18.4	26.5	34.0	15.0	6.2
	15	1,721	16.5	27.2	31.9	17.5	6.9
	16	1,546	15.4	26.0	33.0	18.4	7.1
	17 or older	1,395	14.7	25.0	35.5	18.8	6.0
SES Socio-economic Status	low	2,696	16.7	27.9	32.9	16.7	5.8
	Medium	2,955	16.3	26.9	33.3	17.0	6.5
	High	2,582	19.5	23.0	36.0	15.7	5.9
Geography	Urban	6,979	17.1	25.7	34.3	16.7	6.2
	Rural	1,254	19.1	28.1	32.3	15.4	5.0

Use data from table A to answer the following questions.	
1. Which gender is least happy with their weight?	
2. Which age group is most happy with their weight?	
3. What overall conclusion can you make about the relationship between happiness about weight and socio-economic status (SES)?	
4. What overall conclusion can you make about the relationship between happiness about weight and geography?	
5. How would you describe the trend of happiness about weight between genders?	

6. How would you describe the trend of happiness about weight across the age groups?	
7. What results do you find least surprising and why?	
8. What results do you find most surprising and why?	

Table B. Impact of weight concerns on students	Variable	Has tried to lose weight in the last 12 months	Worried about gaining weight (a lot or a little)	Has been teased by other kids because of their weight	Has been teased by family because of their weight
		%	%	%	%
Total (8,315 students)		56.7	60.7	29.5	25.6
Gender	male	42.3	42.9	24.3	16.4
	female	68.6	75.5	33.7	33.2
Age	13 or less	55.0	59.4	26.5	19.3
	14	55.2	60.2	29.0	24.5
	15	57.5	59.5	31.9	27.2
	16	57.4	61.9	31.7	28.7
	17 or older	59.1	63.1	28.4	29.5
SES	low	54.5	60.8	27.7	23.5
	medium	54.8	60.6	29.2	25.8
	high	61.6	61.1	31.7	27.7
Geography	urban	57.5	61.4	29.4	26.0
	rural	52.7	57.7	29.8	23.7

Use data from table B to answer the following questions.	
1. Are 'weight concerns' about being overweight or underweight – how can you tell? <i>So when you answer questions about this data, what will you need to be careful of?</i>	
2. Which gender is the most affected by weight concerns?	
3. Which age group is teased most about their weight?	
4. What overall conclusions can you make about the relationship between weight concerns and SES?	

5. What overall conclusions can you make about the relationship between weight concerns and geography?	
6. How would you describe the trends of weight concern between genders? <i>Remembering there are 4 separate questions that students were asked.</i>	
7. How would you describe the trends of weight concerns across the age groups? <i>Remembering there are 4 separate questions that students were asked.</i>	
8. What results do you find least surprising and why?	
9. What results do you find most surprising and why?	

Activity number 83.



Changing the real to the unrealistic – the use of digital technology to create false images

Purpose: For many years photographers have been able to alter photographic images to remove minor flaws in appearance and touch up a photograph (what was called 'airbrushing'). With digital technologies, anyone with some basic photographic editing tools can make substantial changes to the appearance of a person in a photograph. The term 'Photoshop' is commonly used to refer to this practice after one of the early programmes that enabled this manipulation of digital images. In this activity students source enhanced images of celebrities provided on the internet, to appreciate how readily images in magazines (and also in films using CGI technology) can be manipulated to create a desired, but unrealistic appearance – which is sometimes quite different to what the person looks like in real life. Students are encouraged to ask, and suggest answers to questions about who benefits from practices like this? Who is disadvantaged when photographs of celebrities, models, etc. are enhanced to this extent?

Learning intention and NZC HPE achievement objective: Students will recognise that many photographed images of celebrities are digitally altered and demonstrate understanding of who benefits and who is disadvantaged by this practice (7/8A4).

Achievement Standard links: AS91235 (Health 2.1) or AS91461 (Health 3.1) depending on context selected.

Key competencies: Critical thinking, Participating and contributing.

Digital fluency: Search and locate relevant images and information.

Time: 30 minutes.

Resources: A range of enhanced images provided on the internet – there are many of these which can be easily found with a search like 'before and after photos'.

Activity sequence: Teacher activity

Ask students what they know about the practice of enhancing photographs to make people look (supposedly) more attractive than they do.

Explain that they are going to search for and locate some of these images. Each person needs to select one such image (before and after). In groups students need to discuss and answer the questions:
What's the difference between the images?
Why do you think magazines (and other) media

Activity sequence: Student activity

Students may relate ideas about using Photoshop or other digital applications to remove lines and blemishes, make them smaller or more muscular etc.

Students search for, locate and take a screen shot of a before and after image to show how digital images of people can be enhanced. Working in pairs or small groups, students discuss the questions and record their responses. Students contribute some of their ideas to the class discussion.

<p>enhance pictures of film stars and models this way?</p> <p>Who benefits from practices like this?</p> <p>Who is disadvantaged when photographs of celebrities, models, etc. are enhanced to this extent? If students happen to select images of people from different ethnic backgrounds, do they notice any differences between the ways European, African, and Asian bodies are enhanced? If so, why do you think this is the case? (e.g. Different cultural values about attractiveness).</p> <p><i>Alternative approach:</i> Print before and after pictures and laminate. In pairs students circle differences between the photos with a thin whiteboard marker.</p> <p>Debrief with some feedback from the students. In particular focus on the response to the ‘who benefits/who is disadvantaged’ questions. How could this activity give us some ideas for strategies to help develop a healthy body image?</p> <p>Summary question: What could people do if they know certain clothing manufacturers, advertisers or magazines make a habit of digitally altering images of people to make them more attractive?</p>	<p>Students may respond with ideas like: <i>Who benefits are the magazine (and other media companies) who sell the images; disadvantaged is anyone who tries to compare themselves with or make themselves look like the people in these pictures who don't look like that anyway. Students may contribute ideas for personal actions – knowing that so many images are enhanced it is pointless comparing self to these – so don't do it. Ideas for advocacy – campaigning to ask media companies not to do this.</i></p> <p>Students share some of their ideas with the class e.g. some of the more extreme examples of digital enhancement (like the ones that remove many kilos or remove lot of skin imperfections).</p> <p>Students may suggest ideas like: <i>support brands that are known to, and make a point of photographing people clothes in real size, and leaving photos unaltered.</i></p>
<p>Student learning journal entry:</p> <p>Students file a summary of their answers to the questions and a screen shot of their selected images.</p>	<p>Contribution to NCEA achievement:</p> <p>May contribute ideas for strategies and actions for AS91235 (Health 2.1).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Although there is a dominance of female images online for this activity, there are also enhanced images of male celebrities. Try to get a balance, and also consider a range of celebrities and ethnic groups.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • Did students find this activity convincing? • How readily could students identify the actions needing to be taken to reduce the negative impact on body image that the use of unrealistic images like this contributes to?

