

Taking Action in Health Education



July 2020

A guide to understanding the intent of:

- **AS90971 (1.1)** Take action to enhance an aspect of personal well-being
- **AS91327 (2.3)** Take action to enhance an aspect of people's well-being within the school or wider community
- **AS91465 (3.5)** Evaluate models for health promotion

Purpose of this document

To provide a convenient compilation of (mostly) existing materials related to AS90971 (1.1), AS91327 (2.3), and AS91465 (3.5) to:

- Highlight recurrent issues encountered with these standards and suggest recommendations to mitigate these.
- Draw attention to a range of NZHEA resources that contribute something to understanding these standards.
- Draw attention to the Action Competence Learning Process (ACLP) that frames key aspects of taking action in a health education context.
- Show progression of the taking action/health promotion standards across the NCEA Levels 1-3.

Audience

The intended audience for this information is:

- Teachers new to senior secondary and NCEA level teaching in health education.
- Teachers receiving moderation feedback which indicates areas needing improvement when using these standards.
- Educators external to the secondary school system using health education standards for secondary-tertiary courses.
- Teachers with cross-curriculum courses selecting health education standards to assess their connected curriculum programmes.

Preamble

Responding to teacher needs

Periodically NZHEA responds to particular issues being experienced by teachers in relation to aspects of their practice with some additional resources. NCEA assessment is one of the more common contexts where issues surface for teachers. The taking action/health promotion related standards to AS90971 (1.1), AS91327 (2.3), and AS91465 (3.5) have a particular set of issues associated with their use. Recurrent comments and concerns voiced by teachers and by the national moderator through the moderation process, about the management and assessment of these standards, continues to highlight these issues. This document seeks to draw attention to some of these.

Adverse or atypical circumstances

During the March-May COVID-19 lockdown, attention was also drawn to the assessment of some standards when the unprecedented conditions in which students found themselves had implications for learning and the assessment. **AS91327** *Take action to enhance an aspect of people's well-being within the school or wider community* raised particular concerns and it appears many teachers deferred this standard until regular school attendance resumed.

We were also asked about **AS91327** in relation to students' learning through correspondence or other distance learning courses, when the very intent of the assessment involves a form of (ideally) group or collective action carried out with a group of people or a community. This planning of, and participation in, a health promotion process reflects some of the important principles of effective of health promotion. However, students learning in isolation may not find themselves in an environment or in circumstances conducive to meeting these expectations, but this should not limit the opportunity for engaging in the process required for assessment and achieving this standard.

The wellbeing focus

From our NZHEA perspective, and in addition to what appears in the clarification statements and the moderator's reports for **AS90971** and **AS90327**, we also respond to and comment on situations where **the selected focus for the wellbeing goal** loses sight of the health education knowledge underpinning the standard, which means the intent of the learning and the standard is not met. This is particularly apparent when health standards are used across the curriculum and are unintentionally stripped of their health education concepts, purpose, and process.

Level 3 NCEA

We have long noted the lack of popularity of the Level 3 standard **AS91465 Evaluate models for health promotion**. Although this standard is about evaluating models of health promotion, the intent was always that students – as an aspect of their learning programme – could (or would) still engage in an aspect of a health promotion in their school or community. This engagement in a health promotion process would then support their learning about health promotion models and how these principles are applied when planning and implementing actions.

Review of standards

The **review of standards** over the next few years will reframe the way evidence is collected for all of the health education standards. However, as taking action is a central feature of learning in health education we can expect standards, or aspects of standards, to still focus on this.

Other NZHEA resources related to this overview:

Source all of these documents at <https://healtheducation.org.nz/resources/>

Health promotion as an underlying concept in health education: Position statement and professional learning and development resource (2017).

J. Robertson, New Zealand Health Education Association (NZHEA).

This resource provides an overview of health promotion as an underlying concept in HPE in the NZC. **If teachers are new to teaching health education at NCEA level, we strongly recommend reviewing this resource to help build knowledge of health promotion as an underlying concept, and as a process in health education.** **It is not the purpose of this resource to reproduce all of this text here and teachers are referred to this material for further details.**

Mental health education in The New Zealand Curriculum NZHEA position statement, November 2019, NZHEA.

This resource describes what is intended by the mental health key area of learning and indirectly provides guidance around what is suitable and not suitable as the focus for wellbeing goals and actions in schools. It also considers the role of whole school approaches to the promotion of wellbeing and therefore how learning in health education, and how student led action might contribute to this.

