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| NCEA Level 2 Planning Framework 2021**AS90325 (Health 2.1)** Analyse an adolescent health issue *and***AS90328 (Health 2.4)** Analyse an interpersonal issue(s) that places personal safety at riskNote significant shifts in requirements for the external exams as noted in the assessment specifications for 2021  |  |

This planning document is to support teachers of health education to make planning decisions about teaching units leading to assessment by the externally assessed **Level 2 Achievement Standards**. **This file is formatted as an A3 landscape page.** 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

NZHEA provides **practice exams** for teachers (who are association members) who wish to make use of them. These documents (prepared examination scripts based on the exam formats from the previous year, assessment schedules and resource booklets – where applicable) become available during term 1 of the school year. Notification of these is via the NZHEA Facebook page and our newsletters. Teachers are also encouraged to develop their own practice exams to help prepare students for the end of year examinations.

The Assessment Specifications for 2020 state that (link to <https://www.nzqa.govt.nz/ncea/subjects/assessment-specifications/> for original and full text)

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| **Assessment specification 2021 - Information relating to both achievement standards** | **91235 Analyse an adolescent health issue** | **91238 Analyse an interpersonal issue(s) that places personal safety at risk** |
| * Candidates will be required to draw on their own learning, as well as respond to resources provided for each achievement standard.
* A separate resource booklet will be provided for each achievement standard.
* Candidates should focus on the quality of their responses rather than the length.
* Candidate responses should provide evidence of their knowledge from their own course of study.
* The exam booklets will include planning pages.
* Information in planning spaces will not be marked.
* The assessment will be available to candidates in paper or digital format. Further information about digital external assessments can be found on the Digital Assessment: NCEA Online page.

Source: <https://www.nzqa.govt.nz/ncea/subjects/assessment-specifications/health-l2/>  | Candidates will be required to analyse an adolescent health issue. **Candidates should be familiar with the underlying concepts of health (hauora, socio-ecological perspective, the promotion of positive well-being, and attitudes and values) and be able to apply these to an unfamiliar context(s).**Candidates are required to use specific and relevant research evidence to support their analysis. An analysis requires influences, consequences and strategies to be explained. Refer to the Explanatory Notes of the standard.This year, **the context of the exam is not given in the assessment specification**. Teaching and learning should focus on the knowledge of adolescent health issues and **how the underlying concepts of health can be applied to any given context**. **Candidates must use the stimulus material provided in the resource booklet** and may link this material to knowledge gained during their course of study. | Candidates will be required to analyse an interpersonal issue. **Candidates should be familiar with the underlying concepts of health (hauora, socio-ecological perspective, the promotion of positive well-being, and attitudes and values) and be able to apply these to an unfamiliar context(s).**Candidates are required to use specific and relevant research evidence to support their analysis. An analysis requires influences, consequences and strategies to be explained. Refer to the Explanatory Notes of the standard.This year, **the context of the exam is not given in the assessment specification**. Teaching and learning should focus on the knowledge of adolescent health issues and **how the underlying concepts of health can be applied to any given context**.**Candidates must use the stimulus material provided in the resource booklet** and may link this material to knowledge gained during their course of study. |
| Teachers and students will still be selecting contexts (topics or themes) to focus the learning in preparation for the examinations (as well as internal assessments). This approach to the external examinations means there will be less need to have dedicated ‘units’ based on specific topics that contribute to individual assessments. It also means that learning programmes may also include multiple related topics, or compare and contrast quite different topics, in order to develop students’ capabilities for extracting ‘big ideas’ related to the underlying concepts and the Achievement Standard criteria (as detailed in the importantly the Explanatory Notes). There may also be opportunity to connect learning with other subjects where local curriculum design supports this. With this approach, **do not be limited by the usual practice of one topic = one standard**. Think about the possibilities of a theme that covers several ‘topics’, or transferable learning that is learned and then (re)applied across several topics. With these changes to the external assessments for 91235 *Analyse an adolescent health issue* and 91238 *Analyse an interpersonal issue(s) that places personal safety at risk*, focus on the big ideas learning leading to both exams. These changes have implications for your entire Year 12/NCEA Level 2 health education programme – **start planning early in the year and look for opportunities to build capabilities for this approach to assessment across your WHOLE year-long programme.**  |

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| **91235 Analyse an adolescent health issue** | **91238 Analyse an interpersonal issue(s) that places personal safety at risk** |
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| **Achievement** | **Achievement with Merit** | **Achievement with Excellence** |
| **Analyse** an adolescent health issue. | **Analyse in depth,** an adolescent health issue. | **Analyse comprehensively,** an adolescent health issue. |

[Basic requirement for Achievement] **EN 2 Analyse** an adolescent health issue involves providing an explanation of:* influences on the issue
* consequences for well-being
* health enhancing strategies that promote well-being in relation to the issue.

[For Merit the quality steps up to include:] **Analyse in depth,** an adolescent health issue involves providing a detailed explanation of:* how the influences have contributed to consequences for well-being in relation to the issue
* how the strategies for promoting well-being are related to the influences.

[For Excellence the quality steps up to include:] **Analyse comprehensively**, an adolescent health issue involves making connections within and/or between influences, consequences and strategies to show critical understanding of the underlying concepts.EN3 An analysis of an adolescent heath issue typically includes an explanation of personal, interpersonal, and societal perspectives.An adolescent health issue is one affecting the well-being of adolescents and which is a matter of public concern. Examples of adolescent health issues include: **DO NOT BE LIMITED BY THESE EXAMPLES** * stress management
* adolescent alcohol use and misuse
* enhancement of relationships
* influences of body image
* cannabis or other drug use
* food related issues
* maintenance of sexual/reproductive health.

Focusing on suicide or eating disorders is not appropriate. *[See the MoE* [*https://www.education.govt.nz/assets/Uploads/MOE-Suicide-Prevention-Publication-Updated-2019.pdf*](https://www.education.govt.nz/assets/Uploads/MOE-Suicide-Prevention-Publication-Updated-2019.pdf) *and the NZHEA Mental Health Education position statement* [*https://healtheducation.org.nz/resources/*](https://healtheducation.org.nz/resources/) *about this.]*  |

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| **Achievement** | **Achievement with Merit** | **Achievement with Excellence** |
| **Analyse** an interpersonal issue(s) that places personal safety at risk. | **Analyse in depth,** an interpersonal issue(s) that places personal safety at risk. | **Analyse comprehensively,** an interpersonal issue(s) that places personal safety at risk. |

[Basic requirement for Achievement] EN2 Analyse an interpersonal issue(s) that places personal safety at risk involves providing an explanation of:* factors influencing the issue(s)
* consequences of these factors for well-being
* strategies to manage potentially unsafe situations.

[For Merit the quality steps up to include:] Analyse in depth, an interpersonal issue(s) that places personal safety at risk involves providing a detailed explanation of:* how or why the influencing factors contribute to the situation and lead to particular consequences for well-being
* strategies for promoting well-being in relation to the situation.

[For Excellence the quality steps up to include:] Analyse comprehensively, an interpersonal issue(s) that places personal safety at risk involves a relevant combination of the more critical aspects of the issue, for example, through:* explaining interrelationships between the influencing factors, consequences and/or strategies
* exploring the complexities of situations such as positive and negative influences, or short and long term consequences on well-being
* explaining the consequences for the well-being of people directly and indirectly affected
* explaining strategies for which all people involved in the situation are responsible, whether directly or indirectly affected.

EN3 An interpersonal issue(s) that places personal safety at risk is a situation(s) where power imbalances exist in interactions with others. These power imbalances typically focus on situations involving acts of discrimination, intimidation, victimisation, harassment and bullying. The sensitivity surrounding issues of sexual abuse makes focusing on this type of power imbalance in relationships inappropriate for assessment *[although it can still be used in the teaching and learning programme]*.EN4 An analysis of an interpersonal health issue(s) that places personal safety at risk typically includes an explanation of personal, interpersonal and societal perspectives. |

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| Key to the learning for 2021 will be to support students to see **how the underlying concepts apply to any/all topic matter** AND **how ideas can be transferred from one context to another.** Students will need *lots of* practice looking at a range of materials (print, digital, articles, advertising, documentary, video, film, social media, own surveys and interviews … and so on … to be able to recognise and extract meaning related to each of the underlying concepts. Specifically, they will need to be able to: * AS92325 (2.1) recognise influences on the issue, consequences for well-being, and health enhancing strategies that promote well-being in relation to the issue.
* AS91328 (2.4) recognise factors influencing the issue(s), consequences of these factors for well-being, and strategies to manage potentially unsafe situations.

So instead of students preparing material that they then ‘slot into’ the scaffold provided by the exam questions in the examination, they will need to be able to view the resource material, extract meaning framed by the questions, and respond to the exam questions. This takes practice. It is a learned skill. Ensure that this skill development is an integral part of the learning programme. *NB. When examinations are marked for the ‘big ideas’, markers are NOT looking to see that candidates have a specific predetermined ‘right’ answer. They are assessing student work on the basis of ‘have they got the big idea?’ And ‘have they met the criteria as described by the explanatory notes’?*  |

**Thinking (somewhat) differently about level 2 planning for 2021**

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| **Who are your learners in 2021?**What do you know about their: * Previous NCEA achievement?
* Their literacy levels?
* The HPE underlying concepts?
* Who they are as people (within what is ethical for a teacher to know)?
* How they are culturally located?
* Their learning goals for this year?
 | **Which NCEA Achievement Standards do you plan to use to assess your programme this year?*** Why these ones?
* What does past experience tell you about:
* The ordering of these assessments – and therefore the overall shape of the learning programme?
* Student engagement and success with these standards
* Connections with other health ed (and other subject) learning?
* Usefulness for a health education NCEA pathway?
 | **Previous planning*** What planning materials can (in effect) be ‘recycled’ from the past couple of years – albeit with a slight shift in emphasis?