Activity number 84.



The impact of social media on body image

Purpose: Recent international research suggests that of all the social media platforms, Instagram is contributing the most to body dissatisfaction for young people. The practice of posting images of self and others online, typical of many social media postings, creates situations where people comment on each other's appearance – because of what is captured in that moment – whereas in person those moments are not necessarily caught and commented on the same way. This activity asks students to think critically about the purpose of posting images of themselves and others online, and the impact commenting on each other's appearance has on wellbeing. The activity also requires students to establish a set of personal and social group/class protocols about what they will and won't post or say online to promote a positive body image for self and others. *This extends Activity 73.*

Learning intention and NZC HPE achievement objective: Students will think critically about the impact of some social media use on body image (7A3).

Achievement Standard links: AS91235 (Health 2.1), AS91238 (Health 2.4).

Key competencies: Critical thinking, Relating to others.

Digital fluency: Being responsible users of digital technology.

Time: 60 minutes.

Resources: Copy template of research findings.

Activity sequence: Teacher activity

Introduce the lesson with the information that *'recent research suggests that of all the social media platforms, Instagram is contributing the most to body dissatisfaction for young people'*. Ask students what they think it is about Instagram (rather than other social media like Facebook, Twitter, YouTube, or Snapchat) that is causing greater body dissatisfaction.

Explain that this activity extends ideas about cyberbullying to consider what we look at and what we post online – and the comments associated with that. The focus shifts more to cybersafety in the broadest sense, not cyberbullying specifically. If applicable, the discussion will also provide ideas for a possible investigation.

Activity sequence: Student activity

Students may have some initial ideas about the way selfies are posted on Instagram and people comment on the way you look, or you compare your body with other photos that have been posted – especially celebrities (which are often Photoshopped).

<p>Provide students with the copy template containing some summary statements from recent (2017) international research. Note that an online search using words like 'Instagram' and 'body image' and 'research' reveals a range of accessible materials related to this issue. Most of the research seems to be with women but there are examples of men reporting similar body dissatisfaction, especially the gym fanatics who post images of their gym bodies.</p> <p>Allow time for students to work through the discussion and provide the opportunity for students to feedback their ideas to the class.</p> <p>Debrief: Students could check that the class protocols developed for Activity 73 cover the issues raised in this discussion. If not, consider adding to this list of protocols with an Instagram or selfie-specific guideline to support cybersafety and promote wellbeing when using social media.</p>	<p>In groups, students work through a selection of the research extracts and discuss the questions from the template about why they selected the statement, what they found interesting about it, and how relevant it is this for people they know?</p>
<p>Student learning journal entry:</p> <p>Students prepare a paragraph-length summary of their discussion, and add ideas about a possible "Instagram detox programme".</p>	<p>Contribution to NCEA achievement:</p> <p>Students may develop this idea into an investigation leading to assessment with AS91461 (Health 3.1).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Check to see what protocols are already in place with the school's internet safety policy and procedures, and make links with this wherever possible. Depending on the level of interest, this activity could be developed into a more detailed investigation, including a school survey if the students think this is a significant issue for students at the school.</p>	<p>Teacher's evaluation of the activity</p> <ul style="list-style-type: none"> • What insights did students have about the potential impacts of Instagram (and other) social media postings, on body image? Could they think critically about the way their use of digital technology was impacting the wellbeing of themselves or others? • Were any comments from students about their social media use particularly concerning? If so what were these and how are you going to respond to the situation?

Findings from international research on the impact of Instagram use on body satisfaction

TASK 1. Read through the research findings below and select 3-4 statements that you think are particularly interesting. Discuss the following:

- Why did you select this statement? What is interesting about it from your perspective?
- How relevant is this for you or the people you know? Why do you say this?
- Based on this research, what would you add to the class protocols for promoting responsible digital citizenship?

Research findings:

1. Research shows that when people look at attractive images on social media, they often compare their own appearance to those images, and often think they're less attractive than the images they see.
2. Recent research has found that women rarely compare their appearance to others in magazines or on billboards, and only sometimes compare their appearance with others on TV, whereas comparisons with images on social media were made every day by young women.
3. Instagram can wreck positive body image in just 30 minutes (Australian research): The study found that the more that women aged 18-25 looked at *'fitness inspiration'* images, or compared themselves to celebrities, the unhappier they felt about their own bodies.
4. The Butterfly Foundation's Love Your Body Week (UK based organisation), foundation CEO said that *"appearance-based talk and body comparison can be unrelenting, with little understanding of how detrimental it is for self-esteem and mental health."*
5. Another study found that women who are more dissatisfied with their bodies tend to take more selfies each month.
6. *'Social media shots affect body image because we only show our best side.'* When friends, acquaintances and strangers post images of themselves they often edit them to disguise facial blemishes, make cheeks rosier, or make their nose look smaller.
7. Matt Keracher, an author of the UK's Royal Society for Public Health report says that Instagram *"makes women compare themselves against unrealistic, largely curated, filtered and Photoshopped versions of reality."* The study reported that *"Instagram was the most damaging social network for mental health, affecting anxiety levels and body satisfaction."*
8. Instagram is linked to 'self-objectification' which is when a person views their body as an object for other people to view. Psychologists say that 'self-objectification' can lead to both depression and disordered eating in young women.
9. Some researchers have focused on 'fitspiration' — the term applied to the combination of gym photos, ab-selfies and inspirational quotes that aim to encourage physical activity in followers. They found that looking at more fitspiration content was linked with higher levels of body dissatisfaction and a greater drive for thinness.

TASK 2.

If you were to help plan an 'Instagram detox programme' for high-users of Instagram at your school or in your broader social group (people who use Instagram to post selfies and look at pictures posted by other people), what activities would your 'detox' programme contain?

Activity number 85.



Body shaming : cyberbullying

Purpose: The practice of body-shaming is a particular aspect of bullying and cyberbullying whereby a person is humiliated by making mocking or critical comments about their body shape or size. Body shaming is something people can do to themselves, directly to another person, or behind their back. It is a recognised form of bullying. Irresponsible use of social media has been a key factor in the increased levels of body shaming. It can have serious impacts on mental and emotional wellbeing. *This activity adds to the cyberbullying activity in Theme 8 and could be developed into a more detailed investigation.*

Learning intention and NZC HPE achievement objective: Students will develop understanding of body shaming as a form of cyberbullying and recommend ways to combat it (6/7C3, 7D3).

