Understanding the

Underlying Concepts

in Health Education

A New Zealand Health Education Association position statement to support teaching and learning in *The New Zealand Curriculum*

Jenny Robertson

Understanding the Underlying Concepts in Health Education: A New Zealand Health Education Association position statement to support teaching and learning in *The New Zealand Curriculum*

2021

Digital resource available at https://healtheducation.org.nz/resources/

Recommended citation

Robertson, J. (2021). *Understanding the Underlying Concepts in Health Education: A New Zealand Health Education Association position statement to support teaching and learning in The New Zealand Curriculum*. NZHEA: New Zealand.

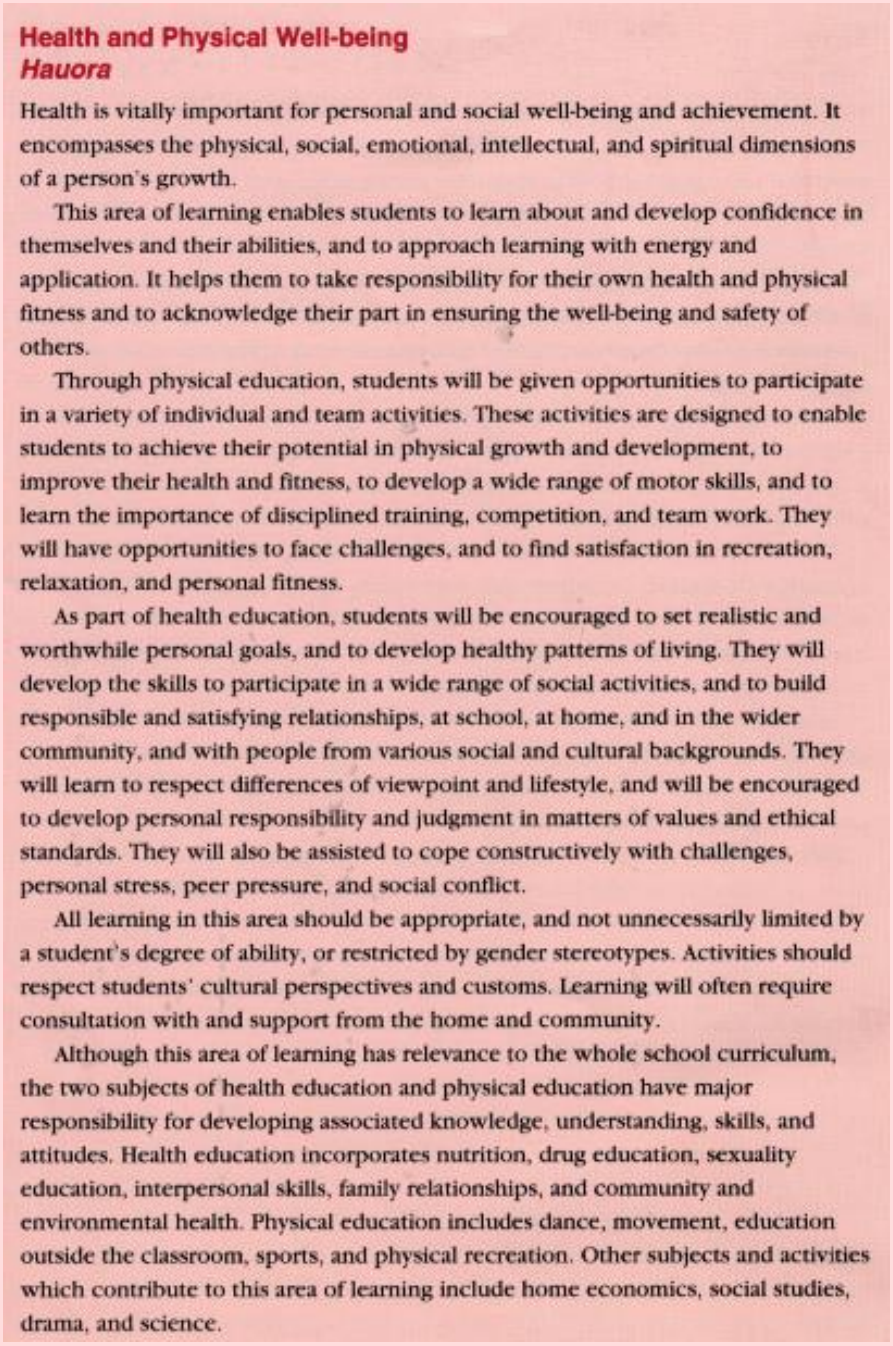
Contents

Foreword

Reflecting on the development of health education in the New Zealand curriculum

Wandering back through the New Zealand curriculum archives surfaces a document titled *The New Zealand Curriculum Framework, Te Anga Marautanga o Aotearoa* (Ministry of Education, 1993). This document marks the point in time when health and physical education were combined into one learning area. Prior to this the direction for health education came from the 1986 Health Syllabus from the (then) Department of Education.

The image below reproduces the Health and Physical *Wellbeing* page from this framework document. Almost 30 years on it is interesting to read this again to be reminded of what was intended when the HPE learning area foundations were first established, what the vision for the two subjects was at the time, and now, to reflect on what has transpired in the intervening years.



Health and Physical Well-being
Hauora

Health is vitally important for personal and social well-being and achievement. It encompasses the physical, social, emotional, intellectual, and spiritual dimensions of a person's growth.

This area of learning enables students to learn about and develop confidence in themselves and their abilities, and to approach learning with energy and application. It helps them to take responsibility for their own health and physical fitness and to acknowledge their part in ensuring the well-being and safety of others.

Through physical education, students will be given opportunities to participate in a variety of individual and team activities. These activities are designed to enable students to achieve their potential in physical growth and development, to improve their health and fitness, to develop a wide range of motor skills, and to learn the importance of disciplined training, competition, and team work. They will have opportunities to face challenges, and to find satisfaction in recreation, relaxation, and personal fitness.