**Resources/information – existing** * Which teaching and learning resources and information –based materials will still be relevant?

**Resources/information – to be located or updated** * Keep an eye out of further Youth19 reports being published in 2021 in addition to those released in 2020

(See Youth19 reports at <https://www.youth19.ac.nz/>) | **School wide planning – assessment calendar etc** * What are the opportunities and constraints of the **school’s assessment calendar** for the placement of assessments and the implications of this for planning and teaching?
* What other school related events might be able to be incorporated with the learning – or alternatively times of known disruption to work around?
 |
| **Topic or context selection*** Will you select one main topic OR **a series of 2-3 topics with less content detail (suggested)**, **for each of 2.1 and 2.4?**

See the AS explanatory notes list for details, BUT do not be limited by these topics – 2.1 especially is ONLY a suggested list. As long as the ‘topic’ matter is clearly a NZ adolescent issue for 2.1 and clearly the result of a power imbalance in relationships for 2.4, the big idea and underlying concepts learning across these is universal. (See following)  | **Introductory unit – the all-important underlying concepts – continue to deepen understanding of these over time.** Make sure students can:* Identify the impact on health and wellbeing in relation to all dimensions of hauora in relation to an issue, understand the inter-relatedness of these – so they can use the concept of **hauora** holistically (and not need to refer back to individual dimensions unless called upon to do so.
* The **SEP** – the inter-relatedness of personal, interpersonal and societal factors.
* Individual and collective actions for **health promotion.**
* How **A&V** are woven across the various aspects of issues.

(See the NEW NZHEA resource on understanding the underlying concepts Feb, 2021) | **Other ‘big ideas’**The most recurrent ‘big idea’ at Level 2 (which is spelt out in the explanatory notes) is connecting the underlying concepts together and that is done through developing understanding of the: * Influences on an issue
* Impacts on wellbeing and
* Strategies or actions for improving health and wellbeing.
 | **AS91325 & AS91328 connections (and points of difference)** Students will need practice at extracting underlying concepts and big ideas information from a range of materials which strongly suggests there needs to be far less learning of issue-specific content that can be reproduced in an exam, and far more extracting information about issues from a range of source/across a variety of topics.**Give some focus to the main point of difference:*** 2.1 needs to focus on an evidence-based adolescent health (or wellbeing) issue in NZ – there needs to be data that backs it up and evidence that explains the factors contributing to the issue
* 2.4 needs to focus on the nature of power imbalances in relationships (in situations of bullying, harassment, discrimination etc), and laws related to these
 |
| **Potential links with AS91326 (2.2) change and building resilience*** How can the planned approach for learning leading to 2.2 be used to support learning for 2.1 and 2.4 – how are the same (or similar) big ideas and application of the underlying concepts also apparent in 2.2?

(See the NZHEA resource *Mental health & resilience* – revised for 2021)  | **Potential links with AS91326 (2.3) health promotion** * Does any of the material studied for 2.1 or 2.4 lend itself to being developed in to a HP focus for 2.3?
 | **Potential links with AS91326 (2.5) sexuality and gender** * How could aspects of the learning for 2.1 and/or 2.4 lead on from situations or issues investigated for 2.5? e.g ideas arising from looking at sexual health (STI prevention or unplanned pregnancy), or gender-related aspects of power imbalances in relationships.
 | **Teachable moments*** Without the need to develop detailed topic specific content knowledge that can be reproduced, there should be time in learning programmes to use some lessons to respond to what is topic in the news – events that have taken place or new research. Teach student’s to ‘read’ these materials in a way that they can extract meaning related to the underlying concepts and other big ideas.
 |
| **Health promotion events and awareness raising weeks for named issues** Search for an online health promotion and related events calendar, or known NGO and other sites to check for awareness raising/health promotion weeks for various issues. Consider how these may be incorporated in the learning programme. * Pink shirt (anti-bullying) (BullyingFreeNZ)
* Mental Health Awareness week (Mental Health Foundation)

(See various online sites)  | **Variety of teaching and learning activities and approaches** Do your student’s (and does your school’s approach to curriculum design) require learning that is: * Carefully considered, scaffolded, developed over time, continually responding to learning needs as these emerge AND/OR
* Based on inquiry or project based approaches that require high levels of student capability and capacity for leading their own learning (with close teacher supervision)?

Whatever the approach, don’t lose sight of the importance of interactive (in person) activities in health education for developing student’s critical thinking and hearing others perspectives e.g. values continuums, debates, think-pair-share, group discussions using a talking frame/scenario, student in-role, etc (*ie many of the activities used with junior student’s but with contexts/ examples stepped up for senior learners*).  | **EMPHASIS**Stress the importance of understanding how the underlying concepts feature across the issue for each of 2.1 and 2.4

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|  | **Personal**  | **Interpersonal**  | **Societal**  |
| Impacts on health and wellbeing – what’s the wellbeing issue?  |  |  |  |
| Influences on the issue (which include A&V) |  |  |  |
| Strategies for improving wellbeing (that show respect, care and concern and values of social justice)  |  |  |  |

(See following) | **Assessment preparation** * Past exams (see NZQA health education materials)
* NZHEA practice exams (see NZHEA members’ resources)

Support students to extract information from unfamiliar scenarios and resource material and organise it in relation to the scaffolding/prompts/questions provided in an examination paper. Teach student’s NOT to get distracted by topic matter they may not have learned about, but to focus on extracting ideas related to the UCs and big ideas. *Also consider different ways of asking questions. This different approach to the 2021 exam will (hopefully) also open the door to some different ways of asking examination questions.* |

**Applying the underlying concepts at NZC Level 7 – NCEA Level 2**

NZHEA is producing a new resource compiling a range of information about the underlying concepts into one document – to be published February 2021. **This is an extract from the progressions describing what we expect students to know in relation to the underlying concepts at NZC Level 7 (NCEA Level 2).**

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| Hauora | Socioecological perspective (SEP) | Health Promotion (HP) | Attitudes and values (A&V) |
| * The progression to levels 7&8 of the curriculum is shown through a holistic understanding of hauora and this is evident in all student learning artefacts. While students may still unpack and explore health and wellbeing contexts in relation to the dimensions and the inter-relatedness of these, for assessment purposes and when making judgements about level of achievement, the expectation is that a holistic understanding of wellbeing can be ‘read’ into student learning artefacts, without them explicitly stating it like they have at lower levels of the NZC.
* Students may also be exploring other theoretical, indigenous and cultural models of health and wellbeing to variously compare and contrast the features of each, evaluating their relevance and application to particular wellbeing contexts, and for specific populations.
 | * The learning focus is an overall view of the inter-relatedness of the personal/individual, interpersonal, and community/ societal aspects of an issue.
* Some evidence is used to support these ideas. It may not be the most critical data related to the issue but achievement shows these ideas are in development.
 | * Health promoting actions suggested for a range of issues reflect the SEP and show basic understanding of how health promoting actions need to target the factors that caused or influenced the issue in the first place.
* Working in groups students use data to decide a (school) community wellbeing goal and design an action plan to achieve this goal, implement the plan and evaluate the process and impact of their actions.
 | * Ideas to do with respect, and care and concern for self and others are embedded across all learning.
* The values of social justice become a key focus for learning especially those values related to inclusiveness and non-discrimination. These are explicit among the health promoting actions recommended for addressing issues studied.
 |

For now the Achievement Standards still require students to be able to discuss **influences** on the issue, **consequences** for well-being, and health enhancing **strategies** that promote well-being in relation to the issue and offer an explanation of the personal, interpersonal and societal aspects of the issue. Think about the ways all of this learning applies to both 2.1 and 2.4 – and also 2.2 and 2.5.

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| **As far as possible, make the learning of the big ideas for one context, transferable to other contexts.** For 2.1 choose contexts that are clearly NZ adolescent health and wellbeing issues – the Youth19 data will be *one useful source* of ideas and data.For 2.4 choose contexts that feature power imbalances in relationships with the recommendation students look at 2-3 quite different behaviours (e.g. bullying, harassment, discrimination) - bearing in mind that while these behaviours are named differently and there’s some differences in the details of the acts that are defined by these, and the laws related to them, the P-IP-S factors that influence these power imbalances in relationships are fairly universal.  | **Avoid trying to second-guess the examiner and predict the topics for 2.1 and 2.4 – THIS IS NOT THE POINT. The point is that students are taught to extract meaning from a wide range of sources and from a range of contexts (topics) to populate a framework like this …**

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|  | **Personal**  | **Interpersonal**  | **Societal**  |
| Impacts on health and wellbeing |  |  |  |
| Influences on the issue  |  |  |  |
| Strategies\* for improving wellbeing  |  |  |  |