Achievement Standard links: AS91235 (Health 2.1) and AS91238 (Health 2.4).

Key competencies: Critical thinking, Participating and contributing.

Digital fluency: Locating relevant information (if required).

Time: 30 minutes, or longer if developed into a more detailed investigation in conjunction with Activity 84 – social media.

Resources: Access to internet example of reports of body shaming and social action/help websites.

Activity sequence: Teacher activity

Ask students what they think body shaming is. What sort of behaviour is it a form of? Is body shaming something people only do to others? Can people body shame themselves? (*By definition they can.*)

Why do they think some people body shame others? If bullying is about an imbalance of power in relationships – how does this idea apply when someone goes online and body shames another – or says something inappropriate about their body to their face?

Body shaming is something celebrities report happening to them – how have some celebrities fought back about body shaming? Is it only female celebrities or also male celebrities? Do you think what they did was

Activity sequence: Student activity

Student responses may include ideas about *saying nasty things about people's appearance online, taking naked pictures of people (unknown to them) and posting them online with nasty comments.*

Students identify it as a form of bullying.

Students may recall ideas about power over others and why some people think they can bully others. (Activity 70)

Students seek out online examples of celebrities who have fought back against body shaming.

<p>useful for helping to reduce this sort of bullying? Why or why not?</p> <p>How can people take action against body shaming?</p> <ul style="list-style-type: none"> • If it's to your face? • If it's behind your back (e.g. someone says "did you see [xxx]'s new haircut? It's not very flattering. At least I look better than that.") • On social media • If we see someone else body shamed on social media. <p>If people body shame themselves, what skill(s) do they need to learn to do better?</p> <p>If you were to develop a personal code of conduct about things we do or don't say to ourselves and others about our bodies or other people's bodies, what would we write in that code? Either add to the protocols developed with the cyberbullying activity (Activity 84), or allow time for students to construct their own code of conduct.</p>	<p>Students apply strategies learned in other activities about: <i>giving negative feedback and asking for a change (in behaviour)</i>, and specific responses to bullying (<i>being assertive, using school systems for managing bullying</i>) and cyberbullying (<i>see Netsafe guidelines</i>).</p> <p>Students may recall ideas about <i>rational thinking/positive self-talk</i>.</p> <p>Students construct a personal code of conduct using headings such as:</p> <ul style="list-style-type: none"> • Ways to avoid body shaming myself: • What I will not do to other people: • If I see or hear someone else being body shamed I will: • If I see someone else body shaming another person online I will:
<p>Student learning journal entry:</p> <p>Students file their personal code of conduct.</p>	<p>Contribution to NCEA achievement:</p> <p>May provide ideas for personal and interpersonal strategies for AS91238 (Health 2.4).</p>
<p>Teacher knowledge and pedagogy:</p> <p>Body shaming can be deeply disturbing for some people to experience. If any students are showing signs of distress or are unusually withdrawn during this activity, be prepared to talk with them privately after class. If it appears they have been the victim of this sort of bullying, recommend they seek additional support from the school guidance counsellor.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How responsive were students to questions about body shaming? Were they willing to talk about it or not? • Did their comments reflect what you hear around the playground? • If there was an inconsistency between what they said in class and the talk you hear around school – did you challenge them about it? If so, how did you bring this up - or why not?



Embellishing the body – is there a relationship between tattoos & piercing with body image?

Purpose: It is thought that New Zealanders are among the most tattooed people in the world. Maybe this is not surprising given the history and tradition of tattoo among Māori and for people across the Pacific. This activity requires students to take a position, and provide a reasoned opinion, in response to the question *“is there a relationship between tattoos (or another form of skin or body piercing) and body image?”*

Learning intention and NZC HPE achievement objective: Students will formulate a reasoned opinion on whether or not they think practices like tattooing or body piercing are related to body image (7/8A4).

Achievement Standard links: AS91235 (Health 2.1) or AS91461 (Health 3.1) depending on context selected.

Key competencies: Critical thinking, Relating to others.

Digital fluency: Access accurate information (if required to support the formation of the reasoned opinion).

Time: 60 minutes.

Resources: Online source of images of people with tattoos or body piercing (optional).

Activity sequence: Teacher activity

Questions to set the scene – engage the class in an introductory discussion using the following questions: It has been reported that New Zealanders are among the most tattooed people in the world. How can anyone know this – how could a researcher find this out? Why do you think some people choose to be tattooed? Why do you think some people choose to have parts of their body pierced? *(Students may also know of other cultural practices like scarring the skin or putting objects under the skin to make raised patterns).*

What do you think people’s thoughts and feelings might be about the way a tattoo or piercing enhances their body appearance?

Activity sequence: Student activity

Students may have some ideas about this (*the claim is difficult to substantiate beyond subjective observation*).

As a form of expression about things that are important to you or what you are interested in, cultural reasons, fashion, their friend got one, rebellion (against parents), a symbol to remember someone or something, cosmetic reasons (like tattooed/microbladed eyebrows and eyeliner).

Students offer ideas e.g. shows that they are connected to their culture and a source of pride shown on their body, makes them look more

<p>Pose the question: <i>‘Do you think getting a tattoo or body piercing is related to a person’s body image?’</i> In other words, <i>does having a tattoo or a piercing contribute something to a person’s thoughts and feelings about their body - and therefore, does it contribute to a positive (or negative) body image?</i></p> <p>Instead of receiving answers from the whole class, organise the students into groups and explain that as a group, they need to come up with a ‘reasoned opinion’ on the matter. A reasoned opinion is one they can back up with ideas and justify. They can access online images to help make their case.</p> <p>Each group will have two minutes to present their opinion with reasons. Allow time for groups to formulate and justify an opinion and provide the opportunity for these to be shared. Summarise the activity by highlighting recurrent themes among their responses.</p> <p><i>Extra:</i> If there is sufficient interest, students could investigate local council safety procedures and health and safety regulations for any skin piercing businesses (this includes all forms of tattooing, and body piercing). As these procedures break the skin, high levels of hygiene are paramount. Pose the questions for students: <i>If you were thinking about getting a tattoo or piercing, what would you need to know to make sure that the place you are going to meets safety standards? And what health and wellbeing issues do people need be aware of for taking care of the tattooed or pierced area as it is healing immediately after the procedure, as well as any short and long term considerations?</i></p>	<p>interesting, detracts attention away from parts of their body they don’t like.</p> <p>In groups students discuss and debate the question to formulate an opinion. Students select images from online sources to back up their opinion if relevant to their argument.</p> <p>Students present their reasoned opinion to the class.</p>
<p>Student learning journal entry:</p> <p>Students file a summary of their reasoned opinion along with links to images used to back their reasoning.</p>	<p>Contribution to NCEA achievement:</p> <p>May support students’ ability to use evidence to back up a claim required for several AS.</p>

