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| NCEA Level 1&2 Planning Framework 2020 Sexuality Education specific standards **AS90974 (Health 1.5)** Demonstrate understanding of strategies for promoting positive sexuality*and***AS91329 (Health 2.5)** Analyse issues related to sexuality and gender to develop strategies for addressing the issues  |  |

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| **Purpose of this document** This document is to support teachers of health education to make planning decisions about teaching units leading to assessment by the internally assessed **Level 1&2 Achievement Standards related to sexuality education**. Please note that this is NOT a planned unit, but a **guide to support teachers** to plan programmes that meet the unique needs of their learners. The framework leaves open the opportunity for teacher to add locally relevant and topical material to the learning programme. We have provided two NCEA levels of standards in this document to show the intent of the sexuality education specific standards side by side. Teachers may find it useful to look ahead or look back a level to help decide how to approach some subject matter, what the learning is building on and/or where it is leading to. | **Moderated assessment tasks** The Ministry of Education provides teachers with moderated assessment tasks. **Teachers should NOT be limited by these.** Consider using the ‘model’ provided by these task and replace the scenarios to add newer, student relevant contexts etc;OR consider developing a new task. NZHEA and your other health education colleagues can provide *guidance* on whether such a task will ‘pass’ moderation, although only NZQA contractors in moderation roles can officially make this judgement. <https://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education>  | **Artefacts produced by students as evidence of learning**Teachers are encouraged to make pragmatic and strategic decisions about the type of learning artefacts that will be produced by students across their health education course. Remember, a fabulously presented website or other digital solution, an amazing oral presentation, or a creative visual expression of ideas is not the basis for the health achievement criteria – it’s all about the health education knowledge, however that is communicated. While teachers are encouraged to include a variety of ways for students to present their evidence of learning for assessment, make sure that the time invested is quality learning time for health education and other subject matter (and it’s not simply a lot of busy work using applications and digital tools they already know how to use). Also consider any equity issues related to the resources needed to produce these artefacts, especially students’ access to digital technologies at home (devices suitable for producing good quality work and consistent and reliable internet services.Also consider students with diverse learning and learning support needs, and the range of methods by which these students are able to communicate their health education knowledge.  | **Changes ahead with the Review of Standards (RAS)**Bear in mind that the foundations for these standards are now almost 20 years old and their roots go back to the 1999 HPE curriculum document. Although they were aligned to the 2007 NZC, without major change, there is a sense they are ‘getting a bit tired’ – which is not to say the knowledge is out of date, but more the whole way the standards are framed needs to be rethought. The RAS won’t result in a loss of what we teach, it’s more about the way in which we collect evidence of learning that shows a particular standard has been reached that will change. Development of the reviewed standards will get underway in 2020 with full implementation of Level 1 in 2023, Level 2 in 2024, and Level 3 in 2025, although trialling, PLD, and new resourcing will precede each year of full implementation. It would help us on our journey if we can start looking at different ways of approaching sexuality education subject matter and assessment of this learning, although for the moment keeping within the boundaries of the current standards. |
| **Sexuality education and NCEA**The teaching of sexuality education in Years 11—13 / NCEA levels 1-3 does not need to be (and should not be) limited only to these Achievement Standards. Situations, scenarios, topics and themes related to sexuality, relationship, and gender can feature across a wide range of learning leading to assessment by many of the Achievement Standards. | **Assessment NZQA clarifications** The **Assessment NZQA clarifications**  published by NZQA provide teachers with what is essentially an expansion of the Explanatory Notes. These NZQA clarifications are a response to issues noted by the moderators.The NZQA clarifications for AS90974 (health 1.5) have changed slightly for 2020, for AS91239 they remain the same. See following pages. | **Workload issues***[Related to the comment above]* The assessment tasks for AS90974 and AS91239 have a reputation for producing artefacts with a word count far in excess of what is required, which means they are a workload issue for students and teachers. **Think quality not quantity.** It is not about students reproducing/regurgitating every idea they have learned about the topic. It is about producing a high quality response to show they have ‘got’ the big idea. Excellence should not be seen as a consequence of writing heaps, but a concise, coherent, and critical account of the situation. **Consider providing a recommended word count in assessments** – especially digitally prepared assessments - **but note that this is only a guide and not binding for assessment judgements.**  | **Formatting of this file** **This file is formatted as an A3 landscape page.** It has been retained as a Word doc for teachers to adapt, and cut and paste from if/as they wish. |

