

Consulting with the community:

Best practice ideas and resources to
support community consultation for
Health Education.

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NZ Health Education Association

NZHEA

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Acknowledgements

This NZHEA document is an adaptation of a document published for the student wellbeing contract: Student Wellbeing Professional Development Contract (2004/05). *Developing a whole school approach to consultation*. University of Auckland, Faculty of Education.

The 2015 NZHEA resource ‘developing a health education delivery statement’ was also adapted for inclusion in this updated guide.

Thank you to the teachers who shared their experiences of community consultation in their schools.

Rachael Dixon and Vicki Nicolson, July 2017.

Why consult?

At least once every two years, Boards of Trustees are required to produce a written statement about how the school will implement Health Education under the requirements of the Education Act 1989 (Section 60B). In order to do this, schools must:

- Inform the school community about the content of the Health Education components of the curriculum; and
- Consult with members of the school community regarding the way in which the school should implement health education; and
- Describe, in broad terms, the Health Education needs of the school's students.

Community engagement is one of eight principles of *The New Zealand Curriculum* (Ministry of Education, 2007). According to the NZC, “the curriculum has meaning for students, connects with their wider lives, and engages the support of their families, whānau, and communities” (MoE, 2007, p.9). The biennial consultation for Health Education provides a valuable opportunity to engage with the school community.

The Education Act defines the **school community** as follows:

- In the case of a State integrated school, the parents of students enrolled at the school, and the school's proprietors.
- In the case of any other State school, the parents of students enrolled at the school.
- In every case, any other person whom the board considers is part of the school community.

Why involve students, staff, parents and whānau in consultation?

Consultation with the community about the Health Education programme offers schools and health educators valuable opportunities to:

- Refine and revise Health Education programmes – based on community needs and interest
- Assist in the development of well-being-related school policies
- Provide opportunity for students, teachers, parents and whānau to contribute to and enhance learning in Health Education
- Raise the profile of Health Education in the school and wider community.

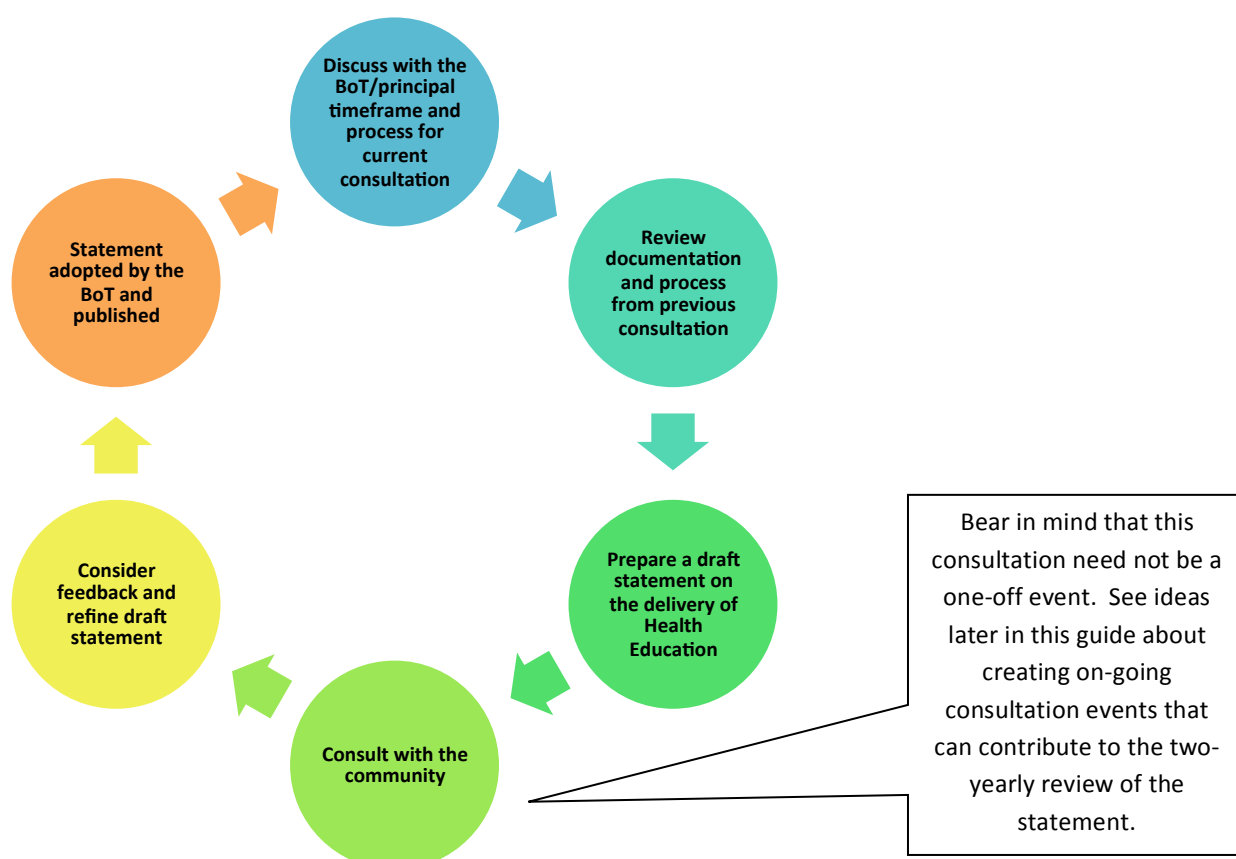
To make Health Education consultation an integral part of a school's self-review cycle, it is essential that the Principal and/or a BOT member and/or a senior member of staff with an overview of the review process be included in discussions, particularly at the beginning of the consultation process. The reality for most schools is that the HOD/TIC Health Education is the person who facilitates much of the process, but the ultimate accountability for consultation lies with the Principal.