<p>Teacher knowledge and pedagogy:</p> <p>Sometimes interesting ‘diversions’ are useful in a learning programme to show the breadth of some contexts, or when the learning has been dominated by hefty conceptual ideas, and some light relief is warranted. These diversions are still related to the topic, but perhaps a little removed from the big ideas being developed, and where there is no requirement for the ideas to be developed to a depth needed to meet formal learning and assessment outcomes.</p>	<p>Teacher’s evaluation of the activity</p> <ul style="list-style-type: none"> • How readily did students respond to the idea that they could have an opinion in this activity? Something that didn’t need to be grounded in fact, but something that was reasoned using what they considered to be ‘evidence’ or justification? • Where else in the programme could an approach like this be used to generate interest and consider some other (perhaps fringe) angles of an issue?
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Activity number 87.



Nip and tuck – does cosmetic surgery improve body image?

Purpose: Although cosmetic surgery is not accessible for young people for reasons other than genuine medical reasons (e.g. genetic or other birth deformity, skin repair after burns or other injury, and minor cosmetic procedures like ears) the popularity of cosmetic surgery on reality TV programmes means many students will have some understanding of the sorts of surgical procedures available for altering the appearance of the body. This activity requires students to consider what might make some people choose a surgical option for changing their appearance in order to be more satisfied with, and accepting of the way they look. They will also think critically about the messages already learned about cosmetic surgery from reality TV and other media.

Learning intention and NZC HPE achievement objective: Student will consider the reasons why some people choose cosmetic surgery and the relationship of these ideas to body image (7A1/A4).

Achievement Standard links: AS91235 (Health 2.1).

Key competencies: Critical thinking.

Time: 30 minutes.

Resources: Access to some snippets of reality TV programmes featuring cosmetic surgery.

Activity sequence: Teacher activity

This activity could be assigned as a homework exercise for students who have access to multiple TV channels over the course of a week. Alternatively search for a small selection of YouTube clips that show why people are choosing to have cosmetic surgery.

Ask students what they understand by the term 'plastic surgery' or 'cosmetic surgery'. Why is it called plastic surgery? Is there any data that tells us what proportion of the population have cosmetic surgery? Suggest to students they find out - if they can.

Ask the students why they think some people choose to have cosmetic surgery. Prompt them for a range of ideas if needed. Ask how they know all of this information– where have they got all these ideas from?

Activity sequence: Student activity

Students describe a range of procedures that people use to alter their appearance.

Students may have knowledge of: *Women wanting bigger breasts (breast augmentation) or smaller breasts (breast reduction); men wanting more muscle definition; women wanting more buttock shape; removing fat that*

<p>Ask: “So what does this suggest about the thoughts and feelings that some people have about their bodies if they see cosmetic surgery as a solution? Do you think people’s body image improves after cosmetic surgery? Why or why not?”</p> <p>Direct students to view a small sample of cosmetic surgery videos – YouTube clips or reality TV shows that include an interview with the person saying why they are having cosmetic surgery – the focus is not on the surgical procedure but what people say before and after. Think also about the type of programme it was – if a reality show was it promoting the benefits of cosmetic surgery, or showing what can go wrong?</p> <p>Debrief: Is this information relevant for teenagers? Why or why not? If students don’t see it, point out how much they already know about cosmetic surgery from reality TV and other sources, and that the option of cosmetic surgery as a solution to negative body image is already part of what they know about.</p>	<p><i>is hard to lose (liposuction, tummy tuck); removing wrinkles from aging (face lift); wanting more attractive features (e.g. nose job), etc.</i> Students recollect a variety of reality TV programmes and maybe some hospital dramas (soap operas) as sources of information.</p> <p>People are dissatisfied with (parts of their body) – which means they have a negative body image. Body image may improve after surgery if it gives the effect the person was after, or not if it’s a botched job or they were expecting too much.</p> <p>After viewing, students revisit the questions above to test their original ideas to determine if the people in the video support their ideas or offer other reasons.</p> <p>Students give their opinions on the relevance of cosmetic surgery for their learning as teenagers.</p>
<p>Student learning journal entry:</p> <p>Students may write a summary paragraph noting the main points of the discussion and answering the question - how does cosmetic surgery link with body image and wellbeing?</p>	<p>Contribution to NCEA achievement:</p> <p>May provide ideas about the ways negative body image impacts wellbeing and the choices people make for AS91235 (Health 2.1).</p>
<p>Teacher knowledge and pedagogy:</p> <p>It is not the intention of this activity to become unduly distracted by the sensationalist and voyeuristic nature of reality TV shows featuring cosmetic surgery. Be selective about any video material used in class.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • Did students see any relevance in this activity? How much did the students appear to know? • Had they given any thought about the impact that viewing this material may be having on their ideas about body image?

Activity number 88.



What is the impact of the 'war on obesity' on body image?

Purpose: Maintaining a positive body image in the midst of an abundance of media images promoting and endorsing an idealised body appearance is one thing. When these images are set alongside images of obese people and health campaigns that seek to promote healthy lifestyles which include healthy eating and exercise (and the goal to lose weight for those who are obese), how are these different messages in combination contributing to negative body image? This activity requires students to think critically about the different messages around body appearance coming from different sources (through media), decide on an investigation question, and seek evidence to be able to draw their own conclusions about the ways obesity related messages are impacting body image. *This activity is designed to introduce a possible investigation topic.*

Learning intention and NZC HPE achievement objective: Student will use evidence to draw conclusions about the obesity related health messages on body image (8A4 & 8D1).

Achievement Standard links: AS91461 (Health 3.1) or AS91462 (Health 3.2).

Key competencies: Critical thinking.

Digital fluency: Access accurate information.

Time: 60 minutes.

Resources: Access to excerpts from reality TV programmes featuring weight loss (which may be in own viewing time).

Activity sequence: Teacher activity

Acknowledge before starting this activity that it draws attention to the issue of obesity which may be personal for some students or their family members and friends. Remind students of the class safety guidelines.