<p><i>Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-13, 2nd ed. (2020)</i> J. Robertson and R. Dixon, NZHEA.</p>	<p>The AoD 2020 revision contains a comprehensive collection of activities to develop students' understanding of goal setting, action planning and evaluation. Although focused on individual goal setting, the same principles apply for group or collective goal setting and planning and evaluating actions.</p>
<p><i>New Zealand Scholarship Health and Physical Education: A resource to support students preparing a report for HPE scholarship (Health Education) (2020).</i> J. Robertson, NZHEA.</p>	<p>The evaluation aspects of this resource contains a range of ideas for helping to develop students' ability to evaluate their actions.</p>
<p><i>Planning considerations for health education</i></p>	<p><i>In development</i></p>

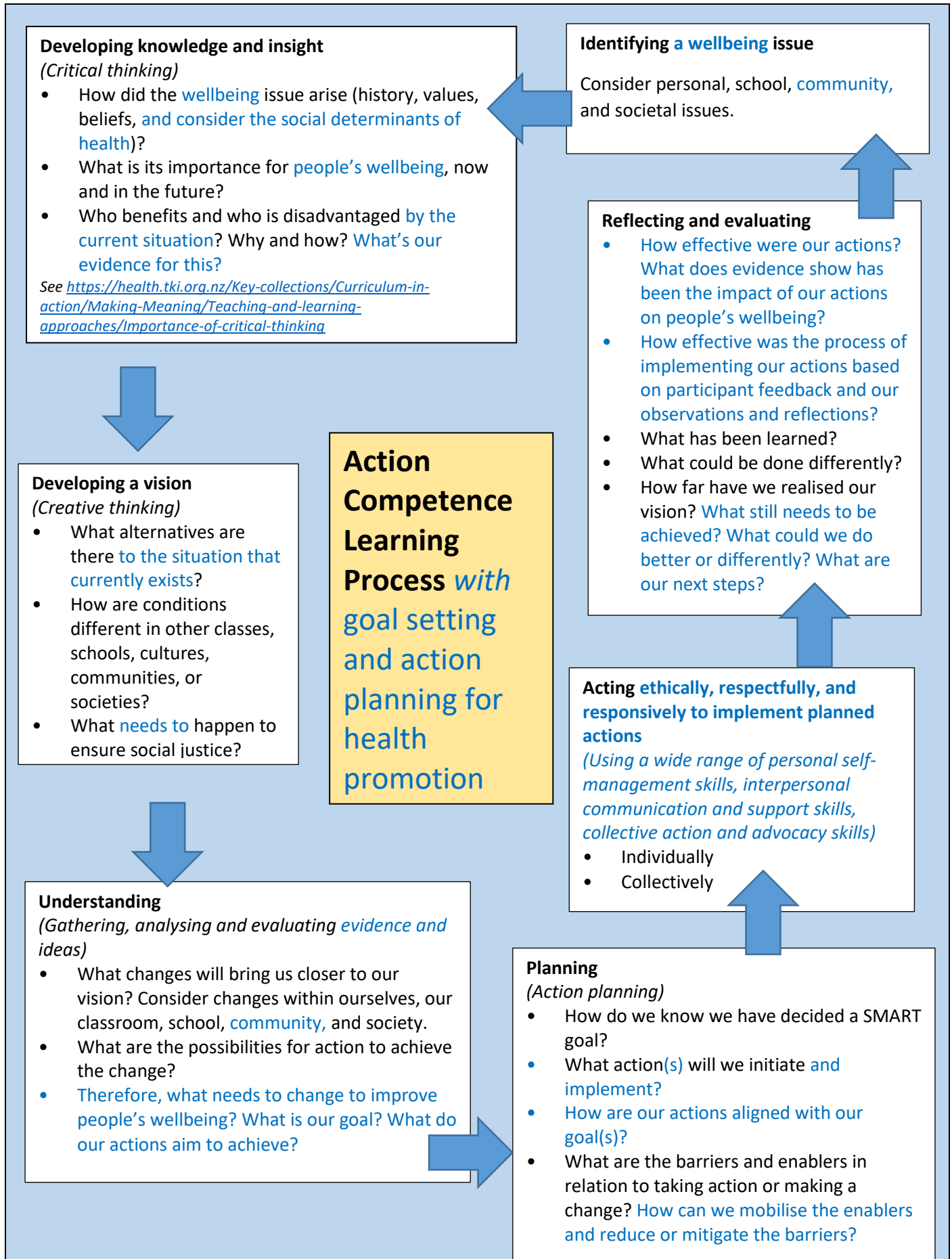
NZQA and Ministry of Education NCEA materials can be sourced at:

<p>NZQA Health subject resources – use this NZQA landing page as a directory to all other materials.</p>	<p>https://www.nzqa.govt.nz/ncea/subjects/health/levels/</p>
<p>Health education on TKI NZQA quality assured assessment resources to support internally assessed Level 1, 2, and 3 achievement standards for health education aligned with the NZC (2007).</p>	<p>https://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education</p>
<p>AS90071 (Health 1.1) Assessment resources – use these as a guide to the intent of the standard, the amount of writing expected, and how to make A, M, and E judgements.</p>	<p>https://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education/Level-1-Health-education</p>
<p>AS91327 (Health 2.3) Assessment resources – use these as a guide to the intent of the standard, the amount of writing expected, and how to make A, M, and E judgements.</p>	<p>https://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education/Level-2-Health-education</p>
<p><i>The Curriculum in Action: Making Meaning Making a Difference.</i> Ministry of Education 2004. https://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning</p>	<p>This resource, developed to support the understanding of health promotion and the socio-ecological perspective for the 1999 HPE in the NZC document, remains valid for the 2007 HPE learning area in the NZC. It contains an overview of the research and evidence based models of health promotion used in health (behaviour change, self-empowerment and collective action) as well as consideration of the Ottawa Charter. It also includes an explanation of the Action Competence Learning Process which provides a framework for understanding taking action in health education.</p>

The process of health promotion

Health promotion, to all intents and purposes, follows an inquiry process. The action competence learning process from Gillian Tasker's work, and previously developed by Bjarne Jensen for environmental education, illustrates this (see following page). The ACLP is explained in *The Curriculum in Action: Making Meaning Making a Difference*. <https://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Action-competence-learning-process>. The following iteration of the ACLP adds further considerations for goal setting and action planning.

Action Competence learning process – adapted to include reference to goal setting and action planning for health promotion