**Resources**

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| **Overview:**Although some of the resources listed on this page will have more application for either Year 11 or 12, some can also lie across both levels.It made sense for this planning framework to put all resources on one page to show the scope of what is available, noting that this is far from an exhaustive list and prioritises resources that have been developed for the NZC, or which clearly align to the approach to sexuality in HPE in the NZC. We recommend selecting local material as much as possible for connection with the NZC and relevance for NZ students. Note that a number of NZ researchers work in the field of sexuality education contributing to an international body of knowledge theorising the nature of sexuality education. Some of this academic literature may make reference to NCEA in NZ although, by its nature, it does not provide practical guidance about what to teach, or how to teach and assess learning in health and sexuality education. Viewing this writing also requires access to university libraries to access academic journals and e-books.  | **Family Planning** ***Navigating the journey: Sexuality Education*** series – resources for **years 5&6, year 7&8, year 9, and Year 10.** These resources replace and update the previous *Hei Huarahi* series. Although Family Planning do not produce NCEA level resources, teachers will find that the year 9&10 resources remain a useful source of ideas that can be stepped up to year 11/NCEA Level 1. With a considered selection of activities, and the addition of some clear application of the HPE underlying concepts, the activities related to contraception and STI prevention, rights and responsibilities in relationships, promoting wellbeing for sexuality and gender diverse people, can all be ‘levelled up’ for NCEA Level 1 purposes.  | **NZHEA** Pornography – NZHEA has compiled all of the association’s resources developed for teaching and learning about pornography into a single volume. See ***Teaching and learning about pornography in health education: For students in Years 9-13*** (2020). This resource also contains a links to a range of other relevant material. See <https://healtheducation.org.nz/resources/> A suite of resource material was prepared after the release of the 2015 – although the focus of these was compulsory years of schooling, some of these may be useful for teacher information. <https://healtheducation.org.nz/resources/sexuality-education/>  | **Background for teachers**Ministry of Education (2015) ***Sexuality education: a guide for principals, boards of trustees, and teachers***The SEG shows how a range of education policy, including the NZC, come together to shape sexuality education in NZ schools. *Note that this document is undergoing a small revision and update in 2020.* <https://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Sexuality-education-a-guide-for-principals-boards-of-trustees-and-teachers> ***Promoting wellbeing through sexuality education*** ERO, 2018 <https://www.ero.govt.nz/publications/promoting-wellbeing-through-sexuality-education/> **Ministry of Education Inclusive Education Guides** <https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/plan-sexuality-and-gender-education-years-9-13>**Secondary Schools Diversity Groups: Rainbow safety first**<http://insideout.org.nz/wp-content/uploads/2015/01/Rainbow-Safety-First-E-Resource-Hoogendorn-and-McGlashan-2019.pdf>  |
| **Printed teaching and learning resources:*****Social and Ethical issues in Sexuality Education*** (Gillian Tasker, et al. 2004)Known as SEISE for short, this folder of teaching and learning activities can still be found on many health education department resource shelves. It still provides a sound foundation for year 12 and 13 learning in sexuality, relationships and gender education. **ESA Learning Workbooks for each of NCEA Levels 1-3 and study guides for Levels 1-2**The authors note the pedagogical limitations of these resources – they are designed for student use. Although they provide a helpful framework and a way to organise learning, teachers are strongly encouraged to be selective about the way they use these LWBs and to select and adapt learning activities to meet the needs of their learners. <https://esa.co.nz/collections/all/subject_health-education>  | **Websites -** *teachers and students will need to add to these** Family Planning (see the advice section for contraceptive and STI information, and sexual health clinics) <https://www.familyplanning.org.nz/advice>
* Netsafe <https://www.netsafe.org.nz/>
* Rainbow Youth <https://ry.org.nz/>
* Inside Out <http://insideout.org.nz/>
* The Light Project (pornography) <https://thelightproject.co.nz/>
* Youthline – relationships <https://www.youthline.co.nz/relationships.html>
* Youth Law <http://youthlaw.co.nz/>
* What‘s Up <https://www.whatsup.co.nz/teens/>
* National helplines (list) <https://www.mentalhealth.org.nz/get-help/in-crisis/helplines/>
* *More for teachers but students could explore this as a strategy -* Inclusive Education Guides [*https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/plan-sexuality-and-gender-education-years-9-13*](https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/plan-sexuality-and-gender-education-years-9-13)
* Me too <https://metoomvmt.org/> and Times Up <https://timesupnow.org/>
 | **Externally provided presentations and programmes** **None of these providers deliver NCEA specific learning,** although schools may choose to use them as a ‘resource’ within a planned teaching and learning programme. If this is the case, ensure that what is being provided meets the learning needs of students. * Loves Me Loves Me Not (NZ Police) <https://www.police.govt.nz/about-us/publication/loves-me-not>
* THETA Sexwise performance and workshop <https://www.theta.org.nz/our-programmes/sexwise/>
* Mates and dates (ACC with services contracted through many regional health promotion providers) <https://www.matesanddates.co.nz/>
* Rape Prevention Education <https://rpe.co.nz/>
* Bodysafe <https://www.bodysafe.nz/>
* Endometriosis <https://nzendo.org.nz/education-in-schools/>

PLD for teachers is through Family Planning courses – see courses for health promotion and education <https://www.familyplanning.org.nz/courses> and can be provided by NZHEA. | **Specialist areas****Māori medium education** It is recommended that teachers in Māori medium settings consider the materials developed by **Te Whāriki Takapou** which provide a mātauranga Māori perspective on matters related to sexuality – see <https://tewhariki.org.nz/> **Primary schools** * ***Sexuality education for curriculum levels 1–4*** (two resources for Years 1-8, NZC Levels 1-2 and NZC level 3-4)

<https://health.tki.org.nz/Key-collections/Curriculum-in-action/Sexuality-education-for-curriculum-levels-1-4> * See also Family Planning ***Navigating the journey: Sexuality Education*** series – resources for **years 5&6, year 7&8**
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Planning framework for:

**AS90974 (Health 1.5) Demonstrate understanding of strategies for promoting positive sexuality**

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| **AS90974 (Health 1.5) Demonstrate understanding of strategies for promoting positive sexuality** | The Assessment NZQA clarification document for 2020 states the following [https://www.nzqa.govt.nz/ncea/subjects/health/NZQA clarification s/level-1/as90974/](https://www.nzqa.govt.nz/ncea/subjects/health/clarifications/level-1/as90974/) |
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| **Achievement** | **Achievement with Merit** | **Achievement with Excellence** |
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| * Demonstrate understanding of strategies for promoting positive sexuality.
 | * Demonstrate in-depth understanding of strategies for promoting positive sexuality.
 | * Demonstrate comprehensive understanding of strategies for promoting positive sexuality.
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**Explanatory notes (extracts only)** Promoting positive sexuality encompasses a range of strategies including: the development of personal knowledge and skills to support sexual health, self-worth and self-acceptance; maintaining and enhancing well-being in sexual relationships; through to inclusive practices whole communities can engage in. Promoting positive sexuality also means to be inclusive of the diversity of sexualities that exist among people, and the range of attitudes, values and beliefs held by people in society. Sexuality as a concept is inclusive of the physical, social, mental, emotional and spiritual aspects of people’s sexual well-being.**EN2 To demonstrate understanding of strategies for promoting positive sexuality, each of the following four types of strategies must be covered:**1. **Strategies that enhance interpersonal (sexual) relationships which includes knowledge of rights, responsibilities and effective communication.**
2. **Strategies that consider ways schools, local communities, and/or the whole of society can support the promotion of positive sexuality for all people.**
3. **Strategies for the prevention of unplanned pregnancy and sexually transmissible infections.**
4. **Strategies that consider ways school and community can support young people in relation to sexual health.**