Set the scene: Do weight loss reality TV shows really help? Ask students to name any they have watched in recent times. What messages do you think the programme was trying to give? What messages did you take from these programmes?

Ask students what they understand these terms mean – how would you know this if you

Activity sequence: Student activity

Students name a range of weight loss reality TV shows and any messages they think are intended by, and received from these shows.

Students develop understanding of terms and give an opinion on the prevalence of these behaviours.

<p>saw or heard these things (find out any they are unsure of):</p> <ul style="list-style-type: none"> • Weight stigma (see stigma in Activity 59) • Weight bias, • Weight discrimination (see discrimination in Activity 74). <p>How prevalent do you think weight stigma, bias and discrimination are? What's your reason for this? How does weight stigma, bias, and discrimination negatively affect body image?</p> <p>Select an excerpt from a recent weight loss reality TV show and formulate an opinion in response to the questions: Does this show reinforce or challenge ideas about weight stigma, bias and discrimination? Why do you say this? Where do your views (attitudes and values) influencing your ideas about this, stem from? Therefore do you think these shows support the development (and maintenance) of a positive or negative body image? Be prepared to challenge any attitudes and values that appear to reinforce weight stigma, bias and discrimination and discuss how this is unfair.</p> <p>Ask students what is an 'obesogenic environment' is – unpack or derive the term based on its parts - look up the term online to check meaning (<i>an environment that promotes gaining weight and one that is not conducive to weight loss e.g one where there is a lot of cheap unhealthy fast food, limited opportunity for exercise in clean safe environments, doesn't actively promote and make available healthier alternatives, etc</i>). Focusing on obesogenic environments takes the focus off blaming individuals for being obese and expecting them to do something about it, and places the focus on a range of community and national level policies and practices that support people to have healthy lifestyles (see the social determinants of health, Activity 28).</p>	<p>Students respond to questions voicing their own opinions and justifying why they say this.</p> <p><i>As part of an investigation, students will need to make strong connections between this issue and the social determinants of health. They will need to be clear as to whether their investigation is about promoting a positive body image (a person's thoughts, feelings and perceptions about their body), or promoting healthy lifestyles (the choices people make – and can make in context of their social, political cultural and economic environment).</i></p>
<p>Student learning journal entry:</p> <p>If used as the focus for an investigation, a summary is made of the discussion in preparation for planning the investigation.</p>	<p>Contribution to NCEA achievement:</p> <p>Could contribute to an investigation for AS91461 (Health 3.1), or AS91462 (Health 3.2) if the examination topics for the international health issue provide scope for this.</p>

<p>Teacher knowledge and pedagogy:</p> <p>The dilemma is that on one hand there is obesity as a predominantly biomedical health issue (which has some strong socio-economic considerations - see Activity 28), up against body image as a mental and emotional wellbeing issue on the other. There is substantial medical evidence that the increasing rates of obesity and morbid obesity are impacting significantly on the quality of life and life expectancy of many people. This has resulted in a media saturation of health promotion campaigns promoting healthy eating and exercise as an important part of health, alongside images of obese people in reality TV programmes attempting to lose weight or undergo gastric bypass surgery (for example). Body image research repeatedly shows higher rates of body dissatisfaction among overweight and obese people – although body dissatisfaction exists among ‘normal’ weight and underweight people as well.</p> <p>Handle this activity sensitively. Keep the focus on what is visible in media, not on students’ own bodies and personal lives. Teachers will need to be aware of their own biases and use language and references that avoid drawing attention to students who may be obese.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • How challenging was this activity for you? What were you conscious of with regard to your own choice of language, your own biases etc? • Did any of your students challenge you about your choice of language or any of your ideas? How did you respond? • If developing this into an investigation e.g. poverty related illnesses as an international health issue, or promoting healthy lifestyles in NZ, what will you need to be cognisant of to ensure that the students’ investigation stays focused on social justice (fairness), equitable outcomes, and takes into consideration the social determinants of health?

Activity number 89.

Being body positive



Purpose: With global concerns about the negative impact of media and cultural attitudes and values on people's body image (young and old, male and female) there has been an increase in the number of organisations that promote positive body image or body acceptance, and companies that actively promote images of diverse body shapes and sizes. This activity requires students to locate and critique such an organisation or company to determine its relevance for New Zealand adolescents and whether or not they actually deliver on their promise.

Learning intention and NZC HPE achievement objective: Students will critique a website that promotes body acceptance to determine its usefulness for NZ adolescents (7D1).

Achievement Standard links: AS91235 (Health 2.1) depending on context selected.

Key competencies: Critical thinking, Participating and contributing.

Digital fluency: Accessing and critiquing suitability of information.

Time: 60 minutes.

Resources: Online access to a range of websites and companies that promote body acceptance.

Activity sequence: Teacher activity

Explain to students that they are going to select a website (or a company website) that aims to promote body acceptance – ask for some examples already known to students. Provide students with online access to these sites and search for others - try to find some sites that represent the diversity of the class – males and females and different ethnic groups (if these can be found).

Arrange with students to compile a list of these websites and their critique for use by everyone in the class.

Activity sequence: Student activity

Students work in pairs and use the copy template to guide their critique. Overall findings are shared with the class.

Student learning journal entry:

Students file their critique in their journal.

Contribution to NCEA achievement:

May provide ideas for societal strategies AS91235 (Health 2.1) – what communities can advocate or what organisations can take responsibility for.

<p>Teacher knowledge and pedagogy:</p> <p>Teaching students to be critical users of online information takes practice. Even websites that purport to support causes still need to be critiqued to ensure that the claims being made hold up. In the case of body image, there is still a dominance of European/white/Western female images featured on some of these websites. Make sure students are seeing these other layers of the issue – beyond just the topic that is the main focus for the learning.</p>	<p>Teacher’s evaluation of the activity:</p> <ul style="list-style-type: none"> • Did students find much in the way of diversity on these websites (age, ethnicity, male as well as female)? • What are the implications of this when developing learning programmes that are inclusive of all students in the class?
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Critiquing a website or company promoting body acceptance

Questions and information	Response
1. Name of website or company	
2. URL (link)	
3. In which country is the company based, or from which country does the website originate (if you can tell)?	
4. What does the website or company claim in relation to promoting a positive body image or body acceptance?	
5. What words, catch phrases and language do they use related to promoting a positive body image or body acceptance?	
6. Who is the website aimed at – or who does the company develop products for?	
7. Scan around the website – what sorts of images are included – is there much diversity of body size, ethnicity, male/female and age (if relevant)?	
8. What sort of advice and guidance is offered – what is the nature of the support being offered to promote body acceptance? Describe this.	
9. How helpful do you think this website is for the audience it is targeting? Why do you say this?	
10. How helpful do you think this website is specifically for New Zealanders in the target audience? Would you recommend this website? Why do you say this?	
11. If you were to make ONE recommendation about something this company/organisation could improve upon, what would it be?	
12. If you were providing positive feedback to the company/organisation about something you thought they were doing well, what would this be?	