Overview of the Standards

AS90971 (Health 1.1) Take action to enhance an aspect of personal well-being	AS91237 (Health 2.3) Take action to enhance an aspect of people’s well-being within the school or wider community	AS91465 (Health 3.5) Evaluate models for health promotion																		
<table border="1"> <thead> <tr> <th>Achievement</th> <th>Achievement with Merit</th> <th>Achievement with Excellence</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Take action to enhance an aspect of personal well-being. </td> <td> <ul style="list-style-type: none"> Take detailed action to enhance an aspect of personal well-being. </td> <td> <ul style="list-style-type: none"> Take comprehensive action to enhance an aspect of personal well-being. </td> </tr> </tbody> </table>	Achievement	Achievement with Merit	Achievement with Excellence	<ul style="list-style-type: none"> Take action to enhance an aspect of personal well-being. 	<ul style="list-style-type: none"> Take detailed action to enhance an aspect of personal well-being. 	<ul style="list-style-type: none"> Take comprehensive action to enhance an aspect of personal well-being. 	<table border="1"> <thead> <tr> <th>Achievement</th> <th>Achievement with Merit</th> <th>Achievement with Excellence</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Take action to enhance an aspect of people’s well-being within the school or wider community. </td> <td> <ul style="list-style-type: none"> Take in-depth action to enhance an aspect of people’s well-being within the school or wider community. </td> <td> <ul style="list-style-type: none"> Take comprehensive action to enhance an aspect of people’s well-being within the school or wider community. </td> </tr> </tbody> </table>	Achievement	Achievement with Merit	Achievement with Excellence	<ul style="list-style-type: none"> Take action to enhance an aspect of people’s well-being within the school or wider community. 	<ul style="list-style-type: none"> Take in-depth action to enhance an aspect of people’s well-being within the school or wider community. 	<ul style="list-style-type: none"> Take comprehensive action to enhance an aspect of people’s well-being within the school or wider community. 	<table border="1"> <thead> <tr> <th>Achievement</th> <th>Achievement with Merit</th> <th>Achievement with Excellence</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Evaluate models for health promotion. </td> <td> <ul style="list-style-type: none"> Evaluate, in depth, models for health promotion. </td> <td> <ul style="list-style-type: none"> Evaluate, perceptively, models for health promotion. </td> </tr> </tbody> </table>	Achievement	Achievement with Merit	Achievement with Excellence	<ul style="list-style-type: none"> Evaluate models for health promotion. 	<ul style="list-style-type: none"> Evaluate, in depth, models for health promotion. 	<ul style="list-style-type: none"> Evaluate, perceptively, models for health promotion.
Achievement	Achievement with Merit	Achievement with Excellence																		
<ul style="list-style-type: none"> Take action to enhance an aspect of personal well-being. 	<ul style="list-style-type: none"> Take detailed action to enhance an aspect of personal well-being. 	<ul style="list-style-type: none"> Take comprehensive action to enhance an aspect of personal well-being. 																		
Achievement	Achievement with Merit	Achievement with Excellence																		
<ul style="list-style-type: none"> Take action to enhance an aspect of people’s well-being within the school or wider community. 	<ul style="list-style-type: none"> Take in-depth action to enhance an aspect of people’s well-being within the school or wider community. 	<ul style="list-style-type: none"> Take comprehensive action to enhance an aspect of people’s well-being within the school or wider community. 																		
Achievement	Achievement with Merit	Achievement with Excellence																		
<ul style="list-style-type: none"> Evaluate models for health promotion. 	<ul style="list-style-type: none"> Evaluate, in depth, models for health promotion. 	<ul style="list-style-type: none"> Evaluate, perceptively, models for health promotion. 																		
<p>EN3 [Achievement] Take action to enhance an aspect of personal well-being means to provide a workable plan related to the health goal. Evidence of implementation is provided for aspects of the plan. Reflections on the implementation are provided in the evaluation.</p> <p>[Merit] Take detailed action to enhance an aspect of personal well-being means to provide a coherent and connected plan containing steps clearly related to the health goal. Evidence of implementation of the plan is presented, and the evaluation of the implementation is related to the plan.</p> <p>[Excellence] Take comprehensive action to enhance an aspect of personal well-being means to provide a coherent and well-connected plan that includes critical steps for achieving the health goal. Extensive evidence of implementation of all aspects of the plan is presented and the evaluation of the implementation shows critical insight. <u>Critical means to attend to the essential actions to meet the well-being needs implied by the goal. Critical insight in the evaluation means to weigh up the situation beyond the immediate outcomes of the actions.