A suggested consultation process

The Board of Trustees may use any method of consultation that it considers will best achieve the purpose of the consultation. A statement on the delivery of Health Education in the school may not be adopted until the board has:

- prepared a statement in draft; and
- given members of the school community adequate opportunity to comment on the draft statement; and
- considered any comments it receives.

For this reason, it is suggested that the consultation process generally follows the cycle depicted below.



Developing a draft statement on the delivery of Health Education

This section is divided into four parts:

1. Getting started on developing a draft delivery statement
2. What is included in a draft delivery statement?
3. What format should the draft delivery statement take?
4. Examples of Health Education delivery statements.

1. Getting started on developing a draft delivery statement

Familiarise yourself with the requirements for the draft delivery statement outlined in *Sexuality Education: Guide for principals, boards of trustees, and teachers* (SEG) (MoE, 2015). Appendix 1 of this document contains the relevant extracts from the SEG for quick reference.

Before embarking on the development of a draft Health Education delivery statement, it is essential that the person(s) delegated the responsibility for developing the statement obtain a copy of the school's charter for the current year. This provides a framework for the delivery statement because the Health Education statement needs to reflect the school's vision, and goals (etc).

2. What is included in a draft delivery statement?

Think about:

- What must be included?
- What could be included?
- What is important to include (given the unique nature of the school and its community)?

To attempt to answer these questions, focus on the SEG quote page 32 that says the draft statement must “describe how the school will implement the health education components of The New Zealand Curriculum”.

The NZHEA interpretation of ‘implementation’ in this context is that a delivery statement will include:

- a) direct reference to **the school's charter** and curriculum (which takes its direction from the NZC);
- b) **what will be taught**; and
- c) **how it will be taught**.

A. Reflecting the school's charter and curriculum:

- A Health Education specific statement that reflects the school's vision and goals, as set out annually in the school's charter (see examples in section 4).

B. What will be taught would appear to require:

- An overview of the Health Education teaching and learning programme for each year level – the topics/units/themes as applicable to the conventions established for the design of the school's curriculum.

Note: If the entire (detailed) learning programme is requested by the principal, BoT or community (or teachers/principal/BoT are thinking of offering it) for consultation, be aware that this can be problematic. When a teacher uses a teaching as inquiry approach, the details of student learning needs only become apparent as the learning programme is taught and formative assessment practices identify how the learning programme needs be adapted and developed to meet the needs of learners.

What will be taught could (also) include:

- A statement about the way the underlying concepts of the HPE in the NZC mean Health Education extends beyond personal physical health considerations, with the additional mention of other understandings of health and well-being applicable to the community.

C. How it will be taught could include:

(In a sentence or two for each item selected):

- A description of the interactive teaching methods that engage students and give priority to their learning needs, perhaps listing examples of some easy-to-understand activities (in language that non-teachers will understand).
- Teaching expertise: *Our Health Education programme is planned and taught by teachers who* and perhaps mention the PLD or qualifications (in general) teachers have to equip them for teaching Health Education.
- Mention any outside providers that will contribute to the teaching and learning programme and what they provide.
- How Health Education learning will be assessed and what will be reported to parents.
- And, if it has relevance for consultation purposes, how Health Education is timetabled across the year.