**… whereas in the past they have prepared content to populate a framework like this and (more or less) reproduced it in the examination.** Remember that a resource-based examination will need to include any ‘must-know’ content knowledge with the resources as it can’t be assumed students will have learned exact content. **Teach students how to extract P-IP-S, and wellbeing-Influences-strategies\* information from sources.**  | **\*Strategies**Strategies information can sometimes be the ‘missing’ information from a lot of found resource material. With the use of a generic list of possible strategies (see later in this document), help students to **work out what strategies would be most applicable for promoting wellbeing given the situation presented**. That said, there may be existing information about strategies associated with health promotion campaigns and examples of successful actions already taken. For 2.4 also include some **definitions** about the different forms of behaviours where there is a power imbalance (e.g. bullying, harassment, discrimination etc) as well as the **laws** related to these – but noting they don’t need to learn these ‘off-by-heart’ as the resources provided in the exam will need to cover any ‘must-have’ content knowledge. Instead teach them how to ‘read’ this law and policy related material as an integral part of understanding strategies for wellbeing.  | The fundamental (topic and big ideas) learning hasn’t changed – because the standards haven’t changed as yet – it’s just the learning that is emphasised and way it is assessed that has *shifted*. You can still use the previous year’s planning frameworks for planning ideas related to 2.1 and 2.4 (the 2020 versions of these have been reattached to this document) as well as material prepared for units you have developed and used before. **So shift what you emphasise in your learning programme and make it more about recognising and applying the big ideas, than learning and reproducing content knowledge.** **Don’t forget to check on and continue to strengthen students’ digital fluency and literacy skills as you do this!**  |

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|  | **Influences on wellbeing** What factors are contributing to the health and wellbeing issue for adolescents?What’s the evidence for this?  | **Consequences for wellbeing** How does the issue impact the health and wellbeing of adolescents?What’s the evidence for this? | **Strategies for promoting and supporting wellbeing** What actions can be taken to reduce the negative impacts of the issue on adolescent health and on wellbeing for those directly impacted and promote health and wellbeing for all – as relevant of the issue? *NB. High quality actions or strategies reflecting a critical Level 2 response need to go beyond generic approaches. Actions and strategies need to relate specifically to the factors that contributed to the issue in the first place and focus on what needs to change to prevent the problem happening again – not just manage it once the problem has occurred.*  |
| **Personal** | * Level of knowledge about the issue
* Level of knowledge and skills to regulate own behaviours (e.g. non-use, safe use)
* Personal dispositions and attributes
* Previous experience
* Capacity for critical thinking and other skills to interpret situations and recognise the impacts on wellbeing.
* Health status – e.g. existing physical or mental health, and social wellbeing issues
* Attitudes, values and beliefs about the issue
* ***Add to this list***
 | **For individuals** Think about impacts on* the dimensions of wellbeing mostly implicated by the issue
* the remaining dimensions
* the inter-relatedness of the dimensions
* ***Add to this list***

This revisits NZC Level 6/NCEA Level 1 learning  | **Prevention or promotion of health and wellbeing issue:**Learn new knowledge and skills (these are many):* Effective and respectful communication
* Positive self-talk (positive thinking) and other ways of thinking rationally and realistically
* Range of skills for building resilience – critical thinking, problem solving, decision making, goal setting etc
* Developing a sense of self-belief, self-worth, self-confidence
* Digital literacy, digital fluency, and digital citizenship
* Developing ways of defining oneself
* Self-awareness and recognising when factors are having a negative impact on own wellbeing

**Interventions – responding to the situation once health and wellbeing has been negatively impacted:** * Know where to seek help and how to communicate needs.

 * ***Add to this list***
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| **Interpersonal** | * Quality of relationships with others – supportive with respectful communication vs disrespectful communication and conflict etc
* In intimate/close relationships with family, friends or partners as relevant to the issue
* Pressure from peers and friends (direct or indirect) to do/belong/conform/be part of something
* Behaviours or actions of people that impacts others

***Add to this list***  | **For people in relationships** (close or distant) * How does the quality of an interpersonal relationships - between the people implicated in the issue - impact not only their social wellbeing, but all other dimensions as well (taking it back to personal wellbeing above)?
* ***Add to this list***
 | **Promotion, prevention, and intervention** Using interpersonal skills appropriate to situations to support the wellbeing of the other person and/or support the relationship between people, such as: * Using respectful and effective communication, effective listening, negotiation and compromise, using ‘I’ statements, assertiveness, problem solving, giving constructive feedback
* Supporting and caring
* Showing empathy
* Valuing others - respecting the diversity of others.
* ***Add to this list***
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| **Societal** | * Political factors – laws and policies that contribute to wellbeing, especially social policy and economic policy
* Economic factors and the way money and resources are distributed and who has access to these
* Cultural factors or social norms – the values and beliefs of groups or communities and societies and how these are factored into policy, community priorities and events, etc
* Social environment factors and how cohesive and connected communities are: social support services, how inclusive communities are, how well young children are cared for, etc
* ***Add to this list***

*Check out the 2020 NZHEA discussions about the descriptive understandings of the determinants of health (DoH) and the umbrella understandings of the social determinants of heath (SDH).* | **For communities (or all of society)** * How is community wellbeing a feature of this issue – and what is the nature of this ‘community wellbeing’? – Social connections, cohesiveness, a community where people belong etc
* ***Add to this list***
 | **Prevention or promotion of awareness of existing health and wellbeing issues:*** + Advocacy – letter writing, petitioning, campaigning for changes to laws, policies and practices
	+ Group processes for identifying issues, e.g. questioning, surveying, interviewing
	+ Goal setting, action planning, implementing, reflecting, and evaluating (ACLP used for collective action)
	+ Critical thinking to understand situations – e.g. who is advantaged/ disadvantaged, seeing different perspectives and using these understandings to make decisions about actions
	+ Campaigning, presenting, advertising - where possible, make use of ideas from health promotion actions that already exist

**Interventions – responding to the situation once health and wellbeing has been negatively impacted:** * Community provision of services to support people experiencing health and wellbeing issues
* ***Add to this list***
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**Thinking about contexts for learning - topics or themes - for 2.1 and 2.4 – please note that this is NOT an exhaustive list of possible contexts, themes and topics. Please add to this page.**

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| Contexts for learning - topics or themes **AS91325 (2.1)** | **Source(s) of evidence to show this is a known adolescent health and wellbeing issue**  | **Information sources** | **Ideas for teaching and learning activities**  |
| *Overall youth health*  | <https://www.healthnavigator.org.nz/clinicians/y/youth-health/>  |  |  |
| Sexual and reproductive health* STIs
* Unplanned pregnancy
* Endometriosis
* xx
 | Youth’19 data <https://www.youth19.ac.nz/publications> NZ statistics <https://www.stats.govt.nz/reports/parenting-and-fertility-trends-in-new-zealand-2018> Ministry of Health <https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/maternity-and-newborn-data-and-stats> Endometriosis NZ <https://nzendo.org.nz/> | Family Planning Endometriosis NZ <https://nzendo.org.nz/> |  |
| Food related issues* Veganism
* Sugary drinks
* Poverty related food issues for teens (food security issues)
* Overconsumption and (related) malnutrition
* xx
 | *NZ hasn’t had much (any?) population level research specifically on youth nutrition for some years. The longitudinal studies don’t seem to be reporting nutrition related matters for this age group. What little data there is, is obesity related and there are more aspects to adolescent food issues beside this.* *The MoH 2018-2019 health survey divides the population as 0-14 years and then 15 years-adult which is problematic when wanting to focus on adolescents. It appears that access to localised or project specific data will be needed.*MoH <https://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey>  | Ministry of Health <https://www.health.govt.nz/your-health/healthy-living/food-activity-and-sleep/healthy-weight/healthy-eating-teenagers> and <https://www.health.govt.nz/our-work/diseases-and-conditions/obesity> and <https://minhealthnz.shinyapps.io/nz-health-survey-2018-19-annual-data-explorer/_w_328c578a/#!/home> Heart Foundation |  |
| Substance use* Alcohol use
* Cannabis or other drug use
* Vaping
* xx
 | Youth’19 data <https://www.youth19.ac.nz/publications>Ministry of Health <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/past-surveys/alcohol-and-drug-use-survey?mega=Health%20statistics&title=Alcohol%20%26%20Drug%20Use%20Survey>ASH <https://www.ash.org.nz/> HPA (has many links to statistics) <https://www.alcohol.org.nz/resources-research/facts-and-statistics/where-to-find-other-alcohol-statistics>  | See 2020 NZHEA planning framework for 2.1NZ drug FoundationHPA – alcohol.orgVaping facts <https://vapingfacts.health.nz/> MoH <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/vaping-smokefree-environments-and-regulated-products> MoH <https://www.health.govt.nz/publication/national-drug-policy-2015-2020>  | Note that you can still use the material developed in 2020 but focus on the transferable big ideas and not just the topic matter. NZHEA AoD resource <https://healtheducation.org.nz/resources/> Tūturu resources  <https://www.tuturu.org.nz/resource-hub/>  |
| Mental health and wellbeing * Body image (but not eating disorders as a main focus – see notes above)
* Social media use
* Stress and anxiety (e.g. as a result over concerns about environmental issues, hopes for the future, pressure to succeed/unrealistic expectations, etc)
* Depression and anxiety disorders (but not suicide – see notes above)
* xx
 | Youth’19 data <https://www.youth19.ac.nz/publications> | See NZHEA 2019 planning framework (stress) Mental Health Foundation – various resources <https://www.mentalhealth.org.nz/>  | NZHEA Mental health & resilience <https://healtheducation.org.nz/resources/> NZCER *Mental health education and hauora* <https://healtheducation.org.nz/resources/mental-health-education/>  |
| Relationships* Impact of pornography on relationships
* xx
 | Classification Office reports: 2018 NZ Youth and Porn; 2019 Breaking Down Porn: 2020 Growing up with Porn All from <https://www.classificationoffice.govt.nz/>  |  | NZHEA pornography resource |
| Themes could include a combination of the topic ideas above in relation to: * Adolescent wellbeing at our school / our community (e.g. with a city or rural focus)
* Mātauranga Māori or Pacific perspectives on adolescent health and wellbeing
* Health and wellbeing for adolescents with disabilities
* Adolescent health and wellbeing in a changing world
* xx
 | A number of the research reports above contain data about rangatahi Māori and Pacific youth (see particularly the Youth19 data) |  |  |
| Contexts for learning - topics or themes **AS91328**  | **Information sources** | **Ideas for teaching and learning activities**  |
| Power imbalances in relationships (as an overarching theme that includes considerations of a number of the topics below) | See previous year’s NZHEA planning frameworks for 2.4 Human Rights Act and Human Rights Commission <https://www.hrc.co.nz/your-rights/what-are-human-rights/>Youth Law <http://youthlaw.co.nz/>  |  |
| Discrimination  | As aboveEmployment NZ <https://www.employment.govt.nz/resolving-problems/types-of-problems/bullying-harassment-and-discrimination/>  |  |
| Harassment  | As above NZ law <http://www.legislation.govt.nz/act/public/1997/0092/latest/DLM417078.html>  |  |
| Intimidation  | See 2020 NZHEA planning framework |  |
| Victimisation  |  |
| Bullying  | See 2019 NZHEA planning framework BullyingfreeNZ <https://www.bullyingfree.nz/>  |  |
| Cyberbullying | Netsafe <https://www.netsafe.org.nz/>  |  |
| Sexual abuse (for learning only not assessment)  | Ministry of Social Development <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/index.html> Are You OK? <http://www.areyouok.org.nz/>  |  |
| Family/domestic violence  |  |
| xx |  |  |