EN3 **Demonstrate understanding** means to describe strategies for promoting positive sexuality, e.g. describing what the strategy involves with an indication of how the strategy helps promote positive sexuality for some people in society.**Demonstrate in-depth understanding** means to explain strategies and how these strategies help promote positive sexuality for a variety of people in society.**Demonstrate comprehensive understanding** means to critically explain strategies and how these strategies promote positive sexuality for a diverse variety of people in society. Critical explanations will include a relevant combination of consideration to:* the more essential actions integral to a strategy,
* how a strategy impacts on all aspects of well-being,
* how a strategy reflects the attitudes and values of the learning area,
* the interconnections between different strategies,
* the need for different strategies for different groups in society,
* the need for multiple strategies at personal, interpersonal and societal levels.
 | Updated December 2019 *(minor revisions made for 2020).* This document has been updated to address new issues that have arisen from moderation.**Types of strategies for promoting positive sexuality**Explanatory Note (EN) 2 specifies the four types of strategies for which understanding must be demonstrated.**Diverse variety of sexuality needs**EN3 states that, for Achieved, students will demonstrate understanding of strategies for promoting positive sexuality for some people in society. At Merit, this is ‘a **variety** of people in society’ and at Excellence, this is ‘a **diverse variety** of people in society’.Students need opportunity to provide strategies that encompass the specific and different sexuality needs of different people in society, such as different sexualities, ages, ability/disability or fertility needs. [NZHEA note: that said, being a sexuality education standard, ‘diversity’ in the first instance should consider sexuality, sex and gender diversity] **Explanation of the strategies and outcomes for positive sexuality**Students need to describe what the strategies involve, for example details about the method of contraception or sexual health service, the components of assertiveness, or the actions needed to carry out the strategy. Students also need to provide outcomes for positive sexuality of using the strategies.Note that a focus on well-being is not the intent of this standard. However, since well-being is a holistic model, outcomes will likely link to one or more of the aspects of well-being as well as demonstrate understanding of sexuality as a concept.A response at **Achieved** will describe the strategies and their outcomes.**For Merit,** explanations are needed, which means that more detail and justification is provided.**Comprehensive understanding****For Excellence**, critical explanations are needed. This will involve the selection and explanation of personal, interpersonal and societal strategies across the responses which:* are more effective in attending to specific sexuality needs
* explain the essential actions or tasks that are required as part of each strategy
* thoughtfully consider how positive sexuality is promoted (now and in the future), including links to well-being and attitudes and values of the learning area
* may inter-relate to promote positive sexuality.

[NZHEA note: As written this **standard**, **and therefore the assessment**, is about sexuality and sexual health issues and situations, not gender issues as such. That said, considerations of gender may *accompany* sexuality issues, especially in interpersonal skills, rights and responsibilities, or in the promotion of positive sexuality. Standalone gender issues can of course be included with the teaching and learning programme without any assessment.] |

Unpacking the standard and considering the scope of what is possible … and understanding how the HPE underlying concepts feature in AS90974