Checklist:

Component of the draft delivery statement	Tick
Does the draft delivery statement contain descriptions of the required aspects?	
Does the statement include consideration of how the school will implement the health education components of the NZC? This includes: <ul style="list-style-type: none">• reference to the school’s curriculum and school charter• what will be taught; and• how it will be taught;	
Does the statement clearly link to <i>The New Zealand Curriculum</i> ?	

3. What format should the draft delivery statement take?

Think of the audience – the delivery statement is for the BoT and for consultation with parents.

- Choose a format that is easy to read and follow, use school documentation templates if these exist.
- Paper copy and/or digital copy? How does your school intend to communicate with parents for the consultation? Digital copy will be fine for the BoT but what capacity is there in the community to receive electronic files and give feedback on these?

The delivery statement is not intended to be a big document that will take someone hours to read and understand.

- Avoid filling the statement with teacher and education jargon, or where this is unavoidable, be prepared to explain it.
- Keep the sentences short and be concise.
- Have it read by another adult (or even students) to check that it can be understood by people other than Health Education teachers.

Knowing your community – consider the following when preparing the draft statement for consultation:

- Consider the first languages of parents in the community. Where language barriers are known to exist, consider making materials available in different languages if translators are available, or use existing community groups to disseminate the statement and conduct meetings to discuss it.
- Consider including links to other online sources designed for parents where they can find out more. For example:

- ✓ The parents section of the MoE website <http://parents.education.govt.nz/>
- ✓ The school intranet where there are examples of programmes or student learning.
- ✓ Sexuality education information pamphlet for parents:
 - (Primary) <http://parents.education.govt.nz/primary-school/learning-at-school/sexuality-education/> and (Secondary) <http://parents.education.govt.nz/secondary-school/learning-at-school/sexuality-education/>
- Check the TKI community focused on community engagement for other ideas: <http://nzcurriculum.tki.org.nz/Principles/Community-engagement>

4. Examples of Health Education delivery statements

The six examples that follow exemplify delivery statements across a range of schools. They were written to demonstrate statements written in different styles.

Kauri Primary School

Kauri Primary School will implement a programme of Health Education based on the New Zealand Curriculum and in keeping with the school's charter and values. The focus of the programme will be to give our students the knowledge, skills and attitudes to maintain and enhance well-being. Students will recognise social and societal influences on well-being and be given opportunities to take action to promote their own and others' well-being. In delivering Health Education, Kauri Primary School teachers will use a range of appropriate teaching strategies that engage students and enable development of the key competencies, while taking opportunities to integrate Health Education learning with other aspects of The New Zealand Curriculum.

City Primary School

Health Education units of learning at City Primary School have been designed to align with the school's values as well as the New Zealand Curriculum. Through learning in Health Education, students will be enabled to develop understanding of well-being as well as develop the school's values of:

- *Whanaungataunga* by working co-operatively with others and developing an understanding of healthy relationships.
- *Perseverance* by thinking critically about health-related situations and developing skills to make healthy life choices.
- *Contributing* by considering the features of healthy communities and taking action to help others and develop health-enhancing environments.
- *Respecting* by considering how actions by self and others, as well as wider societal influences link to well-being.

Learning experiences in Health Education will be provided by teachers with some external support and will take place within students' usual safe and supportive learning environments.

Pine Tree Intermediate School

Health Education at Pine Tree Intermediate School will be delivered in alignment with the New Zealand Curriculum (2007). The Health and Physical Education learning area is underpinned by four key concepts that consider overall well-being, interactions between people and society, the need for healthy communities and health-enhancing attitudes and values. Pine Tree Intermediate School teachers will use a range of teaching approaches and learning contexts to develop learners' understanding of these concepts of Health Education and aim to equip learners with the skills needed to enable them to make health-enhancing life choices. Units of learning will be regularly reviewed in order to ensure that our Health Education programme is meeting learning needs of our students and reflects best practice in Health Education.

Tainui Girls' High School

At Tainui Girls' High School, our Health Education programme aligns with the school vision statement: *"confident, connected and life-long learners"*. Health Education is compulsory for Years 9 and 10 and is an optional NCEA subject in the senior school, aligning with the Health and Physical Education learning area of the New Zealand Curriculum. We aim to plan and deliver culturally responsive and engaging units of learning that empower students to make health enhancing choices in the key areas of learning: Mental health, sexuality, food and nutrition and body care and physical safety.