The remainder of this document is a reproduction of the 2020 planning framework material.

**AS91235 (Health 2.1): Analyse an adolescent health issue**

**Planning framework for AS91235: Use the copy templates reproduced and adapted from *Mental Health & Resilience* (NZHEA, 2018, theme 7) as a source of ideas for learning activities.**

Using the 2020 topic of alcohol (mis)use, think about this as a way to identify the scope of the learning needed to cover the big ideas of this standards. The sources listed above provide a range of knowledge and understanding about **influences on adolescent alcohol use, consequences for wellbeing and strategies to promote wellbeing/reduce alcohol-related harm**, required for assessment. Select ideas that are relevant to your students and local community, and what is currently in the news and topical during 2021 – it is not intended that all of the following will be covered and there may be other considerations more relevant for your learners. Also access up-to-date research reports as they become available.

**Influences of alcohol misuse and impacts on wellbeing *(in addition, influences on moderate or non-use of alcohol could also be noted as this may provide ideas for strategies)* - adapt for use with other topics or themes**

|  |  |  |
| --- | --- | --- |
| **If the personal influence on a person’s alcohol use is …**  | **… Possible data sources that MIGHT provide evidence to support the claim that this is an influence on the misuse of alcohol?** | **Why or how does this influence lead to an adolescent’s misuse of alcohol, and therefore, affect their wellbeing?**  |
| Lack of knowledge about the effects of alcohol |  |  |
| Lack of personal confidence in social situations  |  |  |
| Feeling down and depressed |  |  |
| Doesn’t know how to be assertive  |  |  |
| Doesn’t know they have the right to say ‘no’  |  |  |
| Lack of experience to know what they are getting into  |  |  |
| Low self-esteem or feelings of self-worth  |  |  |
| Think it will make them popular  |  |  |
| Think it will make them cool (and fit in) |  |  |
| They are grieving after a major loss  |  |  |
| Personal beliefs about wellbeing |  |  |
| Feelings of dissatisfaction or inadequacy about the appearance of their body  |  |  |
| *(add your own ideas)* |  |  |
|  |  |  |
| **If the interpersonal influence on a person’s alcohol use is ….** | **… What source of evidence MIGHT support the claim that this is an influence on the misuse of alcohol?**  | **Why or how does this influence lead to an adolescent’s misuse) of alcohol, and therefore, affect their wellbeing?**  |
| Peer pressure to use alcohol |  |  |
| Regular use of alcohol by close family members  |  |  |
| Parents provide alcohol |  |  |
| All their close friends use Alcohol |  |  |
| Everyone expects you to use alcohol |  |  |
| Alcohol is provided by a coach, parent’s friend or other adult  |  |  |
| Pressure from coach or team mates (to use performance enhancing drugs specifically)  |  |  |
| *(add your own ideas)* |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **If the societal influence on an adolescent’s alcohol use is …**  | **… Possible data sources to provide evidence to support the claim that this is an influence on the misuse of alcohol.**  | **Why or how does this influence lead to an adolescent’s of alcohol, and therefore, affect their wellbeing?**  |
| Historic cultural behaviours and attitudes |  |  |
| Measure of masculinity/ rite of passage and masculinity culture in NZ  |  |  |
| Sporting culture traditions  |  |  |
| Poverty |  |  |
| Unemployment / availability of work  |  |  |
| Living in a community where there is widespread use of alcohol  |  |  |
| Living in a community where a lot of income is from the alcohol industry  |  |  |
| Media advertising of alcohol  |  |  |
| Laws about alcohol supply  |  |  |
| Laws about alcohol consumption  |  |  |
| Laws about alcohol use, purchase and supply  |  |  |
| Subculture – groups that identify specifically with particular alcohol use  |  |  |
| Marketing of certain alcohol products to a target group  |  |  |
| Religious or other cultural beliefs |  |  |
| It’s perceived to be common practice in some sports codes  |  |  |
| *(add your own ideas)*  |  |  |
|  |  |  |
|  |  |  |

**2. Strategies to promote wellbeing and reduce harm from alcohol use – adapt for use with other topics or themes**

|  |  |  |
| --- | --- | --- |
| **If the personal influence on an adolescent’s alcohol misuse is …**  | **What action or strategy is needed to reduce harm from alcohol use and promote wellbeing in this situation? How or why will this promote wellbeing/reduce harm?**  | **Who carries out this action or strategy?**  |
| Lack of knowledge about the effects of alcohol on the body, behaviour an wellbeing in general  |  |  |
| Lack of personal confidence in social situations  |  |  |
| Feeling down and depressed |  |  |
| Doesn’t know how to be assertive  |  |  |
| Doesn’t know they have the right to say no  |  |  |
| Lack of experience to know what they are getting into  |  |  |
| Low self-esteem or feelings of self-worth  |  |  |
| Think it will make them popular  |  |  |
| Think it will make them cool (and fit in) |  |  |
| They are grieving after a major loss  |  |  |
| Personal beliefs about wellbeing |  |  |
| Feelings of dissatisfaction or inadequacy about the appearance of their body  |  |  |
| *(add your own ideas)* |  |  |
|  |  |  |
|  |  |  |
| **If the interpersonal influence on an adolescent’s alcohol misuse is …** | **What action or strategy is needed to reduce harm from alcohol use and promote wellbeing in this situation? How or why will this promote wellbeing/reduce harm?** | **Who carries out this action or strategy?**  |
| Peer pressure to use alcohol |  |  |
| Regular use of alcohol by close family members  |  |  |
| Parents provide alcohol |  |  |
| All their close friends use alcohol  |  |  |
| Everyone expects them to use alcohol |  |  |
| Alcohol is provide by a coach, parent’s friend or other adult  |  |  |
| Pressure from coach or team mates (to use performance enhancing drugs specifically)  |  |  |
| *(add your own ideas)* |  |  |
|  |  |  |
|  |  |  |
| **If the societal influence on an adolescent’s alcohol misuse is …**  | **What action or strategy is needed to reduce harm from alcohol use and promote wellbeing in this situation? How or why will this promote wellbeing/reduce harm?** | **Who carries out this action or strategy?**  |
| Historic cultural behaviours and attitudes |  |  |
| Measure of masculinity/ rite of passage and masculinity culture in NZ  |  |  |
| Sporting culture traditions  |  |  |
| Poverty |  |  |
| Unemployment / availability of work  |  |  |
| Living in a community where there is widespread use of alcohol |  |  |
| Living in a community where a lot of income is from alcohol |  |  |
| Media advertising of alcohol  |  |  |
| Laws about alcohol supply  |  |  |
| Laws about alcohol consumption  |  |  |
| Laws about use, purchase and supply  |  |  |
| Subculture – groups that identify specifically with alcohol use  |  |  |
| Marketing of certain alcohol products to a target group  |  |  |
| Religion or other cultural beliefs |  |  |
| It’s perceived to be common practice in some sports codes  |  |  |
| *(add your own ideas)*  |  |  |
|  |  |  |
|  |  |  |