As part of health education, students will be encouraged to set realistic and worthwhile personal goals, and to develop healthy patterns of living. They will develop the skills to participate in a wide range of social activities, and to build responsible and satisfying relationships, at school, at home, and in the wider community, and with people from various social and cultural backgrounds. They will learn to respect differences of viewpoint and lifestyle, and will be encouraged to develop personal responsibility and judgment in matters of values and ethical standards. They will also be assisted to cope constructively with challenges, personal stress, peer pressure, and social conflict.

All learning in this area should be appropriate, and not unnecessarily limited by a student's degree of ability, or restricted by gender stereotypes. Activities should respect students' cultural perspectives and customs. Learning will often require consultation with and support from the home and community.

Although this area of learning has relevance to the whole school curriculum, the two subjects of health education and physical education have major responsibility for developing associated knowledge, understanding, skills, and attitudes. Health education incorporates nutrition, drug education, sexuality education, interpersonal skills, family relationships, and community and environmental health. Physical education includes dance, movement, education outside the classroom, sports, and physical recreation. Other subjects and activities which contribute to this area of learning include home economics, social studies, drama, and science.

The New Zealand Curriculum Framework, Te Anga Marautanga o Aotearoa (Ministry of Education, 1993, p16)

In the year following the curriculum framework document, separate health education and physical education literature reviews by Helen Shaw (1994) made recommendations about the conceptual foundations of these subjects. These ideas were developed further with the writing of the 1999 *Health and Physical Education in the New Zealand Curriculum* document. At the time this curriculum development work was led by health education expert Gillian Tasker and physical education expert Ian Culpan from the (then) Christchurch College of Education, and involved teachers and educators from around the country. Key to this early curriculum policy work was the development of a conceptual framework to identify the scope of what health and physical education could and would be, so that as subjects to be learned about, and studied as part of academic pathway alongside all other school subjects, it was grounded in knowledge from relevant academic disciplines and other established knowledge.