Whitecliff College

Health Education units of learning at Whitecliff College have been designed to connect with the school's values and charter as well as The New Zealand Curriculum (2007). Our school mission is *'to nurture in each student a belief in self, a commitment to achievement and the spirit of aroha'*. Through participating in the Health Education programme students will be given the tools and knowledge to enhance their own well-being. They will also practice and apply interpersonal skills that contribute to improving relationships and being inclusive of others. Students will be challenged to critically explore attitudes, values and practices that influence health in their local community and wider society and engage in health-promoting actions within their school and community. Units and lessons will be developed that are responsive to students' needs and will include innovative, collaborative learning activities. Units of learning will be evaluated regularly with use of teacher reflection as well as student and community voice.

Central College

At Central College, Health Education and Physical Education (HPE) are integrated. Through learning in HPE contexts, students will develop skills to become physically, mentally, emotionally and spiritually healthy. Students will learn and apply their understanding around the seven key areas of learning: Mental health, sexuality education, food and nutrition, body care and physical safety, physical activity, sport studies, and outdoor education. The four underlying concepts will be woven through all teaching: Hauora, socio-ecological perspective, health promotion and attitudes and values. Learning in HPE will also provide opportunities for students to develop the key competencies of The New Zealand Curriculum (for example thinking critically, participating and contributing and relating to others) and reflects the values and vision of The New Zealand Curriculum as well as those of Central College.

Consulting with the community

Ideas for consultation activities and events:

We recommend that on-going consultation activities be used to gather voice from whānau, students and other community members. Select ideas that will allow access to a cross section of your school community and that will be manageable in your school and community setting.

Perhaps the best place to start is to reflect on previous community consultation for Health Education (and/or wider community consultation events). For example, think about what worked well in the past and what didn't. Possible ideas:

- Short surveys advertised in the school newsletter and/or emailed out to parents.
- Homework activities for students as part of Health Education – year level appropriate – which involve interviewing parents on a specific issue(s).
- If your school has a start of year BBQ for different year levels/groups of students, include a Health Education display at the event with paper provided for parent/whānau comment.
- Report evening/learning conferences – have a display of student work, resources and a quick questionnaire to fill in while waiting with a box to return them.
- Parent/whānau meeting/hui with a particular focus eg. sexuality or drug education - involve relevant community agencies/educators such as the police or health nurse.
- Staff meeting to inform and collect information on well-being needs or a guest speaker with a health focus.
- Using the NZCER wellbeing@school self-review tools
- School survey carried out by students as part of their Health Education programme about an aspect of school or community well-being (that then contributes to the school's annual cycle of review).
- [In a secondary school] if Health Education NCEA Achievement Standards are offered, aspects of community consultation could become an integral part of the students' learning and assessment programme (e.g. health promotion in 2.3, resilience survey for 3.1).
- Presentation by staff (and/or students) to the BoT about the Health programme, the consultation process and discuss the role of the BoT in this.
- Health expo (with survey questions/draft statement displayed for feedback) – this could link in with national well-being awareness events – local health promoters can help support.
- Focus groups – a small cross-section of parents is selected to give feedback – could be that they are sent survey questions/the draft statement to review, or they are invited to a meeting to discuss together.
- Linking in with community youth/cultural/parent groups to gauge well-being issues and needs.
- Using learning management system or other online platforms to create discussion forums and invite response to health-related issues.

- ✓ Make the consultation meaningful and give it a sense of purpose
- ✓ Invest time in planning (and then reviewing) each cycle of consultation
- ✓ Produce results/outcomes from which the Health Education programme (and whole school) will benefit
- ✓ Make the time invested count for more than just a tick the box to say “we've done our consultation”.

Involving all members of the community:

Māori and Pasifika communities:

Liaise with the principal to seek advice and guidance about consultation with Māori and Pasifika groups. Networks may already exist for consultative measures, for example school links to runanga and iwi, and Pasifika groups in the community.