**BACKGROUND INFO: Thinking generically about influences and strategies – *these are* *only prompts – context relevant examples need to be selected, thought about, and applied to the situation or topic being examined*. Lists like this can be used when interpreting scenarios, newspapers articles, documentaries and other sources of evidence.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Personal factors that influence wellbeing include things like a person’s own:** | **Interpersonal factors that influence wellbeing include things like:** | **Societal factors that influence wellbeing include things like:**  |
| **Influences on wellbeing** | * Values and beliefs about the situation – and whether or not these support their wellbeing
* Feelings of self-worth, self-belief, self-confidence, etc
* State of mind – self-esteem, etc
* State of health – whether the person is physically or mentally well or not well
* Knowledge – *do they have knowledge to know how to deal with this situation?*
* Skills like …. being able to manage self (time management, set goals, plan, various stress management strategies and techniques, etc), communicate effectively (use I statements, give and receive feedback, listen effectively), be assertive, make decisions, problem solve, think critically and rationally … noting some of these become interpersonal skills when they are used but in a person has to have their own knowledge of these skills (and confidence/ability to use them) in the first place
* Life experiences – do they have experience of managing situations like this before – do they know what to do?
* Circumstances – what financial resources they have, where they live, how stable is their family life, do they have friends, hobbies, interests, etc.
* *Add others*
 | * The quality of people’s relationships with their friends, family and peers, and relationships with romantic/sexual partners
* The quality of communication between people
* The capabilities of people in relationships to communicate effectively – has everyone in the relationship got effective communications skills and other skills like problem solving and negotiation, etc
* The fact that a person has quality relationships with others
* How supportive and equal their relationships are – or if there is a power imbalance in the relationship.
* The values and beliefs of people about their relationships and how these are shown in their interactions
* Whether or not a people are being pressured or mistreated by those that they know (e.g. bullied, cyberbullied, harassed, abused intimidated, victimised, assaulted).
* *Add others*
 | * Cultural attitudes and values that are shown and impact people through things like:
* Media – news, film & TV, social media, music, etc
* Community events
* Social organisations (like schools)
* The provision of services in communities – what’s valued and available - and what isn’t
* Who communities ‘include’ (and celebrate or embrace) and who they ‘exclude’ (and discriminate against or marginalise)
* Globalisation (through multinational companies marketing of their goods, social media, internet, etc)
* The practices and traditions of ethnic and other cultural groups, or subcultures
* Political factors – how well laws and policies operate at national and local/community level (including school policy)
* People’s access to resources – financial and other (usually what money buys or needs money to pay for it so it can be provided), e.g. access to opportunities like education, health services and other community based facilities, access to recreational opportunities and community events, opportunities for meaningful employment etc.
* *Add others*
 |
|  | **Personal actions include having knowledge and skills for:** | **Interpersonal actions** **includes using interpersonal skills appropriate to situations to support the wellbeing of the other person and/or support the relationship between people, such as:**  | **Collective actions that contribute to local community or nationwide (‘societal’) health promotion include using knowledge and skills when working collectively to take action such as:**  |
| **Strategies to support and promote wellbeing**  | * Self-management e.g. stress management, time management, self-nurturing
* Positive self-talk (rational thinking)
* Expressing feelings appropriately
* Effective interpersonal communication (*see the list of interpersonal actions below*)
* Decision making - taking personal responsibility for acting in ways that promote wellbeing
* Asking for help from trusted others
* Help seeking - accessing and using systems and agencies (e.g. at school or in community) that support wellbeing
* Personal goal setting, action planning, implanting, reflecting and evaluating (ACLP used for personal action)
* *Add others*
 | * Effective communication, effective listening, negotiation and compromise, using I statements, assertiveness, problem solving, giving constructive feedback
* Respectful communication
* Supporting and caring
* Showing empathy
* Valuing others - respecting the diversity of others – being inclusive
* *In other words, NOT to bully, harass, intimidate, abuse or discriminate against people*
* *Add others*
 | * Advocacy – letter writing, petitioning, protesting, campaigning for change
* Group processes for identifying issues to know where to target actions, e.g. questioning, surveying, interviewing …
* … Critical thinking to understand situations – e.g. who is advantaged/ disadvantaged, seeing different perspectives and using these understandings to make decisions about actions ….
* ….. Goal setting, action planning, implanting, reflecting and evaluating (ACLP used for collective action)
* Campaigning, presenting, advertising – making people aware of issues and what they can do about them
* Implementing existing laws, policies or other guidelines at local community level and more widely
* *Add others*
 |

Planning framework for:

**AS91238 (Health 2.4)** **Analyse an interpersonal issue(s) that places personal safety at risk**

2020 Resource pages with a focus on **Intimidation** – these are pages of ideas to use as prompts to find a range of information related to the topics for this standard. **ADD to this and use the planning framework for AS91325 above.**

|  |  |  |
| --- | --- | --- |
| Summary Offences Act 1981 No 113 (as at 01 July 2019), Public Act 21 **Intimidation – New Zealand Legislation**21 Intimidation(1) Every person commits an offence who, with intent to frighten or intimidate any other person, or knowing that his or her conduct is likely to cause that other person reasonably to be frightened or intimidated,1. threatens to injure that other person or any member of his or her family, or to damage any of that person’s property; or
2. follows that other person; or
3. hides any property owned or used by that other person or deprives that person of, or hinders that person in the use of, that property; or
4. watches or loiters near the house or other place, or the approach to the house or other place, where that other person lives, or works, or carries on business, or happens to be; or
5. stops, confronts, or accosts that other person in any public place.

(2) Every person commits an offence who forcibly hinders or prevents any person from working at or exercising any lawful trade, business, or occupation.(3) Every person who commits an offence against this section is liable to imprisonment for a term not exceeding 3 months or a fine not exceeding $2,000.Section 21: substituted, on 1 January 1998, by section 5 of the Summary Offences Amendment Act 1997 (1997 No 97).<http://www.legislation.govt.nz/act/public/1981/0113/latest/DLM53569.html> For the health 2.4 standard, do not be limited only to this legal definition of intimidation – it is intended that intimidation will be viewed as part of many different types of behaviours where there are power imbalances in relationships.  | **What counts as “harassment”?** <https://communitylaw.org.nz/community-law-manual/chapter-27-harassment-and-bullying/harassment-in-the-community-getting-protection-under-the-harassment-act/> How “harassment” is defined in the Harassment Act 1997For there to be “harassment”, there must be both of the following:1. the type of behaviour set out in the Harassment Act, and
2. a pattern of behaviour, not just a one-off incident.

**Step 1.** Is it the type of behaviour that can amount to “harassment”?These are the types of acts or incidents that can amount to harassment:* watching, hanging around, or blocking access to or from your home or workplace, or any other place you regularly or often visit
* following, stopping or confronting you
* coming into your home or onto your property, or interfering with your home or any of your things
* contacting you – either by phone, letter, email or text, or through social media sites or apps like Facebook, or in any other way
* giving you offensive material, or leaving it where you’ll find it or where someone else will give it to you or bring it to your attention – this includes posting offensive pictures or other material online
* doing anything else that makes you fear for your safety, and that would make a reasonable person in your situation fear for their safety. This includes where the harasser does the thing to a member of your family, rather than to you directly, in order to target you, and even if that family member doesn’t in fact fear for their own safety. See link for remainder of text.

Analyse this extract for the type of intimidating behaviours indicated by this understanding of harassment.  | **Websites – various** **Bullying Information websites:*** **Bullying-Free NZ** <https://www.bullyingfree.nz/>
* Netsafe (for all things related to cyber-related) <https://www.netsafe.org.nz/>
* Ministry of Education strategy (noting most of this links with bullyingfreenz) <http://www.education.govt.nz/school/student-support/student-wellbeing/health-and-wellbeing/bullying-prevention-and-response/>

**Legal information:**Community Law <https://communitylaw.org.nz/legal-information/> Youth Law <http://youthlaw.co.nz/>**Domestic, family and partner violence, abuse** **& harassment** Look for **white ribbon** sites for example) <https://whiteribbon.org.nz/> or <https://www.whiteribbon.org.au/understand-domestic-violence/types-of-abuse/> or The NZ ***Are You OK*** campaign has a number of resources that may be useful <http://www.areyouok.org.nz/>Me too. <https://metoomvmt.org/> - also look for local action and advocacy groups **Agencies that provide support for people who experience family or partner abuse include**Shine <https://www.2shine.org.nz> Stopping Violence Services (Christchurch) <https://www.svschch.org.nz/> - *look for other regional services like this* Programmes like ***Loves Me Loves Me Not*** may also provide a useful dimension to this learning <https://www.police.govt.nz/about-us/publication/loves-me-not>Although a primary school programme, students may like to investigate programmes developed for this age group – see in particular the NZ resources and programme for **Jade Speaks Up** <http://www.violencefreecommunities.org/what-we-do/jade-speaks-up/programme-in-schools/> Other support agencies include Lifeline, Youthline etc – *add to this*  |
| **Some dictionary definitions** * (Cambridge) to frighten or threaten someone, usually in order to persuade them to do something that you want them to do;
* (Merriam Webster) to make timid or fearful: frighten, especially to compel or deter by or as if by threats;
* (Collins) If you intimidate someone, you deliberately make them frightened enough to do what you want them to do;
* (Macmillan) to deliberately make someone feel frightened, especially so that they will do what you want;
* (Oxford) to frighten or threaten somebody so that they will do what you want.
 | **Defining Bullying** <https://www.bullyingfree.nz/about-bullying/what-is-bullying/> Whether bullying is physical, verbal, or social (relational), four widely-accepted factors can be used to identify it:* Bullying is deliberate - harming another person intentionally
* Bullying involves a misuse of power in a relationship
* Bullying is usually not a one-off - it is repeated, or has the potential to be repeated over time
* Bullying involves behaviour that can cause harm - it is not a normal part of growing up.