It was decided that this conceptual framework of big and broad ideas for learning in health and physical education, in a New Zealand curriculum, would:

- Be holistic, considering a multidimensional understanding of health and wellbeing, rejecting notions of healthism or a biomedical-*only* understanding of physical health where the body is a disease-free functioning machine (which is unachievable for many reasons and often beyond the control of individuals);
- Be grounded in an ecological approach that provided a way to view and understand wellbeing through the interrelationships between individuals, others, and their community and wider society;
- Consider the individual and collective processes for taking critical action to promote wellbeing; and
- Recognise and draw attention to the attitudes and values that underpin our beliefs and behaviours about wellbeing, and the importance of these when taking action to support and promote wellbeing.

While this conceptual framing is now over 25 years old, the selection of underlying concepts that still feature in the NZC seem as relevant now as ever. Arguably we seem we have finally caught up with why HPE, and health education specifically, was framed this way so many years ago. The framework and foundation established with the 1999 curriculum document (while no longer policy as such), stood up the curriculum stocktake and review in the early 2000s and remained intact during the development of the current curriculum Health and Physical Education statement in *The New Zealand Curriculum* (2007).

For over 20 years, Health and Physical Education (HPE) learning area knowledge has been developed around four underlying concepts – **hauora (and wellbeing), a socio-ecological perspective, health promotion, and attitudes and values.**

Why this resource now?

NZHEA identified the need for this resource some time ago and as time has gone on, the reasons for documenting these ideas - in a single resource – have continued to grow. At the present time we are cognisant of the following points.

- The earlier underlying concepts resource *The Curriculum in Action: Making Meaning Making a Difference* (Ministry of Education, 2004) was only ever relevant for senior secondary education and some of the applied ideas in the resource have become dated.
- We have also seen the initial development from the Ministry of Education of HPE progressions (some specific to health education) to support teachers make decisions about student learning achievement and progress. As with NCEA, it is the underlying concepts that provided a framework for this progression.
- With the review of the NCEA standards being undertaken over the next few years, the central importance of the underlying concepts for shaping and 'levelling' health education knowledge will again become apparent, as it has with previous standards review processes.
- The Ministry of Education Curriculum Lead roles announced in mid-2020, that aim to support teachers and leaders to strengthen mental health, relationships and sexuality education teaching and learning, will need access to in-depth curriculum knowledge, with the underlying concepts being central to this for English medium schools.

- There is ever-increasing interest by external providers and cross sector agencies who focus on specific topic matter and health and wellbeing issues (both curriculum and whole school approaches to the promotion wellbeing), viewing schools as contexts for their work. Without consideration of how a curriculum approach to topic matter is framed by the underlying concepts (as well as wider education policy), the resources produced and services provided can be of little use to schools.
- Overall, the resource is a timely (and arguably long overdue) opportunity to reflect on where our knowledge has come from in health education, and where we are at now, in order to frame future discussions about where we go to from here and as we look ahead to the possibilities for health education in the national school curriculum.

Although a plan and timeframe for the next iteration of a New Zealand curriculum is not yet on the table, it is inevitable that one day we will need to revisit how learning related to health and wellbeing is framed and organised or 'disciplined' within a curriculum statement. For now, the underlying concepts of hauora, a socio-ecological perspective, health promotion, and attitudes and values, remain.

Jenny Robertson
NZHEA Executive
January 2021

Note: Without the benefit of an established body of theory and research literature specifically documenting the meaning and application of the HPE underlying concepts, the understanding and application of these concepts in health education expressed in this resource are based on knowledge accrued over many years from:

- PLD processes supporting the implementation of the *Health and Physical Education in the New Zealand Curriculum* (1999) statement
- Membership of the curriculum writing team for the development of the Health and Physical Education statement and achievement objectives for *The New Zealand Curriculum* (2007), and implementation of this curriculum
- Academic study
- School and university teaching roles
- Resource development and professional learning and development provision to support these resources
- NCEA development and resourcing
- Ministry of Education and cross sector engagement in health and wellbeing related developments.

Acknowledgments

Rachael Dixon, editor and reviewer

NZHEA Co-Chairperson

Vaifoa Lam Sam, cover artwork and in-text illustrations

In 2020 Vaifoa was a student and head boy at Tamaki College in Auckland. His illustrations were used for the NZHEA resource *Making connections with Pacific ideas in health education: A resource to support teaching and learning in The New Zealand Curriculum* (2020) by Gloria Tu'itupou, Kata O'Donnell, and Jenny Robertson. In 2021 he begins his studies in Communication Design at AUT.