</u></p> <p>EN2 Evidence of the following is required:</p> <ul style="list-style-type: none"> the development of a health-related goal and an action plan based on the principles of SMART goals the implementation of the plan where the action must be sustained over a minimum of three weeks an evaluation of the implementation of the plan. <p><i>This is to be completed on an individual basis by the candidate. Each candidate is to identify an aspect of her/his well-being (within a Health Education context) to which s/he would like to make a positive change. Examples of health-related contexts around which goals could be set include:</i></p> <ul style="list-style-type: none"> managing time more effectively to reduce stress; improving the use of effective interpersonal communication; increasing the use of assertive behaviours; achieving a balanced daily food intake or participating in regular exercise. <p>Health clarification 90971: Take action to enhance an aspect of personal well-being https://www.nzqa.govt.nz/ncea/subjects/health/clarifications/level-1/as90971/ December 2017.</p> <p>A well-being related SMART goal Students will develop a SMART goal for implementation over a minimum of three weeks (21 days). This means that the goal will be Specific, Measurable, Achievable and Realistic within the required Timeframe. The goal will be related to an identified personal well-being need, rather than a particular goal that has been set for the class as a whole.</p> <p>Action plan A workable plan (Achieved) is related to the SMART health goal, and includes descriptions of possible barriers and enablers, along with steps or actions that could be taken.</p>	<p>EN 2 [Achievement] Take action to enhance an aspect of people’s well-being within the school or wider community involves:</p> <ul style="list-style-type: none"> identifying an issue that affects the well-being of people within the school or wider community developing a workable plan to improve well-being implementing the plan evaluating the effectiveness of the action by reflecting on the implementation of the plan. <p>A workable plan relates to SMART goals.</p> <p>[Merit] Take in-depth action to enhance an aspect of people’s well-being within the school or wider community involves:</p> <ul style="list-style-type: none"> developing a detailed plan linked to the issue evaluating the effect of the implementation of the plan on well-being, using evidence. <p>[Excellence] Take comprehensive action to enhance an aspect of people’s well-being within the school or wider community involves:</p> <ul style="list-style-type: none"> developing a plan that includes actions that are critical for addressing the issue and explanations of these critically evaluating the outcomes for individual and community well-being. <p>Critical evaluation of the outcomes will be shown, <u>for example</u>, through a <u>relevant combination</u> of:</p> <ul style="list-style-type: none"> use of evidence to show that the actions have resulted in a positive impact on people’s well-being as planned reasons based on evidence for the failure of actions to achieve the overall goal alternative or additional actions required to meet the overall goal and reasons for these whether the actions impacted on all or only some people and reasons for this next steps for sustainability of the impacts on well-being achieved by the actions. <p>Health clarification 91237: Take action to enhance an aspect of people’s well-being within the school or local community https://www.nzqa.govt.nz/ncea/subjects/health/clarifications/level-2/as91237/ December 2017.</p> <p>The health promotion process Students will take health-promoting action in their school or local community to enhance an aspect of people’s well-being. The process of health promotion should follow the action competence learning process, which enables students to engage in critical thinking in relation to an identified well-being need.</p> <p>Working individually or in groups <u>Students can work in groups, but action can also be taken individually.</u> Within a class, groups may take different action to address the same well-being issue. The latter is more likely to facilitate</p>	<p>EN2 [Achievement] Evaluate involves considering the implications for people’s well-being of models of health promotion by:</p> <ul style="list-style-type: none"> comparing and contrasting models for health promotion explaining advantages and disadvantages of models for health promotion drawing conclusions about the effectiveness of the models. <p>[Merit] Evaluate, in depth, involves:</p> <ul style="list-style-type: none"> exploring links between models for health promotion and their use for improving people’s well-being in given situation(s) drawing reasoned conclusions about the effectiveness of the models. <p>[Excellence] Evaluate, perceptively, involves:</p> <ul style="list-style-type: none"> showing insight about how the models for health promotion relate to the underlying health concepts (hauora, socio-ecological perspective, health promotion, and attitudes and values) drawing conclusions informed by the relationship of the models to these concepts. <p>EN 3 Models for health promotion that use Health Education concepts and terms may include behavioural change, self-empowerment and collective action models, supported by documents such as the Ottawa Charter, the Bangkok Charter and Te Tiriti o Waitangi. For information on the Health Education models of health promotion, see Making Meaning: Making a Difference, Learning Media, Ministry of Education, 2004, pp.14-15 (http://www.tki.org.nz/r/health/cia/make_meaning/index_e.php).</p> <p>Assessment Specifications. As an externally assessed standard, the examiner notifies teachers annually of any particular expectations for the next examination. Notifications are published in November of the previous year. https://www.nzqa.govt.nz/ncea/subjects/assessment-specifications/health-13/</p>																		