**What is not bullying?**Bullying is a word often used to describe behaviour that is not actually bullying — not all verbal or physical aggression is bullying. For example:* a one-off fight or argument, or difference of opinion between friends where there is no power imbalance and they can sort it out between themselves
* not liking someone or a single act of social rejection
* one-off acts of meanness or spite
* isolated incidents of aggression, intimidation or violence
* using sexist or racist terms but doesn’t mean to cause harm
* theft: taking someone else’s things once is theft but not necessarily bullying.
 |
| Note that Bullying-Free NZ Week 2020 starts on 18 May, ending on 22 May – <https://www.bullyingfree.nz/> Mental Health Awareness week 2020 is Monday 5 – Sunday 11 October <https://www.mentalhealth.org.nz/home/our-work/category/16/mental-health-awareness-week> |
| A search for matters related to intimidation on the **Youth Law website** [http://youthlaw.co.nz](http://youthlaw.co.nz/?s=intimidation) **Domestic Violence** …range of abusive behaviour – physical, sexual or psychological – that leads to fear, intimidation and emotional deprivation for the person experiencing the behaviour. No matter what you have done,…**What is psychological abuse?** …Psychological abuse is abuse that is not physical or sexual. This includes verbal abuse, intimidation (trying to make someone feel scared), harassment, damage to property, threats of physical or…**What are some examples of bullying in the workplace?**…Spreading nasty rumours; Invasion of privacy; Showing someone’s private emails; Physical intimidation; Overbearing supervision or giving excessive work or tasks; Threats to job security; Abusive and humiliating language…**Can I be fired on the spot?** …reasonable request, direction, rule, policy or procedure; and physical assault, threats or intimidation. However, what is considered serious will differ between different employers. If the misconduct is not serious, good… | **Community Law** <https://communitylaw.org.nz/community-law-manual/chapter-27-harassment-and-bullying/going-to-the-police-when-the-criminal-law-can-help-with-harassment/threatening-violence-or-damage/> **Threatening violence or damage**Threatening to kill or injure you Crimes Act 1961, It’s a criminal offence for someone to threaten to kill you or threaten to seriously injure you (cause you “grievous bodily harm”), or to send you a letter, text, email or other written material containing this kind of threat. The person can be jailed for up to seven years for this.**Intimidating you through threatening injury or property damage**Summary Offences Act 1981, s 21It’s a criminal offence for someone to threaten to injure you or damage your property, if they intended to frighten or intimidate you or knew that these were the kind of threats likely to frighten or intimidate any reasonable person.For this a person can be jailed for up to three months or fined up to $2,000. | **Netsafe on mobile phone harassment and abuse**<https://www.netsafe.org.nz/mobilephoneharassmentandabuse/> Mobile and phone harassment describes any type of voicemail, phone call or text/video/sxt/photo message that is unwanted and/or leaves the recipient feeling harassed, threatened, tormented, humiliated, embarrassed or otherwise victimised.Adults and young people can be harassed and bullied in the same ways and all can be left distressed at times. It is important to support anyone who is being harassed or bullied in any way. People who use digital technologies to bully and harass can leave an electronic trail, so it may be possible to investigate if their behaviour is criminal and even to prosecute them.HOW DOES BULLYING HAPPEN ON A MOBILE?Bullying and harassment on mobile phones can take a number of forms. It can happen through:* mean or offensive messages – received once or repeatedly;
* being bombarded by a large volume of messages (e.g. over 25 a day);
* offensive or upsetting photo or video messages;
* threatening messages; and
* persistent unwanted messages.
 |
| **Netsafe 2019 online hate speech insights** <https://www.netsafe.org.nz/2019-online-hate-speech-insights/> Nearly nine months after the Christchurch terrorist attacks, new research reveals that seven in 10 adults in New Zealand think that online hate speech is spreading and that a third of personal incidents occurred after March 15.Online hate speech has been a topic of public concern and research interest for some time. This report presents findings from Netsafe’s 2019 research regarding the personal experiences of adult New Zealanders in relation to online hate speech. The study, is part of a larger project regarding online risks and harm.Online hate speech affects groups unequally and some people are experiencing serious harm as a result. People can disagree or have an alternate viewpoint online, but when actions become harmful there should be support, resolution and even prosecution options available.GET HELPIn New Zealand, the Harmful Digital Communications Act tackles some of the ways people use technology to harm others online. This Act aims to prevent and reduce the impact of online bullying, harassment and other forms of abuse and intimidation. It lays out 10 communication principles that guide how to communicate online. When online abuse targets an individual based on their colour, race, ethnic or national origins it is a breach of the 10 Communication Principles. Find out more about how Netsafe can help. | **Key findings*** Overall, 15% of New Zealand adults reported having been personally targeted with online hate speech in the last 12 months.
* Compared to our 2018 survey, this result is higher by 4 percentage points.
* Over one third of personal experiences of online hate speech occurred after the Christchurch attacks.
* Half of Muslim respondents said they were personally targeted with online hate in the last 12 months. Prevalence was also more common among Hindus.
* Similar to 2018, people with disabilities and identifying as non-heterosexuals were also targeted at higher rates.
* About 3 in 10 adult New Zealanders say they have seen or encountered online hate speech content that targeted someone else.
* Nearly 7 in 10 New Zealand adults think that online hate speech is spreading.
* Over 8 in 10 adults believe that social media platforms should do more to stop online hate speech.
* While three-quarters would support new legislation to stop online hate, a similar proportion considers that more than that is needed to prevent its spread.
* At the same time, a large majority, 8 in 10, believe that everyone has a role to play in addressing hateful speech.
* More than half disagreed with the idea that people should be entitled to say whatever they want online. A quarter do not have an opinion
 | **Community Law on cyberbullying: protections against online/digital harassment**<https://communitylaw.org.nz/community-law-manual/chapter-27-harassment-and-bullying/cyberbullying-protections-against-online-digital-harassment/> The Harmful Digital Communications Act 2015 set up special processes you can use if you’re been harassed or bullied through texts, emails, websites, apps or social media posts. The aim is to provide a relatively quick and easy way for harm to be reduced, including by getting harmful posts or messages taken down or disabled, while at the same time giving people appropriate room for freedom of expression.One of the features introduced by this Act is a special complaints and mediation agency. NetSafe, the internet safety organisation, has been appointed to play this role…. The Act also establishes a number of specific principles to guide online/digital behaviour.**The Harmful Digital Communications Act sets out 10 principles** that apply to texts, emails and online posts – what the Act calls “digital communications”. The principles say that “digital communications” that are sent to you or are about you shouldn’t do any of the following things:* give out sensitive personal information about you
* be threatening, intimidating or menacing
* be grossly offensive, as judged by any reasonable person in your position
* be indecent or obscene
* be used to harass you
* make false claims about you
* contain information or material that you had given to someone in confidence
* encourage other people to send you a message for the purpose of causing you harm
* encourage you to kill yourself
* put you down (“denigrate” you) on the basis of your colour, race, ethnic or national origins, religion, gender, sexual orientation or disability.
 |
| **From** [**http://areyouok.org.nz/**](http://areyouok.org.nz/)**The law**Information about proposed Family Violence law changes announced 13 September 2016 are available from the Ministry of Justice website at this link:<http://www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/safer-sooner> Family violence is a crime in New Zealand. Police take family violence seriously. When police are called to a family violence incident they can help people to keep safe and access local support services.In New Zealand law, family violence is known as domestic violence.In the Domestic Violence Act 1995 it is defined as: "violence against (a) person by any other person with whom that person is, or has been in a domestic relationship".**Domestic violence is:*** physical violence or abuse
* sexual violence or abuse
* psychological abuse (including threats, intimidation, harassment, and damage to property)
* allowing a child to witness abuse
* financial abuse
* It may be a single act of violence, or a number of acts that form a pattern of abuse.

Domestic violence can be carried out by anyone with whom you are in a domestic or close relationship. This includes a partner or ex-partner, boyfriend or girlfriend, carer, parent, older child, sibling, friend, flatmate or family member. They don't have to be living with you.People experiencing family violence can contact the Police for help (111 in an emergency). A domestic violence service or the Family Court can assist in obtaining court orders to help keep you safe, including a protection order. The Police can issue a Police safety order (PSO) as an immediate, short-term protection for people at risk of domestic violence.The Police can charge people who are harassing others through email, text or on websites like Facebook.Partners, family and friends can request Police to advise if a person has a history of family violence. See more at this link:<https://nzfvc.org.nz/news/police-introduce-family-violence-disclosure-scheme> Please note that as most family violence goes unreported, not having a police record is no guarantee that someone has not been an abusive in the past. | **White Ribbon Campaigns** in NZ <https://whiteribbon.org.nz/> and Australia <https://www.whiteribbon.org.au/> aim to prevent men's violence against women.Landing page with information about different types of abuse (where many examples of intimidating behaviour feature): | **Power and control Wheel** – originally developed by the Domestic Abuse Intervention Project of Duluth, Minnesota has been widely reproduced and used by services supporting people who experience family or partner violence Source these wheel diagrams from <https://www.2shine.org.nz/resource-room/introduction-to-domestic-abuse-1>  |
| In contrast – this is the **equality wheel** to show what a health relationship looks like. |
| **Some foundations for learning about intimidation and wellbeing** | **Learning for NZC Level 7/NCEA Level 2 – focusing on power imbalances in relationships and the factors that lead to intimidating behaviours (and therefore what needs to change to eliminate intimidation and the other behaviours it is a part of)**  | Keep in mind these **critical thinking questions** when examining any power imbalances situation.  |
| **Questions to respond to/knowledge to build through a variety of learning activities:** * By definition what is intimidation? How does it relate (similarities and differences) to other behaviours such as bullying, harassment, abuse, or violence? See list of dictionary definitions above. Explain the relationship or ole of of intimidating behaviours to other behaviours such as bullying, cyberbullying, harassment, violence, or abuse.
* Key to understanding intimidation is the threat of physical, emotional or other harm, or being frightened into thinking something might happen to you, or the pressure and coercion to do something against your will. Map out a spectrum of actual examples of situations where intimidation might feature as a one-off event, as part of ongoing bullying, cyberbullying or harassment, as related to the threat of violence, or abuse (psychological/emotional, social, sexual, financial, verbal, stalking, cyber, or other). What does intimidation look, sound and feel like in these situations? What is it about these situations that is frightening or threatening, and therefore a form of intimidation?
* Is intimidating behaviour mostly about the threat of physical harm – or something else? Why do you say this?
* Why is stalking a form of intimidation – either real world or cyber?
* Explore some of the language associated with intimidation like coercion, domination, subordination, covert and overt, control, manipulation … *add others.*
* People can intimidate others without realising it or meaning to be intimidating (which is not necessarily the focus for the learning here but worth a brief exploration) - when we find other people intimidating (even though they haven’t specifically said or done anything to us *e.g. when someone is so much better at doing or knowing something than we are and we feel inadequate* *we say we are ‘intimidated by them’*) – what do we mean by this? Is ‘intimidating’ the best word to use to describe these situations? Why or why not?
* In work and other formal situations, some people can be very intimidating. How can work colleagues (perhaps a boss) be deliberately intimidating? What about a teacher or school leader? In personal life situations, how might a parent be intimidating?
* What is the ‘legal’ (or policy) situation around intimidation – especially in relation to schools, workplaces, and online? What does your safe school (or other named) policy have to say (indirectly) about intimidating behaviours? You may need to specify different types of behaviours here.
* How does intimidation impact wellbeing? Think of all dimensions, but especially mental and emotional wellbeing. Foe e.g. pay attention to the extreme reactions of being fearful as a result to being threatened and the impact this can have on ow people feel and how they then behave and cope (or not). *Students may make the links between extreme cases of intimidation and suicide. If this is the, case bring the conversation back to those aspects of the issue that preceded this – which is the point of the learning – how could intimidation be reduced - and preferably eliminated?*
* What sorts of characteristics (do you think) are ‘typical’ of people who intimidate others? Are these ideas just a stereotype or cliché or does evidence support these ideas? What does this suggest about the way we need to think about people who intimidate others (e.g abusers, stalkers, bullies, harassers etc)? In domestic violence situations a lot of focus is on men who intimidate women and children? Do you think intimidation is something only men and boys do? What’s your evidence for this?
* What sorts of characteristics (do you think) are ‘typical’ of the victims of people who intimidate? Are these ideas just a stereotype or cliché or does evidence support these ideas? What does this suggest about the way we need to think about people who are victims of intimidation?
* What are some the NZ statistics on harassment, bullying and abuse among young people? (Find the last 2015 PISA report for this. The Youth 2012 data is dated but still useful – look out for the 2019 data.) Is data about ‘intimidation’ specifically readily available? Or does it have to be implied form other data? Explain this.
* In NZ, which organisations provide resources and support for people who have experienced different forms of intimidation? What is their role – what do they offer? Look at anti-violence groups and health promotion campaigns – not only but especially domestic violence.
* What laws exist in NZ to protect people from intimidation or prosecute when intimidation occurs?
* What language is currently used to refer to the victim of intimidating behaviour? Why might there be an issue around using the term ‘victim’? What are the alternatives? Are they any better?