Useful websites and documents:

Ka Hikitia: Accelerating Success:

<https://education.govt.nz/ministry-of-education/overall-strategies-and-policies/the-maori-education-strategy-ka-hikitia-accelerating-success-20132017/the-maori-education-strategy-ka-hikitia-accelerating-success-2013-2017/>

Tātaiako: Cultural Competencies for Teachers of Māori Learners:

<http://educationcouncil.org.nz/content/t%C4%81taiako-cultural-competencies-teachers-of-m%C4%81ori-learners>

The Pasifika Education Plan:

<https://education.govt.nz/ministry-of-education/overall-strategies-and-policies/pasifika-education-plan-2013-2017/>

NOTE: Tapasā cultural competencies framework (for Pasifika learners) coming August 2017

Community engagement resources on TKI:

<http://nzcurriculum.tki.org.nz/Principles/Community-engagement>

Ruia:

<http://partnerships.ruia.educationalleaders.govt.nz/>

Other ethnic communities:

Increasingly schools have organised focus groups of parents (and students) representing the diversity of cultural groups in their school community. Contacting these groups early in the consultation process is a valuable exercise to identify:

- ✓ The most useful way to consult with the group e.g. face-to-face meetings at a designated venue
- ✓ The need to translate any written material
- ✓ Who might be available to translate written material
- ✓ The most appropriate place to hold a meeting e.g. marae, church, or other community venue
- ✓ The most appropriate ways to make initial contact with members of specific communities eg. letter, phone, visit from school staff member, other community members to visit, information via their children etc.
- ✓ Who might be suitable to co-facilitate workshops in the first language(s) of the community
- ✓ Areas of particular cultural sensitivity and who else to talk to that may be able to offer some safer ways to broach sensitive subjects (sexuality education being an obvious one)
- ✓ Ways to actively involve members of the school community, particularly parents whose cultural norm/tradition is to accept everything the school says and does.

Consultation with contributing schools:

Consultation between local and contributing early childhood education services, kōhanga reo, primary, intermediate schools and secondary schools may not be a well-established component of your schools' consultation processes yet. However the establishment of Communities of Learning (Kāhui Ako) is likely to enable closer links.

It may be useful to share knowledge, for example informing each other of timelines, intended processes, key meeting dates, planned surveys and where appropriate, **have input into each others' activities.**

Possible questions when consulting with the community:

Parents/whānau

Suggestion: Provide parents with a *draft delivery statement* as well as an *overview of the units of learning at each level*. The questions that could be framed around these include (note these are ideas only):

Note: Students could also be provided with the documents (above) and asked these sorts of questions.

- Do you agree that the aims above accurately reflect the needs of our students and community attitudes and values? If “no”, what changes would you suggest?
- What role do you feel the school should play in the sexuality education of youth?
- What do you like and/or dislike about the Health Education programme that we currently deliver?
- Do you feel there are aspects/topics missing from our programme that should be covered? If so, what would you like included?
- Please add any other comments you would like to make about Health Education at X school or the draft delivery of Health Education statement.
- Do the units of learning in years 9 and 10 Health Education cover topics and issues that are relevant and essential for students? If not, please comment.
- Do you think that students leaving our school at the end of Year 13 have been offered enough Health Education learning opportunities? If not, please comment.
- Do our units in Health Education address learning needs about health issues/concerns and needs in our community? If not, please comment.

Learners

Student voice is likely to be gathered in a variety of ways at a range of times in the year (eg at the end of a unit of learning, at the end of the year). Evidence from in/formal surveys of students can provide rich data for consultation in relation to how and what the students like to learn in Health Education - which information they perceive as important for them to be learning as well as the sorts of activities they enjoy being engaged in.

Possible questions include:

- ✓ What do you most enjoy about Health Education?
- What do you find difficult in Health Education?
- What units have you enjoyed most this term/year – why?
- What units have you enjoyed least this term/year – why?
- What teaching strategies (or activities) work well for you in Health Education?
- Do you enjoy working with others in Health Education? Why/why not?
- Does working with others in Health Education help you learn? How?
- Which units could we have spent more time on?
- Do you attend all classes? If not, why not?

Other ideas and tips:

- ✓ A Google NZ search on "Health community consultation" will bring up results from many NZ Primary and Secondary schools, whose community consultation documents are online. This may provide you with ideas.
- ✓ Document the process as you go – what worked well, what needed improving/changing – this will provide valuable information for the next round of consultation and delivery statement revision.
- ✓ Consider a series of smaller consultation events, rather than one event every two years – this keeps Health Education on people's radar, and provides meaningful information collected over time.
- ✓ Collaborate with Health teachers from different schools – share ideas and experiences.
- ✓ Look at other local schools' statements/consultation documents – how are they similar and different? There should be some similarities in the same community.
- ✓ Make sure you seek the support of the Principal/other members of staff – this is not a job for one person alone.
- ✓ Use this as an opportunity to celebrate and promote Health Education in your school, rather than just a 'tick the box' activity.
- ✓ Make sure you understand the purpose and legislative requirements of the community consultation to ensure you remain focused on the purpose and outcomes required.
- ✓ Share the results of the consultation (and the final delivery statement) with the school community to ensure that those who responded feel that their participation was worthwhile.