<p>A coherent and connected plan (Merit) includes explanations of valid barriers and enablers. The planned steps or actions are ordered logically, and take into account the previously explained barriers and enablers. Realistic timeframes could be allocated to the steps or actions, and details of the resources required could be included.</p> <p>A coherent and well-connected plan (Excellence) includes details of key barriers and enablers, and it is clear how these will be overcome or used effectively to support the goal being actioned. The critical steps or actions are specific to the chosen SMART goal, are essential to the implementation, and they enable the goal to be achieved and barriers to be overcome.</p> <p>Evidence of the implementation The supporting evidence of implementation should include a progress log with details of what action has occurred, the barriers and enablers encountered, and thoughts and feelings regarding progress towards meeting the goal and the process being experienced.</p> <p>Evaluating the implementation Students will consider the chosen SMART goal and implementation process that has occurred, with a focus on well-being (the extent to which well-being was enhanced, or not, and why, or why not). The responses should be supported with evidence from the progress log.</p> <p>Critical insight (Excellence) involves providing responses that are thoughtful and specifically related to the implementation of the goal, using evidence from the progress log. Students could consider outcomes of taking action for the well-being self and/or others, how aspects of well-being were unexpectedly enhanced, and/or future actions needed to ensure a better outcome or to build on the successes experienced.</p>	<p>collective action. All work submitted for assessment will be completed individually, in order for assessment evidence to indicate what each student knows, understands and can do.</p> <p>Take action For Achieved, an issue is identified that affects the well-being of people in the school or community. A SMART goal is described, and the student also needs to describe how achieving the goal will enhance people’s well-being in relation to the selected issue. A workable plan is developed to improve well-being. Students will describe actions that can be taken, and for each action, identify possible barriers and enablers, and provide projected timeframes.</p> <p>The planned action is implemented, with a log typically provided to document the actions taken. Note that when the action is taken in groups, each student’s log should document his or her contributions to the group’s action. The effectiveness of the action is evaluated by reflecting on the implementation of the plan, including some links to well-being.</p> <p>Take in-depth action A Merit answer develops a detailed plan linked to the issue and evaluates the effect of the implementation of the plan on well-being, using evidence from the implementation log and/or artefacts from the taking action process.</p> <p>Take comprehensive action The most critical actions and key barriers and enablers are explained. The outcomes of the action are evaluated critically, with thoughtful consideration of the impact on well-being. Students may also provide reasons for unsuccessful actions, suggest alternative actions that may be needed in future, or explain actions that could now be taken to improve on, sustain or build on the outcomes achieved by taking action.</p>	
<p>The learning progression</p>	<p>The learning progression</p>	<p>The learning progression</p>
<ul style="list-style-type: none"> Individual action to support self/own wellbeing. Less sophisticated plan which only needs to consider the individual student in their known and familiar life context. Shorter time frame (a minimum of 3 weeks of implementation is required for the assessment). 	<ul style="list-style-type: none"> Group or collective effort contributing to a community action to support others – <i>noting that the clarification (see above) leaves open the opportunity for a student acting individually although this should only be seen as an option where working as a group is not possible. Also, as the lockdown period demonstrated, actions could be taken in a virtual community where face to face options are not viable.</i> More sophisticated plan due to it being a (school) community action, and being able to see and understand the wellbeing need more broadly and for more people. Greater insights shown through evaluation e.g. barriers/enablers, process and impact, etc. Health promotion context is a known and familiar situation. Likely longer time frame. 	<ul style="list-style-type: none"> Understanding the principles that sit behind taking action – as framed by models for health promotion (<i>although it is still recommended that students take action of some form to have something tangible to attach their ideas to</i>). Being able to understand why a certain combinations of actions are taken in response to a health or wellbeing need – whether evidence based or culturally responsive, etc. In assessment conditions – students apply knowledge learned about models to an unfamiliar situation – <i>the context for the assessment is not the point, it is how students apply learned knowledge about the principles of health promotion (as framed by the various models) that is the point of the assessment.</i>
<p>Recurrent issues – and recommended solutions</p>	<p>Recurrent issues– and recommended solutions</p>	<p>Recurrent issues – and recommended solutions</p>
<p>The selection of the wellbeing goal</p> <ul style="list-style-type: none"> The goal needs to have a clear <i>wellbeing</i> purpose stated in the goal. Ideas like ‘doing more homework’ or ‘attending school regularly’, of themselves, are not ‘wellbeing goals’ but could be framed to focus on the wellbeing connections of these situations – where these become the actions to achieve a wellbeing goal. The wellbeing goal should be realistic and focus on a wellbeing behaviour that could feasibly be changed in 3 weeks, so ‘lose weight’, ‘get fit’, etc are not appropriate. Setting a goal to eat 3 balanced meals a day, or eat only healthy snacks, or participate in an hour’s exercise each day, are more achievable and measurable. In other words – and in many cases - it’s the observable behaviour that is measured (and measurable), rather than the actual health or wellbeing impact. That said, students may reflect on the perceived wellbeing benefits of their actions even if these cannot be ‘measured’ as such. 	<p>The selection of the wellbeing goal</p> <ul style="list-style-type: none"> The goal needs to have a clear <i>wellbeing</i> purpose stated in the goal. This wellbeing purpose should clearly be of interest and relevance to the students and their (school) community. It should be based on an aspect of identified wellbeing need – that is, there needs to be evidence that shows there is a need and it’s not just someone’s ‘good idea’ and what they think needs to change/improve. Ideas for actions that require financial costs should be carefully considered before planning gets underway. In most cases no-cost options are recommended unless students knowingly have access to school funds for actions. Actions that connect with known school or community initiatives are encouraged so there is a sense of contributing to something. Although awareness raising campaigns are a valid and sometimes necessary action they are not always satisfying nor do they generate much in the way of data for evaluation. ‘Service-type’ 	<p>Teaching students how to use models</p> <ul style="list-style-type: none"> Being <i>pre</i>-prepared and knowing what the situation or context is in the examination (the health promotion campaign etc) is NOT the point of this assessment. It is a ‘test’ of students’ ability to use health promotion models that they have learned about and apply them to unfamiliar contexts. <p>Literacy levels</p> <ul style="list-style-type: none"> Like all learning in health education, well developed literacy skills – both reading and writing - are needed for assessment success. Consider using a range of established literacy skills as an integral part of the learning process leading to the assessment for AS91465. Key to this is reading unfamiliar text and being able to extract relevant information. See the secondary literacy online resources at:https://literacyonline.tki.org.nz/Literacy-Online/Secondary-Literacy