*Add other questions as they emerge from discussion with colleagues and students.*  | **Keeping a focus on interpersonal issues (ie relationships) and that place personal safety (ie wellbeing) at risk.*** When we talk about ‘power’ in relationships (as an interpersonal issue), what do we mean? If there is a power imbalance, what does this refer to (e.g. dominance and submission, control, etc)? How do some people (ab)use their ‘power’ over others (*the MH&R resource has an activity for this*)? In what situations might it be appropriate for a person to use their ‘power’ (their authority) over others? When is it not appropriate? How would you recognise situations where one person is using their power inappropriately?
* [Importantly] what factors lead some people to believing they can control, intimidate, manipulate, threaten, (etc) others? Where do these beliefs come from, and what sustains them over time (and over generations)? What needs to happen to change this? *White ribbon campaigns for example have resources like the ‘Power and control wheel’ – have a look at where intimidation fits into this.*
* In situations where people are being intimidated, explain how these ideas about an imbalance of power in relationships apply.
* How does this abuse of power from an imbalance of power in relationships affect the wellbeing of the victim of the intimidation? The person who uses the threatening behaviours? The bystanders(?) Friends, families, or peers who didn’t witness the intimidating behaviour but may live or work with the victim or person who intimidates others?
* What is the role of bystanders in situations where someone is being intimidated? What different forms of ‘bystander’ are there? Why is more focus being placed on the bystander with recent anti-bullying initiatives for example? Are there ‘bystanders’ in cyberbullying situations? How can bystanders make a positive impact on wellbeing of the victim, themselves and others in situations where someone is being intimidated?
* A lot of intimidation is covert or hidden from the view of others – think of a lot of domestic abuse situations for example, or stalking behaviours. Who can help in these situations? As a friend, family member, school mate or work colleague, how do you even know a person is being intimidated? What signals would there be that something is not right? What would you do if you suspected a person was being abused for example?
* Why are past approaches to reducing intimidating behaviours like bullying that focused *only* on punishing the bully and supporting/empowering the ‘victim’ no longer promoted? What has replaced these approaches (*e.g. whole school approaches*)?
* What has to be implemented and sustained for a whole school approach to eliminating intimidating behaviours to be effective?
* What are the major barriers to reducing and eliminating intimidating behaviours in NZ today? Why do these barriers remain? What will it take to eliminate intimidating behaviours from NZ schools? From NZ society?

*Add other questions as they emerge from discussion with colleagues and students.* | 1. What do you know about this issue or situation?
2. How did you come to know this?
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?
6. What information is missing from this picture?
7. Why is this information missing?
8. Have the social, cultural, economic, political, and/or ethical aspects of this situation been considered?
9. Whose voice is heard in this writing, article, or classroom activity?
10. Whose interests are being served? Who has the power in this situation?
11. Who is being advantaged?
12. Who is not being heard or served?
13. Who is being disadvantaged?
14. What are the inequalities that exist in this situation?
15. What needs to change?
16. How can you contribute to this change?

Source: <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Engaging-students-in-critical-thinking> |

**Planning framework for AS91238** *(note that some aspects of the 2019 ‘bullying’ topic activities may still be useful here …..recycle ideas and resources where possible)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Influences on intimidating behaviours** What factors lead to people intimidating others?What’s the evidence for this?  | **Consequences of intimidation for wellbeing** In what ways does intimidation impact wellbeing? What’s the evidence for this? | **Strategies for promoting and supporting wellbeing** What actions can be taken to (1) sustainably eliminate/prevent intimidating behaviours (this could be part of bullying, harassment, anti-violence strategies etc), and (2) when the do occur, manage the negative impacts of intimidation on wellbeing? Where possible, make use of ideas from actions that already exist, or recommend new ones where it is apparent that no actions have (yet) been taken. *NB. High quality actions or strategies reflecting a critical Level 2 response need to go beyond generic approaches or techniques for eliminating intimidating behaviours.* ***Actions and strategies need to relate specifically to reasons why intimidation occurs in the first place and focus on what needs to change to prevent the problem happening again*** *– not just manage it once the problem has occurred.*  |
| **Personal** | **Personal influences on people who use intimidating behaviours could include:*** Lack of own knowledge about harms of intimidation*.*
* Lack of own knowledge about how to be a responsible partner, parent, colleague, citizen or community member.
* Lack of knowledge and skills to regulate own behaviours.
* Personal values (cultural, religious, family, community etc) that mean others – especially others perceived to or who have differences, are not treated equally and respectfully.
* Anti-social/inappropriate attitudes values that would otherwise support understandings and behaviours associated with being inclusive. How do power and control come into this? *Think about the basis for intimidating behaviours – what point of difference – real or perceived – is the person focusing on when intimidating others?*
* Existing personal wellbeing (mental health and social wellbeing) issues.
* Past experiences of the person who intimidates others (e.g. it was done to them, what they learned’ from their family or culture/subculture) and the victim (e.g. learned victim behaviours – see a psychological definition of this).

Add to this list  | **For individuals?** * Lack of sleep (from spending long hours online)
* Loneliness
* Anxiety, depression
* Scared, threatened
* Loss of confidence in/lack of real world relationships
* Poor/negative body image
* Missing out on learning at school and other opportunities
* AND SO ON

Add to this list  | **Prevention of intimidating behaviours:**Learn new knowledge and skills (these are many) – relate these back to the underlying factors that led to the intimidating behaviour:* Effective communication including being assertive (to resist pressure)
* Positive self-talk and other ways of thinking rationally and realistically
* Range of skills for building resilience – critical thinking, problem solving, decision making etc
* Developing a sense of self-belief, self-worth, self-confidence
* Digital literacy, digital fluency, and digital citizenship
* Other ways of defining oneself (ie not the person who has the power and control)
* Develop a personal code of conduct – protocols for how “I” will behave to enhance own wellbeing (and support that of others) …. a form of goal setting and action planning.
* Be an upstander not a passive bystander – challenge inappropriate behaviours online and request a behaviour change.
* Learning knowledge could include things like recognising behaviours where there is a power imbalance

**Interventions - Managing situations after intimidation has occurred:** * Know how and where to seek help. Knowledge of various support agencies, resources made available through anti-violence campaigns etc.

 Add to this list  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Influences on wellbeing**What factors lead to intimidating behaviours?What’s the evidence for this? | **Consequences for wellbeing** In what ways does intimidation impact wellbeing? What’s the evidence for this? | **Strategies for promoting and supporting wellbeing** What actions can be taken to (1) sustainably eliminate/prevent intimidating behaviours, and (2) when the do occur, manage the negative impacts of intimidation on wellbeing? Where possible, make use of ideas from actions that already exist, or recommend new ones where it is apparent that no actions have (yet) been taken. *NB. High quality actions or strategies reflecting a critical Level 2 response need to go beyond generic approaches or techniques for eliminating intimidating behaviours.* ***Actions and strategies need to relate specifically to reasons why intimidation occurs in the first place and focus on what needs to change to prevent the problem happening again*** *– not just manage it once the problem has occurred.* |
| **Interpersonal** | **Interpersonal influences on intimidating behaviours could include:** * Shared beliefs amongst social and peer groups that make it OK to abuse power and to threaten and control others.
* Pressure from peers and friends (direct or indirect) to belong/conform/be part of a group.
* Intimidating behaviours by others serve to create a climate that says intimidation is OK (and that’s what we do).
* Lack of role models, and authoritative voices (parents, teachers, community leaders in people’s lives (etc) that say and show that intimidation is not OK.
* Family or other adults that behave this way and ‘model’ intimidating behaviours to their children who then follow by example.