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| **EN2 requirement**  | **Making links with the NZC underlying concepts**  | **The requirements for excellence can be used to give guidance about ways to develop and focus student learning**  |
| **Evidence of learning and achievement is required for all four of these areas**Note how the **socio-ecological perspective** is already built into the strategies – see blue text below. A **strategy** is an approach, a way to go about doing something, whereas actions are the things people actually do. **At this level the distinction between strategy and action is less important** and students will likely express their responses as actions. Think of ‘strategies’ in this case as talking more to a wide range of possibilities, even if students focus their answers on specific actions.  | By virtue of this standard being about ‘strategies’, straight away it puts the **health promotion** underlying concept ‘on top’. That is the process by which people, acting individually and collectively, help to promote the wellbeing of self, others and society. Integral to these strategies are ways of taking action that are **respectful, caring, fair, and inclusive (A&V)** which could be seen as a reason for an action being more essential, or that it reflects the A&V of the HPE learning area. When planning, make deliberate connections between the sexuality and sexual health subject matter and the HPE underlying concepts, AS WELL AS the way the underlying concepts come together, AND make this explicit when teaching students. See note on **hauora** and wellbeing on the following page. | These ideas should be an integral part of the learning and any learning or assessment task should set students up to do one or more of the following (noting that these ideas will often appear quite naturally in combination): * *the more* ***essential actions*** *integral to a strategy,*
* *how a strategy impacts on* ***all aspects of well-being****,*
* *how a strategy reflects the* ***attitudes and values*** *of the learning area,*
* *the* ***interconnections*** *between different strategies,*
* *the need for* ***different strategies for different groups*** *in society,*
* *the need for* ***multiple strategies at personal, interpersonal and societal levels****.*
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| 1. Strategies that enhance **interpersonal (sexual) relationships** which includes knowledge of rights, responsibilities and effective communication.
 | Includes (which means it must cover but is not limited to):* knowledge of rights
* knowledge of responsibilities
* knowledge of effective communication.
* Applying knowledge of interpersonal skills learned in other contexts to romantic/physically intimate/sexual relationships ie. effective listening, assertiveness, decision making, problem solving, negotiation, compromise (where it is warranted), providing support, caring for …. etc
* Giving consent: What are each person’s rights when asking for and negotiating sex? What are their responsibilities (based on what the other person wants, and responsibilities to themselves when considering their own values and beliefs and overall wellbeing?)
* Knowledge required to overcome power imbalances (that lead to bullying, harassment, abuse etc) so that rights and responsilbites are observed – although this language not needed at this level, look at the AS91238 (Health 2.4) planning framework for ideas that could be repurposed here – coercion, manipulation, abuses of power etc and using knowledge of interpersonal skills, rights and responsibilities to manage these situations.
 | **Consider …..** * What does a healthy relationships look, sound and feel like (e.g. as shown in a movie role)? What skills do you see being used and what knowledge do people need to know have a healthy romantic/sexual relationship? How does a healthy relationship impact all dimensions of **wellbeing**? What **attitudes and values** do people show when they are part of a healthy relationship? How do they ‘show’ these A&V – to the other person – and to themselves?
* When a relationship is unbalanced – someone has more control and power that the other, or someone is abusive, what are the more **essential actions** to support and promote wellbeing in this case? In other words, what has to change to make the relationship not abusive, as well as other actions to support the person who may have been bullied, harassed or abused?
* How can viewing pornography impact on relationships and how are interpersonal skills and knowledge of rights and responsibilities used in such situations? Link with the more **essential actions** integral to an overall strategy.
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| 1. Strategies that consider ways **schools, local communities, and/or the whole of society** can support the promotion of positive sexuality for all people.
 | The intent here are those actions that all people can take which contribute to creating and sustaining a fair and inclusive community that benefits everyone – wellbeing/ diversity campaigns, inclusive communities - developing policy and implementing practices that supports diversity, this includes policy and action that seeks to eliminate bullying, discrimination, exclusion, etc, advocating for change. | **Consider …..** * What important and **essential** actions has your school taken (or needs to take) to be inclusive of a diversity of students? Which of these actions have particular relevance for sexuality-related situations?
* How effective is your school’s anti-harassment or anti-bullying policy and practices on matters to do with diverse sexualities? What **combinations of actions** are included in this policy and why are several different actions needed for the policy implementation to be effective?
* How can schools (or other community groups or organisations) use nationwide or international sexuality-related campaigns as the basis for local action? Why are **actions needed at multiple levels** to make changes that support the wellbeing of all people?
* Are sexuality-related issues the same for children, young people and adults? Why might different groups in society require different strategies for some situations?
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| 1. Strategies for the prevention of unplanned pregnancy and sexually transmissible infections. **[personal knowledge and skills** that contribute to interpersonal communication and knowing where to seek community support**]**
 | This is not just ‘knowing about’ contraceptives and how they work, and what STIs are and how to prevent them (although that is certainly part of the learning and some of these ideas may form part of an assessment response), but more about the actions and strategies of how to prevent unplanned pregnancy and STIs in given situation – so that is an understanding of a strategy being used or action taken that goes beyond simply knowing what these things are. E.g Knowing where to obtain contraceptives and how to ask for, how to ask a partner to use a condom etc.  | **Consider …..**Where a strategy seems to link only to one dimension - such as physical health as a result of preventing an STI - how could ideas about *wellbeing* also relate to other dimensions?OR when negotiating the use of condoms and other contraception before sex how could this *‘show the interconnections between different strategies’* or *‘the need for multiple strategies’ such as makes connections between different strategies* – like (1) and (4)? |
| 1. Strategies that consider ways **school and community** can support young people in relation to sexual health.
 | *In contrast* to (2) above, the focus here is on community or government funded health services that support sexual health. These are the services that people benefit from rather than contribute to (as in they do in (2) above). This strategy relates directly to (3) above. Whereas (3) is about personal/individual knowledge about prevention of unplanned pregnancy and STIs, these strategies are about the school and community services that provide the necessary medical and other support so that people using their knowledge can access the specialist services they need for their health and wellbeing.  | **Consider …..*** Do you think sexual health services in your community [name these] provider services suitable for everyone? Why or why not? If not, which people do you think need **different strategies** and why? What does this say about the attitudes and values of the organisation that provide sexual health services?
* How could knowledge about sexual health support services be a part of a wider health promotion focus about positive sexuality?
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**Other planning considerations**