- Actual biophysical health impacts are not the intent with such a short suggested timeframe and, as these will sometimes be unachievable for reasons beyond students' control, should not be considered as goals.
- Students are to identify an aspect of their wellbeing that could be enhanced by taking action – rather than a class goal being set for all students to aim for.

Alignment of goal to actions

- One of the more complex tasks in the goal setting action planning process is to decide actions that align with goals, that is, that undertaking particular actions will contribute to the achievement of the goal. Teacher monitoring and supervision is essential during this stage of the process and students may also peer review each other's plans to check on alignment. Activities that deliberately focus on the (mis)alignment of goals are also recommended as part of the learning process.

The amount of writing

- Action planning, keeping a log etc can require a lot of writing. Use templates with a suggested number of logbook entries, and recommended word limits to contain how much students need to write and still achieve success. Be concise about the requirements for the evaluation.

Awarding Excellence (from the 2020 moderator's report)

<https://www.nzqa.govt.nz/ncea/subjects/health/nmrs-3/feb-2/>)

- For 90971, a Merit response requires that 'the evaluation of the implementation is related to the plan', but an Excellence response requires critical insight. For the evaluation, this means 'to weigh up the situation beyond the immediate outcomes of the actions'.

Student wellbeing (from the 2020 moderator's report)

<https://www.nzqa.govt.nz/ncea/subjects/health/nmrs-3/feb-2/>)

- Where students are guided in how to present their evidence succinctly, the quality of their responses improves. When students are aware of the concept that quantity is not an indicator of quality, this also helps to reduce workload pressures. In terms of student wellbeing, it is also timely to consider the importance of positive contexts and guidance regarding potentially 'dark themes' or inappropriate material. While the need for self-expression and realism is not disputed, the mental and physical wellbeing of students in their learning and assessment should be a significant consideration in programmes. In Health Education, students often analyse issues that negatively affect the health and wellbeing of people and communities. However, it is important to use the underlying concepts of the Health and Physical Education learning area to frame these topics and to enable students to focus on health-enhancing actions.

actions are encouraged where students actually contribute to or support something tangible e.g. support a local ECE or primary school with wellbeing-related activities, visiting and contributing to activities at rest/retirement homes, community centres, etc.

- Groups contributing different parts to one bigger idea can make more sense and have more impact.

Teacher supervision

- Monitoring development and progress of student plans and actions at all stages is essential.

Alignment of goal to actions – see level 1 comment

The amount of writing – see level 1 comment

Atypical situation (e.g. students learning remotely)

- Although the intent of the standard is best met working in groups and face to face with the community where the actions are being implemented, there should still be opportunity for achieving this standard when students work remotely. Consider the various ways the digital environment can be used to work together online, gather evidence of wellbeing need, and promote wellbeing.

Evaluation

- Carrying out an evaluation is a learned skill. Include deliberate teaching around evaluation of actions. This includes both *process evaluation* – how well the actions were implemented, and *impact evaluation* - the wellbeing benefits gained from the actions.
- **Group Work** (from the 2020 moderator's report) <https://www.nzqa.govt.nz/ncea/subjects/health/nmrs-3/feb-2/>) If appropriate to a standard, group work is encouraged and is an acceptable form of assessment. Where this approach is used the teacher needs to ensure there is evidence that each student has met the standard. The contribution of each student can be tracked and presented in a variety of ways such as recorded teacher observation, the division of workload into clearly defined tasks, etc. Group work continues to be an issue for 91237 (health promotion), since work completed as part of this standard is usually undertaken in groups. It is important to note that all work submitted for assessment is to be completed individually, rather than students' action plans, logs and/or evaluations being replicated across a group who have worked on a shared action.

Student wellbeing – see level 1 comment

Note particularly the resource *Effective Literacy Strategies in Years 9–13 – A Guide for Teachers* at <https://literacyonline.tki.org.nz/Literacy-Online/Planning-for-my-students-needs/Effective-Literacy-Strategies-in-Years-9-13>