Framework for organising learning

Purpose: The varied and diverse nature of learning in health education means that when students need to draw together their learning for formal NCEA assessment, and provide a coherent account of the underlying concepts and other big ideas in selected contexts (or topics), they need support to do this well. Frameworks that help students to organise all of their evidence of learning also helps them to monitor their own learning progress, especially when they are compiling a portfolio of evidence of learning over time which is assessed against an Achievement Standard. In situations where learning artefacts and evidence needed to complete a specific assessment task, frameworks also become a type of writing frame as they help students to organise material in a logical and orderly way. This version of a framework is specific to the context of body image and can be adapted for any selected context.

Learning intention and NZC HPE achievement objective: Students can draw aspects of their learning together to provide a coherent and conceptually sound account of an issue (*brings together Strands A, C, and D*).

Achievement Standard links: All AS.

Key competencies: Critical thinking, Managing self.

Time: Ongoing over unit of learning.

Resources: Copy template of framework.

Activity sequence: Teacher activity

Across the period of a unit about a particular context, topic or theme, help students to see where the learning fits into a bigger picture of understanding so that they can produce a coherent account of the issue for assessment purposes. Support students to understand how aspects of this learning relate to the AS criterion and explanatory notes.

Activity sequence: Student activity

Students organise their own learning artefacts and examples of evidence collected over the period of the unit, in relation to the big ideas they need to demonstrate understanding of.

Student learning journal entry:

This framework helps students to organise all material in their learning journal. A framework like this can be used as a sort of 'cover page' to

Contribution to NCEA achievement:

Essential for all AS to help students organise their learning in relation to the big ideas they need to show knowledge and insight of for assessment.

help organise materials into a logical sequence and to group related materials together.	
<p>Teacher knowledge and pedagogy:</p> <p>Health education knowledge is complex and there are many, many ways students can provide evidence of a 'right' answer. Health education is not about reproducing (regurgitating) content decided by someone else. It is about students connecting their understanding about the underlying concepts with the context they are learning about. Frameworks to help students organise their learning around the big ideas are essential when there is no fixed content that decides students' level of achievement.</p>	<p>Teacher's evaluation of the activity:</p> <ul style="list-style-type: none"> • How well do students use frameworks like this for organising their learning artefacts and evidence? • How effectively do they use frameworks like this as writing frameworks when preparing internal assessments or practicing for external assessments? • What are the strengths and limitations of frameworks for your students? Why do you say this? • What are the opportunities and challenges for you when adapting frameworks for other contexts or topics?

Framework for organising learning

Note that this framework is not big enough to write into – use it as a cover page to organise all of the material you filed from your lessons during this unit on body image.

Overall: What's the issue? What is 'cause for concern' in relation to this topic? What is our investigation into this topic seeking to show?

	Personal	Interpersonal	Societal
Influences – factors that contributed to, or caused the issue	How does a person's own knowledge, attitudes, values, beliefs, experiences, and circumstances lead to them having positive or negative thoughts, feelings and perceptions about their body?	How does a person's interactions with others (family and friends and other people they have direct contact with) lead to them having positive or negative thoughts, feelings and perceptions about their body?	How does a person's engagement with media, culture (in its many forms), and other societal organisations or systems, lead to them having positive or negative thoughts, feelings and perceptions about their body?
Consequences – the effects or impacts on wellbeing	<i>In combination</i> , how do these factors impact a person's mental and emotional wellbeing – their thoughts and feelings about their body – <i>that is, their body image</i> ? Do these thoughts and feelings result in a positive or negative body image? Are they satisfied or dissatisfied with their body? What behaviours does this (dis)satisfaction lead to and how do these behaviours impact on all dimensions of wellbeing?		
	The impact on/ consequences for wellbeing is a person's body image – their thoughts and feelings about their body and the behaviours that result from this e.g. weight loss or gain behaviours for negative body image.	How are relationships between people impacted when people have a positive or negative body image? e.g. What is the impact on friendships when there is a lot of appearance and weight/size related talk and body comparisons.	How is the wellbeing of groups in society impacted when positive or negative body image is widespread?
Strategies – approaches and actions that will improve wellbeing	What personal knowledge and skills can a person develop to help them achieve and maintain a positive body image?	What actions can a person take to support another person to help them develop and maintain a positive body image? What can others say and do (or not say and do)?	What actions can groups or communities take to help all people develop and maintain a positive body image? AND what socially responsible strategies should media and other organisations adopt to help all people develop and maintain a positive body image?

When you come to write your final assessment submission (or examination responses), what connections can you make:

- Down each column? *The links between the influences on the issue, consequences or impact of the situation on wellbeing, and strategies for enhancing wellbeing.*
- Between ideas across the rows? *The inter-relatedness of the personal, interpersonal, and societal (or self, others, society) aspects of the issue.*
- Diagonally – switching back and forth between the rows and columns? *To show critical insight into the complexity of the situation.*

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Teacher contributions

- Kata O'Donnell, Tamaki College, Auckland
- Toni Ferens, Takapuna Grammar School, Auckland

References for information cited and sources of ideas for teaching and learning activities:

All reasonable efforts have been made to cite original sources for activities where the writer has knowingly adapted or used ideas from existing resource materials. These sources are acknowledged below. However, as the diversity of ideas that have contributed to the development of health education knowledge and pedagogy have been continuously recycled and redeveloped over many years, who to cite for contributing some of the popularly used teaching and learning activities or strategies is less certain. We apologise for any situations where credit for original ideas has not been realised and acknowledged below, and thank you for the contribution your ideas have made to the development of health education in *The New Zealand Curriculum*.