Templates

1. Review of school consultation process and developing a consultation strategy

What format did the previous consultation take? Who was consulted?
What were the pros and cons of this?
Is there a particular sector of the school community not being reached during consultation? If so, why might this be the case, or who might be able to help us to reach them?
Are there any initiatives the school is involved in that the Health consultation could be a part of?
What do we want to achieve from the consultation? For example: <ul style="list-style-type: none"> • Provide an opportunity to engage the school community in identifying key issues relating to student well-being and to gain an understanding of the attitudes and perceptions that exist in these groups. • To strengthen partnerships within the community to address local issues relating to student well-being • To provide opportunities for the school community to address issues of concern around student well-being. • Strengthen the response of schools and communities to the challenge of enhancing student well-being in the school environment.
What direction does our consultation need to take in order to reach a cross section of the school community, build on past successes and avoid past problems?
What human resources are available to be actively involved?

2. Consultation action plan

Consultation task	Who is involved/responsible	When will this be done?	How will this be done?	What is the outcome of this? How do we know we've achieved this?
Review documentation and process from the previous consultation				
Discuss with BoT/principal timeframe and process for current consultation				
Prepare a draft statement on the delivery of Health Education				
Consult with the community				
Consider feedback and refine draft statement				
Statement adopted by BoT and published				

3. Three year strategy plan

	Consultation task(s)	Who is involved/responsible	When will this be achieved?	What further action could this task inform? What is the outcome of this task?
2017				
2018				
2019				

4. (Annual) review of consultation activities

Tasks/actions carried out	When occurred	Who was involved	Comment on outcome	Further actions/follow-up/recommendations

Include **appendices** (as appropriate) – eg: Summary of questionnaire(s), meeting minutes/synopsis of activities, newly drafted or revised documentation.

Useful documents and websites

See the following resources and websites for more information and ideas:

The Education Act (section 60B)	http://www.legislation.govt.nz/act/public/1989/0080/latest/DLM179262.html
Health on TKI: Academic papers	http://health.tki.org.nz/Key-collections/Academic-papers
MoE guides for sexuality, relationships, and alcohol and drug education programmes	http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines
MoE bullying prevention and response guide for schools	https://education.govt.nz/school/student-support/student-wellbeing/health-and-wellbeing-programmes/bullying-prevention-and-response/
Ka Hikitia: Accelerating Success	https://education.govt.nz/ministry-of-education/overall-strategies-and-policies/the-maori-education-strategy-ka-hikitia-accelerating-success-20132017/the-maori-education-strategy-ka-hikitia-accelerating-success-2013-2017/
Legislative requirements for community consultation	http://health.tki.org.nz/Teaching-in-HPE/Curriculum-statement/Implementing-the-Curriculum/Consultation
Our Code our Standards: Code of Professional Responsibility and Standards for the Teaching Profession	http://educationcouncil.org.nz/content/our-code-our-standards
Tātaiako: Cultural Competencies for Teachers of Māori Learners	http://educationcouncil.org.nz/content/t%C4%81taiako-cultural-competencies-teachers-of-m%C4%81ori-learners
NZHEA	www.healtheducation.org.nz
Pasifika Education Plan (see Tapasā when released)	http://www.minedu.govt.nz/NZEducation/EducationPolicies/PasifikaEducation/PasifikaEducationPlan2013.aspx
Student voice	http://instep.net.nz/Conducting-inquiry/Using-inquiry-approaches/Gathering-appropriate-data/Student-voice
TKI Community engagement resources	http://nzcurriculum.tki.org.nz/Principles/Community-engagement
Wellbeing at school – self-review tools	www.wellbeingatschool.org.nz
Youth 2000, 2007 and 2012 surveys and reports	http://www.fmhs.auckland.ac.nz/faculty/ahrg/surveys.aspx
Youth Development Strategy Aotearoa (and associated resources)	http://myd.govt.nz/resources-and-reports/publications/index.html
Partners in learning: good practice (ERO)	http://www.ero.govt.nz/publications/partners-in-learning-good-practice/introduction/

Appendix 1: Case studies of community consultation

1. Secondary school

Kate has been TIC Health at a Secondary school for several years. She was disappointed with a lack of feedback from the community two years ago. After talking to some colleagues at other high schools in the area and with the support of the Principal and DP, Kate decided to implement a multi-faceted approach to this year's consultation on the delivery, documenting the process and outcomes in an action plan.