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| **Hauora and wellbeing**The NZQA clarification document notes that ‘*a focus on well-being is not the intent of this standard. However, since well-being is a holistic model, outcomes will likely link to one or more of the aspects of well-being as well as demonstrate understanding of sexuality as a concept.’* What this is saying is that the individual dimensions of **hauora** do not need to be spelt out in assessment answers (like they do in other standards) when students are demonstrating that they understand how the strategy ‘helps promote positive sexuality’. Consideration of the dimensions is already built in to the four strategy areas. ***That said***, a task may still ask about dimensions where it is particularly relevant to do so, and students may be required to discuss the dimensions of wellbeing in an assessment answer. If not specifically asked to do so, they can assume that the marker can read ideas about wellbeing/dimensions of wellbeing into their answer, and they don’t need to spell it out in every case.   | **Diverse variety of sexuality needs**EN3 states that, for *Achieved*, students will demonstrate understanding of strategies for promoting positive sexuality for **some people in society**. At *Merit*, this is ‘a **variety of people** in society’ and at *Excellence*, this is ‘a **diverse variety of people** in society’. [NZHEA note; In context of a standard on sexuality, diversity first and foremost is related to understandings of sexuality (and also gender) diversity.]EN2 describe the intended scope of this standard: Promoting positive sexuality encompasses a range of strategies ***including***: the development of personal knowledge and skills to support sexual health, self-worth and self-acceptance; maintaining and enhancing well-being in sexual relationships; through to inclusive practices whole communities can engage in. Promoting positive sexuality also means to be inclusive of the diversity of sexualities that exist **among people**, and the range of attitudes, values and beliefs held **by people** in society. Sexuality as a concept is inclusive of the physical, social, mental, emotional and spiritual aspects of **people’s** sexual well-being.The **NZQA clarification**  states ‘Students need opportunity to provide strategies that encompass the specific and different sexuality needs of **different people** in society, **such as** different sexualities [EN2 requirement], ages, ability/disability or fertility needs. This should not be read as a fixed list of ‘must cover all of these’ (for excellence) as that is not what the standard is saying, and the NZQA clarification s are saying ‘such as’. Treat ‘ages, ability/disability or fertility needs’ as examples ONLY of diverse needs of different people.  |
| Taking a big picture view of the levelling and **conceptual learning progressions of the standards, especially in relation to the SEP**, the intent at **Level 1** is to give most focus to personal/individual considerations and interpersonal relationships and what young people can contribute to in their own lives and people known to them. Community or society is mostly about their local community, and the support and services available to them locally (or online). At **Level 2** the SEP step up is to consider a balance of personal, interpersonal and societal factors for groups, some familiar, some perhaps less familiar to 16/17 years olds in Year 12, as well as the introduction of evidence to back up claims when analysing situations. At **Level 3** the focus shifts to give most focus to the broader societal picture, and a strong evidence base is added, as are a few other health education relevant concepts. Overall, the teaching and learning programme across all levels can include whatever content meets students’ learning pathways needs. However the assessment of this learning is ‘pitched’ differently at each level to emphasise different aspects of the SEP, and reflect a growing complexity and depth of health education knowledge and understanding.  | **…with reference to SEP discussion left and the notion of ‘variety’ abusive on the matter of AGE**For teaching to be relevant to year 11 learners most of the teaching and learning will be focused on their experiences of their 15-16 year old world, and perhaps the way other people see those experiences. These experiences are not necessarily their own but there’s potentially a sense of familiarity or connections with the learning because the focus is on people of a similar age. Therefore if **a (diverse) variety of people for making an A/M/E judgement** *can* include different ages, think about how that is relevant to a year 11, 15-16 year old. It might be to look back at a younger age group, rather than older adults which may be well removed from the curriculum ‘learning’ needs of 15-16 year olds. Given the Youth 2012 statistics showed that … * at 15 years only 24.3% of young people had ever had sex and 18.8% were currently sexually active,
* at 16 years 36.7% of young people had ever had sex and 29.7% were currently sexually active,
* at 17+ years 45.9% of young people had ever had sex and 36.5% were currently sexually active, and
* it seems to be generally accepted that many more young people will have sexual experiences/relationships toward the end of their teens, or early 20s ….

…. It means that those few years of age difference between being 15/16 years old in year 11 and being older teenagers/young adults is also a valid way to think about ‘different age groups’ especially given the relationship changes and sexual experiences of many young people during this time. Youth 2012 data <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2012prevalence-tables-report.pdf> - *keep an eye out for the Youth 2019 in 2020,*  |

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| **EN2 requirement**  | **Ideas for assessment tasks and activities**  |
| Evidence of learning and achievement is required for **all four** of these areas | **Current TKI resources** <https://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education>

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|  | **Ideas for adapting these resources**  |
| A version **Promoting Positive Sexuality** is magazine based around scenarios supplied and questions to cover related to the scenario. | Swap the scenarios for others – making sure that you retain a ‘variety of people’ among the situations covered. Try to include ideas that appeared relevant or were topical during the teaching and learning of the unit. Ensure any changes still mean that there is at least one way the students can cover all of the requirements for EACH strategy either within one question/task, or split across two or more questions/task (but noting this can get messy to mark if this approach is applied across all aspects of the assessment.) Is there an alternative type of artefact to a magazine? Would this work as an Agony Aunt type blog or advice column?  |
| B version **Diversity at College** is similar to the version A task and a magazine articles are produced from user (teacher/student) generated scenarios - some examples provided .  |

**If developing your own assessments:*** Keep in mind that the assessment task does not have to have four separate tasks – one for each strategy. Think about the ways that pairs of these strategies could link together in ways that will support excellence responses. Make sure it is clear in the assessment schedule where each of the strategies is being assessed when two or more are combined within one question or task.
* Students do not have to have ‘second chance’ at the same knowledge in an assessment. Once is (or should be) enough. Consider this as a workload issue – ***but*** balance this with your school policy on resubmissions/reassessment – is it preferable that students provide a bit more evidence than is needed or should the assessment frame only one chance for each strategy to be covered?
* Scenarios are a popular to frame activities to give a task context. Make sure the scenario has enough scope that it sets students up to be able to show what they know about strategies but at the same time avoid lots of extraneous information (or wordy ‘padding’) and red herrings.

**Learning artefacts produced for assessment**Note the discussion about the nature of the learning artefact produced for assessment on the front page. If producing a magazine or other such artefact, make sure the production of this does not detract from, or unduly limit, the health education knowledge that the students are demonstrating they have achieved. While a written assessment task is still a valid way to collect evidence of student learning it’s not particularly engaging. Think about other forms of artefact that could be produced.* Students could prepare responses to questions/scenarios and video them on their devices and make a **mini-documentary**, where all of the assessable evidence is provided orally (and visually).
* Is there opportunity to **add students’ own languages, visual cultural symbols** etc that give the artefact (a print or digital resource that can be shared) more cultural connections and application?
* For students who are capable of learning but struggle to present their ideas in written form, is there opportunity to ‘**interview**’ the student (and make an oral recording) of their ideas? The interviewer could be the teacher (who knows where to prompt for more information and how far this can go when considering how to maintain authenticity of student work), or a parent or other adult. Peers could be used for this but student interviewers may not have the knowledge and skills to pick up on situations where more information is needed and their own interviewing style is a barrier to achievement for the person being interviewed.
* **If using digital applications, select one that is fit for purpose**. For example PowerPoints are expressly for presentations whereby brief notes are provided on slides and more detailed notes are prepared to talk to these. The assessment detail is in the detailed notes and if there is no opportunity or intention to present these, WHY would you choose a PowerPoint? Even then, with a class of 20-30 students why would students laboriously, one by one, present the much the same thing (in this case) – we discourage teachers talking at students from PowerPoints, why do we think it’s OK for students to do it to each other? The exceptions will be where their response is unique, worth sharing, and the sharing of their work is an important part of the learning process for all in the class or group.
 |
| 1. Strategies that enhance **interpersonal (sexual) relationships** which includes knowledge of rights, responsibilities and effective communication.
 |
| 1. Strategies that consider ways **schools, local communities, and/or the whole of society** can support the promotion of positive sexuality for all people.
 |
| 1. Strategies for the prevention of unplanned pregnancy and sexually transmissible infections. ***[personal knowledge and skills]***
 |
| 1. Strategies that consider ways **school and community** can support young people in relation to sexual health.
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Planning framework for:

**AS91239 (Health 2.5) Analyse issues related to sexuality and gender to develop strategies for addressing the issues**

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| **AS91239 (Health 2.5)** **Analyse issues related to sexuality and gender to develop strategies for addressing the issues**  | The Assessment NZQA clarification document for 2020 states the following[https://www.nzqa.govt.nz/ncea/subjects/health/NZQA clarification s/level-2/as91239/](https://www.nzqa.govt.nz/ncea/subjects/health/clarifications/level-2/as91239/) |
|

| **Achievement** | **Achievement with Merit** | **Achievement with Excellence** |
| --- | --- | --- |
| * Analyse issues related to sexuality and gender to develop strategies for addressing the issues.
 | * Analyse in depth, issues related to sexuality and gender to develop strategies for addressing the issues.
 | * Analyse comprehensively, issues related to sexuality and gender to develop strategies for addressing the issues.
 |

**Explanatory notes (extracts only)** EN 2 ***Analyse* *issues*** *related to sexuality and gender to develop strategies for addressing the issues* involves:* explaining influences on gender and sexual identity
* recommending a relevant combination of personal, interpersonal and societal strategies to address the issues, which reflect the values of social justice.

***Analyse in depth, issues*** *related to sexuality and gender to develop considered strategies for addressing the issues* involves explaining:* why or how influences impact on gender and sexual identity [NZHEA note: This wording is unfortunate as it should really just say sexuality and gender as in the TITLE of this standard – see note below. It is noted that this wording has been carried over into the NZQA clarification – don’t be limited by this.]
* how strategies to address issues reflect the values of social justice.

***Analyse comprehensively, issues*** *related to sexuality and gender to develop strategies for addressing the issues* involves engaging critically with the evidence to explain:* how recommended strategies to address issues reflect the values of social justice
* the interrelationships between the personal, interpersonal and societal aspects.