Section of resource	Citations for quotes and references used in the resource, and sources of ideas for activities
PART 1.	Introduction
	<p>Page 6. The Mental Health Foundation definition of mental health https://www.mentalhealth.org.nz/home/glossary/ World health Organization definition of mental health www.who.int/features/factfiles/mental_health/en/ The description of the mental health key area of learning is from <i>Health and Physical Education in the New Zealand Curriculum</i> (Ministry of Education, 1999, p.36-37).</p> <p>Page 8. Ministry of Education (2011). <i>Tātaiako: Cultural Competencies for Teachers of Māori Learners</i>. Ministry of Education. Wellington.</p> <p>Page 9. The description of digital fluency is from Te Kete Ipurangi e-learning community http://elearning.tki.org.nz/Teaching/Digital-fluency</p> <p>Page 11. The quote about critical constructivism is from Kincheloe, J. L. (2005). <i>Critical constructivism</i>, Peter Lang: New York.</p> <p>Page 12. The critical thinking extract is from <i>Health and Physical Education in the New Zealand Curriculum</i> (Ministry of Education, 1999, p.56) and the critical thinking questions are from <i>The Curriculum in Action: Making Meaning Making a Difference Years 11-13</i> (p.27).</p>

	<p>http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Engaging-students-in-critical-thinking</p> <p>Page 13-15. Source of NCEA Achievement Standards, titles and registration numbers and the Health Education Achievement Standards matrix is accessed through http://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education</p> <p>Page 14. The NZHEA sexuality education progressions referred to are accessed at https://healtheducation.org.nz/sexuality-education/planning/ and the Health Promotion progressions are in the NZHEA <i>position statement and resource on health promotion</i> (2017) at https://healtheducation.org.nz/resources/</p> <p>Page 16-18 The teaching as inquiry model is from <i>The New Zealand Curriculum</i> (Ministry of Education, 2007, p.35).</p> <p>Page 20. The planning framework is adapted from Robertson, J. & Dixon, R. (2017). <i>Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11</i>, New Zealand: NZHEA.</p> <p>Pages 18-23 Indicators of progression - Achievement objective The Health and Physical Education Achievement Objectives in Section 8 are as stated in <i>The New Zealand Curriculum</i> (MoE, 2007)</p>
PART 2.	Teaching and learning activities
	<p>Activity 1. Source of NCEA Achievement Standards, titles and registration numbers and the Health Education Achievement Standards matrix is accessed through http://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education</p>
Theme 1. Wellbeing and mental health	<p>Page 48 Introductory statement Mental Health Foundation definitions of mental health https://www.mentalhealth.org.nz/home/glossary/</p> <p>Activity 3 Definition of respect is from http://talkingtreebooks.com/definition/what-is-respect.html</p> <p>Activity 5. The Mental Health Foundation definition of mental health https://www.mentalhealth.org.nz/home/glossary/ World health Organization definition of mental health www.who.int/features/factfiles/mental_health/en/ Extract explaining taha hinengaro as a dimension of te whare tapa whā is from <i>Whaiora: Maori Health Development</i> by Mason Durie (1994, p.70-71). The New Zealand Curriculum extract is from <i>Health and Physical Education in The New Zealand Curriculum</i> (Ministry of Education, 1999, p.31).</p> <p>Activity 10. The idea for the use of whakataukī comes from Kata O'Donnell, Tamaki College.</p>
Theme 2. Social support and mental and emotional wellbeing	<p>Page 72 The introductory quote is from the <i>Youth Development Strategy Aotearoa</i> (Ministry of Youth Development, 2002, p.19).</p> <p>Activities 15-20 For consistency and continuity, the understanding of interpersonal skills for these activities is based on Tasker, G., Hipkins, R., Parker, P. & Whatman, J. (1994) <i>Taking Action: Lifeskills for Health Education</i>. Wellington: Learning Media. Additional teaching approaches and activity templates are available in Dixon, R. & Robertson, J. (2012). <i>Learning Workbook, Level 1 Health Education</i> (ESA)</p> <p>Activity 25. The empathy activity is adapted from <i>Change, Loss and Grief</i> (Mental Health Foundation, 2000, activity 8)</p> <p>Activity 27. Social media survey guidelines are adapted from Robertson, J. & Dixon, R. (2014). <i>Learning Workbook, Level 3 Health Education</i> (ESA)</p> <p>Activity 28. Social determinants of health framework is from the <i>Let's Learn Public Health series: Social Determinants of Health - an introduction</i> (2017) https://www.youtube.com/watch?v=8PH4JYfF4Ns</p>

	<p>Social cohesion definition OECD (2012). <i>Perspectives on Global Development entitled Social Cohesion in a Shifting World</i> http://www.oecd.org/site/devpgd2012/</p> <p>Social capital definition <i>OECD Insights: Human Capital</i> (2007) https://www.oecd.org/insights/37966934.pdf</p> <p>Social mobility definition OECD (2010). <i>A Family Affair: Intergenerational Social Mobility across OECD Countries in Economic Policy Reforms: Going for Growth</i> https://www.oecd.org/centrodemexico/medios/44582910.pdf</p> <p>Social inclusion World Bank definition http://www.worldbank.org/en/topic/social-inclusion</p>
Theme 3. Change, loss, disappointment, and grief	<p>Activity 29. The roadmap activity is adapted from <i>Change, Loss and Grief</i> (Mental Health Foundation, 2000, activity 1) and Hipp, E. (1995). <i>Help for the hard times: Getting through loss</i>. Minnesota: Hazeldine.</p> <p>Activities 30-31, 33, 36. Ideas drawn from across <i>Change, Loss and Grief</i> (Mental Health Foundation, 2000, activities 1-5 & 9).</p>
Theme 4. Stress	<p>Page 181 Introductory quote about stress is from The American Institute of Stress https://www.stress.org/what-is-stress/</p> <p>Activity 39. Activity idea adapted from Robertson, J. (2009). <i>Mental Health Matters 2nd edition</i> (Mental Health Foundation). https://www.mentalhealth.org.nz/assets/ResourceFinder/Mental-health-matters-a-health-education-resource-for-junior-secondary-school.pdf</p> <p>Activity 42. Rational self-talk is adapted from a combination of Tasker, G., Hipkins, R., Parker, P. & Whatman, J. (1994) <i>Taking Action: Lifeskills for Health Education</i>. Wellington: Learning Media and Robertson, J. (2009). <i>Mental Health Matters 2nd edition</i> (Mental Health Foundation).</p> <p>Activity 43. Problem solving model is adapted from Tasker, G., Hipkins, R., Parker, P. & Whatman, J. (1994) <i>Taking Action: Lifeskills for Health Education</i>. Wellington: Learning Media.</p> <p>Activity 44. Decision making models feature in many health education resources. This version is from Robertson, J. & Dixon, R. (2017). <i>Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11</i>, New Zealand: NZHEA.</p> <p>Activity 44. The idea for this activity is from Kata O'Donnell, Tamaki College, Auckland.</p>
Theme 5. Resilience	<p>Activity 48. The resilience definition is from the American Psychological Association 'Road to resilience' website http://www.apa.org/helpcenter/road-resilience.aspx</p> <p>Activity 49, 50 Risk and protective factors are from Ministry of Youth Development (2002). <i>Youth Development Strategy Aotearoa</i> (http://www.myd.govt.nz/resources-and-reports/publications/youth-development-strategy-aotearoa.html)</p>
Theme 6. Mental health issues	<p>Page 253 Introductory quotes from Like Minds Like Mine https://www.likeminds.org.nz/ and Vigo, D., Thornicroft, G. & Atun, R. (2016). <i>Estimating the true global burden of mental illness</i>. http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(15)00505-2/abstract</p> <p>Activity 56. Global burden of disease information adapted from reports produced by the Institute for Health Metrics and Evaluation (IHME) http://www.healthdata.org/ Information on depression adapted from WHO website and Depression Fact sheet February 2017, and http://www.who.int/mediacentre/factsheets/fs369/en/ Depression in New Zealand adapted from Mental Health Foundation: Quick Facts and Stats 2014 https://www.mentalhealth.org.nz/assets/Uploads/MHF-Quick-facts-and-stats-FINAL.pdf</p> <p>Activity 57. The ideas for investigating traditional medicine and scenario are from Kata O'Donnell, Tamaki College. The World Health Organisation (WHO) definition of traditional is from http://www.who.int/traditional-complementary-integrative-medicine/about/en/ Māori terminology is from https://depression.org.nz/get-better/your-identity/maori/ The TM investigation framework is adapted from Robertson, J. & Dixon, R. (2014), <i>Learning Workbook, Level 3 Health Education</i> (ESA)</p> <p>Activity 58.</p>