Consultation task	Who?	When?	How will this be done?	What happened?
Review documentation and process from previous consultation(s)	Kate	End of Oct	Look back over documentation and reflect on the positives and negatives. Think about ideas for next year.	In reflection, there had been a low response rate to survey sent out in the school newsletter; so we need to do things differently.
Discuss with principal timeframe and process for current consultation	Kate, Principal	End of Nov	Kate and principal to meet.	The principal also included the DP with responsibility for community liaison. Who will help Kate to engage more widely with different community groups. The statement needed to be finalized and published by the end of October. All agreed that several consultation events and methods were needed to ensure effective consultation.
Prepare a draft statement on the delivery of Health Education	Kate, DP	Early March	Look at the current statement and decide on changes needed.	Kate and the DP made some wording changes, to better align with the New Zealand Curriculum and the fact that Health is now taught at all levels in the school, including NCEA.
Consult with the community	Kate, DP	Ongoing	<ul style="list-style-type: none"> -Talk to parents who come to the start of year class BBQs -Student voice to be gathered at the end of each term -Display of health work and unit outlines available at open evening and report evening. -Survey questions to go out with draft statement – (online survey). Information will go out in the school newsletter. -Parent and community representatives of diverse cultural backgrounds invited to a focus group discussion and presentation. Kate, the DP, school health nurse and local police education officer will speak/answer questions. 	<ul style="list-style-type: none"> -Parent and student voice was collected. Parent voice mostly reiterated that the Health programme was meeting the needs of students and reflected the community's values. Student voice (which was also used as part of teacher inquiry work in the Health department) was collated and was generally positive. -Questionnaire and survey responses were collated and analysed. From the evenings, 20 questionnaires were returned. Additionally, 85 online surveys were completed (7% of the school roll). -The focus group was attended by 15 parents – a number of ethnicities were represented. Good discussion was held around the aims and outcomes of Health in the school, as well as the specifics of the delivery statement.
Consider feedback and refine draft statement	Kate, DP, Principal	Start of October	<ul style="list-style-type: none"> -Kate and DP will first consider feedback and then amend the statement if required. -Meet with the Principal to discuss. 	After considering the feedback, several changes were made to the draft statement. Recommendations were also made about the specifics of what is taught in each unit as well as how it is taught.
Statement adopted by BoT and published	BoT, Principal, Kate	BoT meeting end of Oct, end of year newsletter	<ul style="list-style-type: none"> -Kate and DP to present to the BoT -Kate to write a short article for end of year newsletter, with the delivery statement included. 	<ul style="list-style-type: none"> -the BoT adopted the statement. -Information was published in the newsletter.

2. Secondary School:

A conversation at a health cluster meeting gave me (the HOD Health Education at my school) the idea of giving my learners a central role in the community consultation for Health Education, with my principal's approval.

I decided to involve learners from my year 12 and year 10 Health classes, where the students helped to design and carry out the consultation. The year 12 class was involved as part of learning and assessment for two level 2 NCEA Achievement Standards (91436 – resilience and 91437 - health promotion). The year 10 students were involved as part of learning and assessment for an inquiry unit on investigating health issues in school community, and taking action.

The learners' involvement began when the year 12 students developed a survey for their resilience unit of learning. They enjoyed developing the questions and found a range of well-being data when surveying students across the year levels at school. This gave me the idea for the inquiry unit with the year 10 students, and it made sense to me to build upon this for the wider consultation. When it came time to begin the health promotion unit in the year 12 class, I explained my idea, and the learners agreed that they would like to be involved in the community consultation as their focus for the unit. This involved:

- As a class, developing a draft delivery statement (I found that the school did not have one) and gaining approval from the principal to consult on this draft
- Developing an overall 'collective action' strategy for the consultation
- Breaking off into groups of 3-4 students, who would each be responsible for an aspect of the consultation (for example working with the year 10 students to gather well-being data, liaising with the principal, developing and administering a survey for staff and parents, using the open evening to explain what they were doing and gather voice)
- As a class, interpreting the data that we found, and making changes to the delivery statement before presenting this to the principal and the BoT chair, who visited the class to hear about what we had done and what the voice was telling us.