Add to this list  | **For relationships?** * Loss of relationships or trouble forming or maintaining these
* Loss of trust, respect for others (etc) in relationships leading to conflict in relationships – arguing, tensions, fighting
* Bystander attitudes from witnessing intimidation – impacts on bystanders depends on whether they stand up and challenge the intimidation, do nothing, or become part of it

Add to this list  | **Prevention of intimidation:*** Various approaches to parental involvement so that parents can better understand intimidation and support their children.
* Various approaches to peer support - how to support friends, how to be an upstander not a passive bystander when intimidation occurs, etc
* Develop a (friends/peers) group code of conduct – protocols for how “I” will behave to enhance own wellbeing (and support that of others) …. a form of goal setting and action planning.
* Treat others with respect when in communications with them (real world or digital world) – don’t stalk, cyberbully etc.
* Putting into action the knowledge above that relates to interacting with others.

**Interventions - Managing situations after intimidation has occurred:*** Peers learning how to recognise if a friend is being negatively impacted by intimidation, and how/where to help them get support.

Add to this list  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Influences on wellbeing**What factors lead to intimidating behaviours?What’s the evidence for this? | **Consequences for wellbeing** In what ways does intimidation impact wellbeing? What’s the evidence for this? | **Strategies for promoting and supporting wellbeing** What actions can be taken to (1) sustainably eliminate/prevent intimidating behaviours, and (2) when the do occur, reduce the negative impacts of intimidation on wellbeing? Where possible, make use of ideas from actions that already exist, or recommend new ones where it is apparent that no actions have (yet) been taken. *NB. High quality actions or strategies reflecting a critical Level 2 response need to go beyond generic approaches or techniques for eliminating intimidation.* ***Actions and strategies need to relate specifically to reasons why bullying occurs in the first place and focus on what needs to change to prevent the problem happening again*** *– not just manage it once the problem has occurred.* |
| **Societal** | * Intimidating behaviours carried from one generation to the next by social, sub-culture or cultural groups who believe there’s nothing wrong with controlling, threatening or manipulating other people *often done by people with little to no sense or understanding of social justice*.
* Social media platform companies that don’t (do enough to) monitor and regulate content on their platforms.
* Intimidating behaviours modelled by people with official or public roles.
* Lack of policy and action in organisations (like schools and workplaces) that means intimidation goes unchecked.

Add to this list  | **In population groups (ie adolescents), communities, or all of society?** Significant concerns about youth mental health (ie high levels of distress) at a population level – see the various reports about this that show the level of impact of bullying. Add to this list  | **Prevention of intimidation:*** A whole school approach to the prevention of intimidating behaviours (see the bullyfreenz website, white ribbon or Are You OK – while some of these campaigns are broader than schools, schools could still contribute as part of a broader suite of actions to eliminate violence) – *a combination of policy, education (knowledge and skills), education to build resilience for students (of all ages) – including training for teachers, developing a school culture of inclusiveness (‘what we do around here’), modelling of expected and acceptable behaviours, effective and consistently used systems/interventions to manage incidences, ongoing actions to maintain awareness of intimidation as an issue, etc etc etc*

**Examples may be context specific e.g. intimidation as part of cyberbullying*** Effective anti-bullying policy and procedures at school.
* Limiting access to social media sites at school, and access to own devices (especially phones during school time).
* Teaching about safe use of digital media – develop critical thinking, and digital fluency/digital citizenship,
* Including cyber-safety considerations in peer support programmes.
* Community education of social marketing programmes for parents to help them keep their children safe.
* Providing a range of opportunities/events in schools and local communities that encourage positive and relationships with a diversity of others.

**Interventions - Managing situations after bullying has occurred:** * Providing adequate interventions /counselling or other support for young people who are negatively impacted by intimidation
* Health professionals and social workers trained to recognise harms from intimidation violence and abuse.
* Using legal process when the intimidation is a criminal offence – *See Community Law and Youth Law websites, and Netsafe for cyber-based intimidation.*

Add to this list  |

**Summary template for AS91238**

Use the generic template following to gradually compile a framework of ideas that students could apply to a range of wellbeing situations related to intimidation

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Influences on wellbeing**  | **Consequences for wellbeing**  | **Actions or strategies for promoting and supporting wellbeing**  |
| **Personal** |  |  |  |
|  | **Influences on wellbeing**  | **Consequences for wellbeing**  | **Actions or strategies for promoting and supporting wellbeing**  |
| **Interpersonal** |  |  |  |
|  | **Influences on wellbeing**  | **Consequences for wellbeing**  | **Actions or strategies for promoting and supporting wellbeing**  |
| **Societal** |  |  |  |

**BACKGROUND INFO: Thinking generically about influences and strategies – *these are* *only prompts – examples relevant TO THE CONTEXT OF INTIMIDATION need to be selected, thought about, and applied to the situation or topic being examined*. Lists like this can be used when interpreting scenarios, newspapers articles, documentaries and other sources of evidence.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Personal factors that influence wellbeing include things like a person’s own:** | **Interpersonal factors that influence wellbeing include things like:** | **Societal factors that influence wellbeing include things like:**  |
| **Influences on wellbeing** | * Values and beliefs about the situation – and whether or not these support their wellbeing
* Feelings of self-worth, self-belief, self-confidence, etc
* State of mind – self-esteem, etc
* State of health – whether the person is physically or mentally well or not well
* Knowledge – *do they have knowledge to know how to deal with this situation?*
* Skills like …. being able to manage self (time management, set goals, plan, various stress management strategies and techniques, etc), communicate effectively (use I statements, give and receive feedback, listen effectively), be assertive, make decisions, problem solve, think critically and rationally … noting some of these become interpersonal skills when they are used but in a person has to have their own knowledge of these skills (and confidence/ability to use them) in the first place
* Life experiences – do they have experience of managing situations like this before – do they know what to do?
* Circumstances – what financial resources they have, where they live, how stable is their family life, do they have friends, hobbies, interests, etc.
* *Add others*
 | * The quality of people’s relationships with their friends, family and peers, and relationships with romantic/sexual partners
* The quality of communication between people
* The capabilities of people in relationships to communicate effectively – has everyone in the relationship got effective communications skills and other skills like problem solving and negotiation, etc
* The fact that a person has quality relationships with others
* How supportive and equal their relationships are – or if there is a power imbalance in the relationship.
* The values and beliefs of people about their relationships and how these are shown in their interactions
* Whether or not a people are being pressured or mistreated by those that they know (e.g. bullied, cyberbullied, harassed, abused intimidated, victimised, assaulted).
* *Add others*
 | * Cultural attitudes and values that are shown and impact people through things like:
* Media – news, film & TV, social media, music, etc
* Community events
* Social organisations (like schools)
* The provision of services in communities – what’s valued and available - and what isn’t
* Who communities ‘include’ (and celebrate or embrace) and who they ‘exclude’ (and discriminate against or marginalise)
* Globalisation (through multinational companies marketing of their goods, social media, internet, etc)
* The practices and traditions of ethnic and other cultural groups, or subcultures
* Political factors – how well laws and policies operate at national and local/community level (including school policy)
* People’s access to resources – financial and other (usually what money buys or needs money to pay for it so it can be provided), e.g. access to opportunities like education, health services and other community based facilities, access to recreational opportunities and community events, opportunities for meaningful employment etc.
* *Add others*
 |
|  | **Personal actions include having knowledge and skills for:** | **Interpersonal actions** **includes using interpersonal skills appropriate to situations to support the wellbeing of the other person and/or support the relationship between people, such as:**  | **Collective actions that contribute to local community or nationwide (‘societal’) health promotion strategies include using knowledge and skills when working collectively to take action such as:**  |
| **Strategies to support and promote wellbeing**  | * Self-management e.g. stress management, time management, self-nurturing
* Positive self-talk (rational thinking)
* Expressing feelings appropriately
* Effective interpersonal communication (*see the list of interpersonal actions below*)
* Decision making - taking personal responsibility for acting in ways that promote wellbeing
* Asking for help from trusted others
* Help seeking - accessing and using systems and agencies (e.g. at school or in community) that support wellbeing
* Personal goal setting, action planning, implanting, reflecting and evaluating (ACLP used for personal action)
* *Add others*
 | * Effective communication, effective listening, negotiation and compromise, using I statements, assertiveness, problem solving, giving constructive feedback
* Respectful communication
* Supporting and caring
* Showing empathy
* Valuing others - respecting the diversity of others – being inclusive
* *In other words, NOT to bully, harass, intimidate, abuse or discriminate against people*
* *Add others*
 | * Advocacy – letter writing, petitioning, protesting, campaigning for change
* Group processes for identifying issues to know where to target actions, e.g. questioning, surveying, interviewing …
* … Critical thinking to understand situations – e.g. who is advantaged/ disadvantaged, seeing different perspectives and using these understandings to make decisions about actions ….
* ….. Goal setting, action planning, implanting, reflecting and evaluating (ACLP used for collective action)
* Campaigning, presenting, advertising – making people aware of issues and what they can do about them
* Implementing existing laws, policies or other guidelines at local community level and more widely
* *Add others*
 |