EN3 Influences on gender and sexual identity can relate to individuals and/or groups in society and include a relevant selection of personal (e.g. biological), interpersonal (e.g. family or friends) and/or societal (e.g. culture, media) considerations. Strategies that reflect the values of social justice require personal and collective actions that contribute to a societal good and benefit the well-being of individuals, groups and communities. | Updated December 2018 *(Still current for 2020)*. This document has been updated to address new issues that have arisen from moderation.**Gender identity and sexual identity**Gender identity relates to people’s knowledge that they are male, female or gender queer/non-binary, and to the characteristics society decides are appropriate for each. Exploration of issues includes cultural, political, economic, social aspects and/or personal (e.g. media, religion, gender role expectations).Sexual identity relates to how a person sees themselves sexually and how they show this to others. Exploration of issues includes more personal and social aspects such as sexual orientation, sexual behaviour, or diversity. [This statement keeps open the intent of the standard.] **Factors**Influencing factors operate at personal, interpersonal and/or societal levels. Students may explain at least one factor for gender identity and at least one factor for sexual identity. Students will describe the nature of each chosen influencing factor and justify how/why the factor influences gender identity or sexual identity. Students will also explain issues (problems/social injustices) arising from the influences.**Strategies**A relevant combination of personal, interpersonal and societal strategies will be recommended to address the issues. Students will describe what is involved in using each strategy and explain how/why each strategy will address the issues, enhance the well-being of individuals, groups and communities and/or reflect the values of social justice (fairness, inclusiveness and non-discrimination).**Analyse in depth**For **Merit,** students will provide a more detailed account of how/why the factors influence gender and sexual identity. The explanation of strategies will clearly and explicitly consider outcomes of the strategies that reflect (promote, uphold, support, develop, encourage) social justice as well as address the issues. **Analyse comprehensively** For **Excellence**, students will engage critically with evidence (e.g. from resources provided in the assessment task and/or from their own learning) to support explanations of influencing factors and strategies. The explanations will be thoughtful, there will be a perceptive understanding of the issues, and the recommended strategies will deliberately seek to address the issues and encourage social justice. Students will also explain interrelationships between the personal, interpersonal and societal aspects. This will consider either the ways factors at different levels connect to each other to influence gender and sexual identity, or the ways the recommended strategies connect to each other to encourage social justice. |
| EN2&3: Note that the shifting ways we’ve been using the language of sexuality over the past couple of decades means that some of the current wording of EN2&3 may distort the intended scope of the AS. **The overall title and criteria talks to situations related to sexuality and gender in the broadest sense**, whereas the unfortunate wording of EN2 could be seen to unduly narrow the scope to being only about sexual identity (as this relates to sexual orientation) and gender identity. However EN3 then expand that to cover the scope of what is intended … *“Influences on gender and sexual identity can relate to individuals and/or groups in society and include a relevant selection of personal (eg biological), interpersonal (eg family or friends) and/or societal (eg culture, media) considerations. Strategies that reflect the values of social justice require personal and collective actions that contribute to a societal good and benefit the well-being of individuals, groups and communities.”***Sexual identity** here doesn’t assume only straight, gay, lesbian, bisexual (etc) understandings (that is, ideas related only to sexual orientation) but also how we see ourselves as sexual people in the broader sense - how sex, relationships, our attitudes and values about sexual behaviour, our thoughts and feelings about our sexual bodies, how we express ourselves, as well as who we’re sexually/romantically attracted to (or not), all in some way shape our (sexual) ‘identity’.**Gender identity applies to all people - cisgender and non-binary identities**. Influences on **gender identity** here *can include* the way people’s ideas about gender are shaped by dominant cultural attitudes and values leading to beliefs and practices about ‘gender roles’ (which are typically man/woman, girl/boy – that is, binary and cisgender) …. **or not**.  |
| Factors that influence …..  | How many analyses (situations)?  |
| What factors influence, shape, contribute to, or in some cases ‘cause’ aspects of people’s sexuality, sexual identity, gender roles or gender identity? These are very complex questions and at year 12, students are encouraged to explore a wide range of situations, use the HPE underlying concepts to frame their ideas, and use established critical thinking questions to start to understand these influences. Although the standard – being economical on words - talks about influences on sexuality and gender, we are MOST interested in those factors that also impact **wellbeing** in sexuality and gender-related situations, as this is what gives the learning (the analysis) its health education NZC-HPE curriculum purpose. **Students don’t need to spell out these wellbeing connections in assessment as the impact on wellbeing should be self-evident,** however, it is worth checking that these wellbeing links are being made during the learning. Similarly, the very nature of sexuality and gender issues have all manner of **personal, interpersonal and societal (SEP)** considerations built into the issue. Across the students assessment there should be clear evidence of P-IP-S but again, this should be self-evident and leave the focus on sexuality and gender. Don’t try and force the determinants of health in here – they don’t really fit. Although political decisions (laws and policies), and cultural and subcultural A&V and practices will still feature, it is not necessarily in quite the same way that these are intended when talking about the DoH.  | **Published TKI tasks will give direction for this.** **Three** situations is probably a useful number to satisfy the EN requirements - 4 maximum. NZQA clarification : ‘*Influencing factors operate at personal, interpersonal and/or societal levels’* EN3 Influences on gender and sexual identity can relate to individuals and/or groups in society and include a relevant selection of personal (e.g. biological), interpersonal (e.g. family or friends) **and/or** societal (e.g. culture, media) considerations. **This does NOT assume students need to one situation for each of P-IP-S as most situations (as is illustrated in TKI task version A).** ***By their very nature*** most issues will consider more than just one of P-IP or S factors – especially when the critical thinking questions are applied. Even if the selected situation seems to have an interpersonal focus like family or friends for example, it still relates to people’s personal sexuality/gender, and family and friends are influenced by wider cultural factors. The coverage of P-IP-S factors comes as a result of the combination of ideas across all situations selected for analysis. NZQA clarification : Students **may** explain at least one factor for gender identity and at least one factor for sexual identity. It is strongly recommended that a combination of both sexuality and gender-related situations are analysed, noting that many situations can be analysed in relation to both concepts.  |
| A framework for an analysis | Ideas for sexuality and gender issues framed as questions to indicate ‘the issue’ … so what are the influences? |
| Use the list of critical thinking questions from ***Making Meaning Making a Difference*** Source: <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Engaging-students-in-critical-thinking> **Essential critical thinking questions - a selected combination of these should feature across an analysis. In combination with the task instructions, use the questions to frame the assessment responses.**1. What do you know about this issue or situation?
2. How do you come to know this? [What health education knowledge are you drawing on to understand this situation?]
3. How do you feel about this issue or situation?
4. What is the evidence for this knowledge?
5. What are your beliefs about this knowledge? And why do you believe this? [Where have your beliefs, attitudes and values come from?]
6. What information is missing from this picture?
7. Why is this information missing?
8. What social, cultural, economic, political, and/or ethical aspects of this situation need to be considered?
9. Whose voice(s) is heard in this situation?
10. Whose interests are being served? Who has the power in this situation? [How is this power being used?]
11. Who is being advantaged?
12. Who is not being heard or served?
13. Who is being disadvantaged? [What is unfair?]
14. What are the inequalities that exist in this situation? [Who is included/excluded?]
15. What needs to change?
16. How can you contribute to this change? [Who else needs to contribute to this change and how? What do others need to do?] …. And then to complete the assessment, recommend strategies that reflect the values of social justice in accordance with the task instructions.

  | Popular analyses include ideas such as: heteronormative and stereotypical gender roles in music videos, TV programmes or other forms of popular culture, gender in sport, cultural and other attitudes and values about diverse sexualities or non-binary gender identities, gender roles in families as a consequence of particular cultural traditions, and varying combinations of these ideas. The following list contains some other possibilities. These ideas have been framed as questions to prompt further thinking and leave open the direction taken for the analysis. * If intersex is both a physical/biological description as well as an identity, how do understandings of sexual identity and gender identity relate to people who identify as ‘intersex’?
* Filling in official forms …. Should we be asked for sex or gender? How are some organisations responding to being inclusive of diverse (biological) sex and gender identities? Should we be asked at all? How and why are some conservative, non-inclusive, cultural or religious beliefs a source of hate speech e.g. against people who identify with non-hetero sexual identities or non-binary gender identities?
* How is gender said to ‘fluid’? What does this actually come to mean for people? (How) does this influence the way people come to describe their gender? What is the fashion industry’s response to gender fluidity?
* Is the notion that sexual identities are ‘fluid’ or on a ‘continuum’ useful or not useful?
* Are gender roles and stereotypes alive and well in NZ today … and if so, in what areas of life e.g. work, sport, parenting, politics and public office, professions (like law, medicine, education, engineering, health, wellbeing and other caring professions), business, volunteer roles?
* How might aspects of sexuality and gender identity be shaped through viewing pornography? (See the NZHEA pornography resource for a framework of ideas.)
* What’s in a name? SDSG, rainbow, LBGTQIA+ ….. with long lists of sexuality and gender terms now making up glossaries on rainbow websites and in resources, how are these attempts at all-encompassing descriptions received? Do these terms and acronyms have an impact on how people think about themselves and others in relation to sexuality and gender? Are these acronyms inclusive or exclusive?
* Does the popular online (e.g. dating app) practice of labelling diverse sexuality and gender identities with often complex and detailed terminology marginalise and segregate people, or does it help people understand and express who they are?
* Do online communities that support marginalised groups help or hinder people’s identity journeys, transitions and self-acceptance?
* What does being male in 21st century NZ mean? Does masculinities culture in NZ support or harm wellbeing?
* Is the experience of the body acceptance movement the same for men and women?
* How (in)consistently are the words ‘sex’ (related to matters biological) and ‘gender’ (related to what is socially constructed about what it means to be male or female) used in media? And does it matter when it comes to sexuality and gender situations that personally affect us?
* Can anything be gender neutral when gender isn’t a ‘neutral’ term?
* What are the intended an unintended consequences for people in countries who have adopted inclusive laws about self-selected sex or gender identification on official government documents? E.g Canada.
* How are economic issues like ‘period poverty’ a gender issue?
* What impact have international movements like ‘Me Too’ and ‘Times up’ had in NZ?
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| Strategies for social justice  | The learning artefact produced for assessment  |
| There are many definitions and descriptions of social justice. This summary from the NZ Salvation Army website is useful for senior health education:

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| ***What is social justice?****Social justice is found when a society enables all its members to participate in and have access to the social, cultural, political and economic resources that define a normative way of life for that society.**Social justice is absent when groups of people within a society are excluded from or have very limited access to social, cultural, political and economic resources, compared to the majority of that society.**Social justice is related to, but is wider than, human rights. People may have their human rights respected and upheld, but still be excluded from participating in or accessing the resources of their society.**Social justice is about fairness:** *in our dealings with other people.*
* *in the way responsibilities are shared.*
* *in the distribution of income, wealth and power in society.*
* *in the social, economic and political structures we have created.*
* *in the operation of those structures so that all members of society are able to be active and productive participants.*

<https://www.salvationarmy.org.nz/research-policy/positional-statements/social-justice>  |

 What values are inherent within a statement like this? Use these ideas when *engaging critically with the evidence to explain how recommended strategies to address issues reflect the values of social justice*Strategies for each and every situation analysed can be repetitive. **Be guided by current assessment tasks about how this requirement can be met** – either a discussion of social justice strategies (plural) that lie across the selected sexuality and gender situations OR whether a ‘strategies’ response is required separately for every situation. Strategies means more than one strategy, but if 3-4 situations are analysed to satisfy all of the requirements about the influences it would seem that not every situation needs to be taken through to the strategies. A critical response here is about the quality of the strategies suggested which need to be specific to the factors that have contributed to sexuality and gender related injustices. | Investigation part of learning and artefact derived form that or a standalone task that students complete drawing understanding from their learning. **Learning artefacts produced for assessment**Note the discussion about the nature of the learning artefact produced for assessment on the front page. If producing a publication or some other form of shareable artefact, make sure the production of this does not detract from, or unduly limit, the health education knowledge that the students are demonstrating they have achieved. While a written assessment task is still a valid way to collect evidence of student learning it may not be particularly engaging for some students. Think about other forms of artefact that could be produced.* Students could prepare responses to questions/scenarios and video them on their devices and make a **mini-documentary**, where all of the assessable evidence is provided orally (and visually).
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* **If using digital applications, select one that is fit for purpose**. For example PowerPoints are expressly for presentations whereby brief notes are provided on slides and more detailed notes are prepared to talk to these. The assessment detail is in the detailed notes and if there is no opportunity or intention to present these, WHY would you choose a PowerPoint? Even then, with a class of 20-30 students why would students laboriously, one by one, present the much the same thing (in this case) – we discourage teachers talking at students from PowerPoints, why do we think it’s OK for students to do it to each other? The exceptions will be where their response is unique, worth sharing, and the sharing of their work is an important part of the learning process for all in the class or group.
 |
| **Assessment tasks and activities**  | **If developing your own assessments** |
| **Current TKI resources** <https://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education>

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|  | **Ideas for adapting or using these resources**  |
| A version - **Reporting on Real Issues** – magazine or newspaper article using predetermined situations for analysis and all students complete the same task.  | Ensure any changes still mean that there is at least one way the students can cover all of the requirements for outlined in the ENs and restated in the NZQA clarification s.Replacing the resource material and situation being analysed is an obvious way to adapt Version A, while still retaining the basic structure of the task. Is there an alternative type of artefact to a magazine or newspaper article or report? See discussion in the right hand column.  |
| B version **: Investigating Gender Identity and Sexuality Issues –** investigation leading to a written report | This version provides the opportunity for students to select their own situations to investigate and provides a framework for the analysis. If selecting this option, guide and monitor the selection of influences to ensure adequate coverage of all the required aspects of the standard.  |

 | * Much like version A, past examples of assessments developed by teachers have included examples whereby students, after carrying out their own investigation under 3 or 4 broadly agreed headings, then complete a set assessment task whereby they apply the ideas learned in their investigation to resource material provided in the task. Consider replacing the resources in this version of the task with recent visual images, video clips, newspaper items, etc. that feature something about sexuality and gender.
* Students do not have to have ‘second chance’ at the same knowledge in an assessment. Once is (or should be) enough. Consider this as a workload issue – ***but*** balance this with your school policy on resubmissions/ reassessment – is it preferable that students provide a bit more evidence than is needed or should the assessment frame only one chance for each strategy to be covered? This has implications for how many situations are analysed. As noted, three situations should suffice but make sure you guide and then monitor student’s selection to ensure adequate coverage of all of the requirements of the standard.
 |