	<p>The social justice descriptions are adapted from the Salvation Army definition http://www.salvationarmy.org.nz/about-us/position-statements/social-justice</p>
Theme 7. Alcohol and other drugs	<p>Page 275 Introductory quote is from the New Zealand Drug Foundation (2016) <i>Preparing students to live in a world where alcohol and drugs exist</i> https://www.drugfoundation.org.nz/assets/uploads/drugs-education-discussion.pdf</p> <p>Activity 63. The harm minimisation model is from the Ministry of Health, National Drug Policy (2007-2012) https://www.health.govt.nz/publication/national-drug-policy-2007-2012</p> <p>Activity 65-67. Ideas for strategies are based on Dixon, R. & Robertson, J. (2012) <i>Learning Workbook, Level 2 Health Education</i> (ESA)</p>
Theme 8. Bullying, intimidation, discrimination	<p>Page 302. Introductory quote is from PISA 2015 Results (Volume III) Students' Well-Being (OECD) http://www.oecd-ilibrary.org/education/pisa-2015-results-volume-iii_9789264273856-en</p> <p>Activity 68. Instructions for postbox, and graffiti sheets are from Robertson, J. & Dixon, R. (2017), <i>Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11</i>, New Zealand: NZHEA, and Christchurch College of Education (1998). <i>Caring for Yourself and Others</i> Vol I & II.</p> <p>Mindmapping from https://www.library.auckland.ac.nz/study-skills/study-exams/mind-mapping</p> <p>Activity 69. The Ministry of Education definition of bullying is at https://www.bullyingfree.nz/about-bullying/what-is-bullying/</p> <p>Activity 70. Ideas for exploring different forms of power imbalances in relationships is from https://balancedlifeskills.com/2014/09/16/imbalance-of-power-leads-to-bullying-in-these-5-ways/</p> <p>Activity 71. Ideas for the bystander activity come from <i>Eyes on bullying</i> http://www.eyesonbullying.org/bystander.html</p> <p>The role play is adapted from an idea provided by Toni Ferens, Takapuna Grammar School, developed from <i>The Anti-bullying Handbook</i> (2000) by Keith Sullivan.</p> <p>Activity 72. Bullying in New Zealand data is from the PISA 2015 <i>New Zealand Students' Wellbeing Report</i> https://www.educationcounts.govt.nz/_data/assets/pdf_file/0005/181544/PISA-2015-NZ-Students-Wellbeing-Report.pdf and the PISA 2015 Results (Volume III) Students' Well-Being (OECD) http://www.oecd-ilibrary.org/education/pisa-2015-results-volume-iii_9789264273856-en</p> <p>Activity 73. The quote about the amount of time NZ students spend on line is from <i>PISA 2015 Results (Volume III) Students' Well-Being (OECD)</i> http://www.oecd-ilibrary.org/education/pisa-2015-results-volume-iii_9789264273856-en</p> <p>The digital citizenship principles are from Netsafe https://www.netsafe.org.nz/digital-citizenship-and-digital-literacy/</p> <p>Activity 74. The discrimination scenarios are adapted from Dixon, R. & Robertson, J. (2012), <i>Learning Workbook, Level 2 Health Education</i> (ESA).</p>
Theme 9. Body image	<p>Page 339. The introductory quote is from Fardouly, J. & Vartanian, L.R. (2016). Social Media and Body Image Concerns: Current Research and Future Directions. <i>Current Opinion in Psychology</i>, 9:1-5 https://doi.org/10.1016/j.copsyc.2015.09.005</p> <p>Activity 81. Ideas for facilitating continuums are from Robertson, J. & Dixon, R., (2017), <i>Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11</i>, New Zealand: NZHEA, and Christchurch College of Education (1998). <i>Caring for Yourself and Others</i> Vol I & II.</p> <p>Activity 82. Weight concerns data is from the prevalence tables accompanying the report by Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). <i>Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012</i>. Auckland, New Zealand: The</p>

	<p>University of Auckland. (see p.60-63) https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Prevalence%20report.pdf The activity is adapted from Dixon, R. & Robertson, J. (2012) <i>Learning Workbook, Level 2 Health Education</i> (ESA).</p> <p>Activity 83. The activity idea is from Kata O'Donnell, Tamaki College, Auckland.</p> <p>Activity 84. Instagram research is from Fardouly, J., Willburger, B.K. & Vartanian, L.R. (2017). Instagram use and young women's body image concerns and self-objectification: Testing mediational pathways. <i>New Media and Society</i>, https://doi.org/10.1177/1461444817694499 Royal Society for Public Health (2017) #StatusOfMind: Social media and young people's mental health and wellbeing https://www.rsph.org.uk/about-us/news/instagram-ranked-worst-for-young-people-s-mental-health.html</p>
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