This was a very useful way of running the consultation. Feedback from the learners was that they enjoyed being involved in important school decisions, and being listened to by the principal and board chair. They enjoyed talking to a range of people about Health Education and developed an understanding of collective action: the need for a range of actions targeting different aspects or layers of an issue. As one learner stated in her evaluation for the Achievement Standard: "Being involved in this project was an awesome opportunity for me to develop my leadership skills. It made me feel like I have a voice and an opportunity to make a difference in the school, to help shape Health Education classes".

As a teacher, this taught me that my learners are highly capable if given the opportunity to be leaders, and the importance of not taking the consultation on board by myself – this truly was a team effort. It also felt meaningful – it definitely was not a 'tick the box' exercise.

3. Full Primary School

We consult about our curriculum regularly with our community, including offering sessions for parents to share morning tea, hear about teaching and learning in the school, and to hear parents' views on what they value from teachers and from the school. We also run learning conversations sessions at the end of term one, which is an opportunity for learners to discuss their progress alongside their teacher and parents/whānau.

Our most recent Health Education community consultation utilised these two events to share our ideas and seek parent/ whānau voice around the design and delivery of Health Education at our school.

Firstly, we held a morning tea session that was attended by around 30 parents. At the session, the principal and TIC Health Education presented to parents a draft delivery statement for Health Education, explaining the purposes and requirements of the consultation. We then provided the parents with a broad outline of what we cover in Health Education across years 1-8. We were supported at this session by our local School Community Officer from the Police and local health promoter from Family Planning New Zealand, who we engage with regularly to support our Health Education programmes.

We then asked the parents to break into small groups to discuss several questions. These were:

- What does our school do really well in helping our students to maintain or improve their well-being?
- What could we do better to maintain or improve student well-being?
- Would you suggest any changes to our draft delivery statement? If so, what?
- What do you like and/or dislike about the Health Education programme that we currently deliver?
- Do you feel there are aspects/topics missing from our programme that should be covered? If so, what would you like included?

From this session, we received valuable responses to the questions, and parents provided feedback that they appreciated the opportunity to have a voice about the design of Health Education.

Following this, we used the learning conversations afternoon to gain further feedback, via Google Forms (with the same questions as above). We set up a small display near the front of the school, with the same information as provided in the morning tea session for parents/whānau to read. We had two ipads available for those who wanted to complete the survey on the spot, as well as a short handout to take away, with the link to the survey. From this method, we gained 45 responses.

We were pleased with the overall response rate to our consultation questions, which was over 30% of the school roll. We received a wide range of comments, mostly positive, about our Health Education delivery statement and programme. We also received useful information about parents' views on pressing well-being issues in the school community. Several comments made us think about what we teach and at what level, and we made small changes to the delivery statement before the BoT adopted it. We published the final delivery statement and a short summary of our consultation process and parent feedback in a school newsletter. One change that we decided we would make for our next consultation was to make more extensive use of student voice, given our learners' importance in our school community.

Appendix 2: Extracts from *Sexuality Education: Guide for principals, boards of trustees, and teachers* (MoE, 2015) related to the draft statement for the delivery of Health Education

SEG page 30 What are schools required to do?

The vision and goals of the school community, as set out in the **school's charter**, should incorporate or refer to all policies, programmes, student achievement goals, and procedures for health education. Ideally, the board will consider the question "how might this vision/strategic policy look in the context of sexuality education?" along with other practical "tests". For example, "how might this take account of priority learners?"

SEG page 31

Section 60B of the Education Act 1989 (as amended in 2001) requires the board to consult with the school community at least once every two years on how the school will implement the health education component of the curriculum. **The board is required to adopt a statement on the delivery of the health curriculum following this consultation.**

SEG page 32-33 Roles and responsibilities

The board has to Prepare a draft statement on the delivery of health education that describes how the school will implement the health education components of The New Zealand Curriculum..... Give members of the school community time to comment on the draft. Consider any comments received on the draft. Adopt a statement on the delivery of health education after the process of consultation.

The principal may be delegated by the board of trustees to prepare the draft statement on the delivery of health education and to coordinate the consultation process

The middle leader or teacher in charge of health education may be delegated by the board of trustees to have leadership responsibility for preparing the draft statement on the delivery of health education and for coordinating the consultation process.

SEG p34 Consultation

... involves providing a draft statement so that those being consulted know what is being proposed ... and must provide a reasonable period of time for people to respond.

SEG p35 How might consultation occur?

....Sharing a draft of the school's health education programme, including sexuality education, before consultation provides parents/caregivers with a starting point for discussion. The draft might be the current programme for review or a restructured programme. It is useful to make links between the school charter and other key documents, and the programme's objectives.