Introduction

Aims and purpose of this resource

1. To explain the intended meaning, interpretation and application of the four underlying concepts of the Health and Physical Education (HPE) learning area, as they are used in health education. These explanations will also draw attention to ongoing tensions and misunderstandings, and areas for future reconsideration. (Part A)

2. To map out and illustrate how the application of the underlying concepts to health education contexts or topics increases in complexity across *The New Zealand Curriculum* (NZC) levels 1-8 (noting that health education contexts or topics are framed by the key areas of learning - mental health, sexuality education, food and nutrition, and aspects of body care and physical safety for primary level). (Part B)

3. To document 'where we are at' now, in our understanding and application of the HPE underlying concepts.

Audience

We have developed this resource with many education and cross sector audiences in mind. For example:

- Teacher trainees completing initial teacher education qualifications (primary and secondary).
- Teachers new to teaching health education in primary or secondary schools.
- Experienced teachers providing leadership in health education-specific professional learning for other teachers in their syndicate (primary schools), or department or faculty (secondary schools).
- Teachers from across other subjects and learning areas designing connected curriculum programmes where aspects of health education feature.
- School leaders seeking insights into the broader scope and intent of health education as a subject in the NZC.
- External providers developing curriculum resources for health education or providing services to support curriculum teaching and learning.
- Professional learning and development facilitators providing PLD in health education (and whole school approaches to the promotion of student wellbeing).
- Researchers and policy makers in the health and wellbeing space seeking to understand the nature of health education in the NZC.

The New Zealand Curriculum - English medium application of this resource

We note that this resource only has application for *The New Zealand Curriculum* (2007) developed for use in English medium schools. ***Te Marautanga o Aotearoa*** **(2017), developed for use in Māori medium kura, conceptualises the learning area of Hauora differently to the HPE learning area in the NZC**. Consequently, it cannot be assumed that the ideas in this resource will translate to, and be applicable for, teaching and learning in TMoA, and where they do appear to be congruent, to realise that TMoA ideas are conceptualised through a matauranga Māori lens. With the redevelopment of TMoA underway, we look forward to seeing and understanding how matauranga Māori will shape ideas related to hauora in future iterations of this curriculum statement.

On the (very complicated) matter of knowledge

- **Knowledge vs information**

Making claims to what or whose knowledge counts, and defending what constitutes reliable knowledge from reputable sources in a digital age, is a project engaging the education sector at a global level.

After centuries of debate scholars still continue to question the nature of knowledge. Even when there are multiple and contested meanings of ideas (and therefore, what is deemed 'knowledge'), we still need to be able to communicate with meaning and understanding. This requires making decisions about what knowledge counts, and the terminology, information and ideas that have meaning in our (New Zealand health education) context.

Digital technologies continue to democratise knowledge and information in ways never imagined many centuries ago when the written word became accessible to a far wider audience with the invention of mass-produced (inexpensive) paper, and then later the printing press. However, the often abusive use of digital technologies during the second (and now accelerating in the third) decade of the twenty-first century has brought to many people's attention the risks of misinformation and disinformation (or 'fake news') being promoted as 'knowledge'.

On the matter of knowledge and information we offer the following to help make the distinction:

Knowledge	• Knowledge is the theoretical, conceptual and/or practical understanding of a 'subject'. (*See the following table describing various aspects of knowledge.)* • Knowledge is what you get when information is combined with analysis and experience. • Knowledge is the concise, systematic and appropriate collection and organisation of information that makes it useful. • All knowledge is information (but not all information is knowledge) and knowledge is 'useful' information. • Knowledge is the relevant and objective information and skills *acquired* through purposeful learning, education and experience. Gaining or acquiring knowledge requires some level of cognitive (thinking) and analytical ability. • Knowledge is *acquired* through examination and analysis of the recurrent ideas, themes or patterns across various sources of information. This analysis or examination is needed to understand what the information is saying. Acquiring knowledge is more than just a literacy comprehension exercise. Examination and analysis requires thinking and using concepts or theories to help understand what the information is showing, and then to be able to communicate this (knowledge) understanding.
Information	• Information is all of the raw data from all forms of research. It is also lists of facts or instructions, written articles, video (TV, news, film), social media postings and so on - all information is (potential) data. • Acquisition of information is often 'for free' in that you don't have to actively learn about in a systematic and disciplined way as you do with knowledge - you simply search or seek it out, or you are offered it by others. • All information need not be knowledge. The internet for example is full of information - very little of it would be considered 'knowledge'. • Information is needed to be able to gain knowledge. • Information deals with the way data are related e.g. a collection of articles and artefacts that are all about a particular health topic are just information until they are examined or analysed using particular conceptual and/or theoretical understandings. **Using 'information' in health education requires the use of critical thinking skills and viewing the information through the lenses provided by the HPE knowledge (underlying) concepts.**

What constitutes 'knowledge' can then be thought of and organised in relation to:

Theory	A theory is a **system of ideas** intended to explain something, especially one based on general principles (principles are based on values, ideology, philosophies, ethics, etc). For health education purposes, a 'theory' could be a set of facts, a belief, policy, or procedure followed as the basis of an approach to understating something, or the basis for an action.
Concepts	Concepts are a principle or idea. These ideas are 'abstract' and exist in the mind as thoughts or notions. We say they are 'abstract' because they have no physical or concrete existence. They are also a generic idea that can apply to several situations - that is, concepts are not specific content knowledge that apply only to one situation. The difference between a theory and a concept is that a concept is an idea whereas a theory is an underlying explanation of how something works, or why something is what it is.
Underlying concepts	HPE knowledge in *The New Zealand Curriculum* is based around four underlying concepts: **hauora, the socio-ecological perspective, health promotion, and attitudes and values** (see the following pages).
Subject and context or topic specific concepts	Health education draws on additional subject and context specific concepts to understanding topics more deeply, and to be able to link the topic with the HPE underlying concepts. These subject specific concepts in health education include, for example: resilience, social justice, inclusiveness and diversity, fairness, ethics and ethical thinking, gender and sexuality, social determinants of health, equality, equity, social inclusion, social coherence, social capital, cultural capital, culture, subculture, harm minimisation (or risk reduction), collective action, empowerment, agency, rights (and responsibilities), etc.
'Big ideas'	Big ideas can mean many things depending on the situation where the term is used. For some it might mean theories or concepts. In other situations it might be about the overarching ideas that hold everything together. *For example,* the way many of the health education Achievement Standards require students to explain the interconnectedness of the influences on an issue, the consequences for wellbeing when a range of factors have impacted wellbeing, and strategies that could be used to promote wellbeing, is an important 'big idea' in health education.
Construct	The term 'construct' is used in some academic literature (it's used here as a noun and not a verb). A construct is an idea or theory containing various concepts. Constructs are not always considered to be objective and they are not necessarily based on empirical evidence, but are useful for exploring *possible* ways of thinking and understanding situations.
Context	A context is simply the situation, or the circumstances. Topics derived from the key areas of learning - mental health, sexuality education, and food and nutrition, provide the contexts for health education.
Content	We tend to think of content knowledge as the specific subject or topic ideas, or the detailed context specific information or knowledge included or contained in an account of a situation.

Through additional concepts like digital fluency and digital citizenship (see the 'other concepts and big ideas in health education' section) teachers and students in New Zealand are challenged with the responsibility to recognise accurate and reliable knowledge and information from reputable sources, in order to ensure high quality learning outcomes. The substantial challenges presented at this time by the intersections between social issues, digital

technology use, and education, mean that achieving the purposes and goals of digital fluency and digital citizenship, remain a work in progress.

- **Why does a commitment to knowledge matter?**

Theories, concepts and 'big ideas' are what shape and organise or 'discipline' our health education knowledge for the purposes of academic study at school. All learning areas (and subjects within these) draw on a set of theories or concepts to frame the learning area knowledge, which is described in broad terms in *The New Zealand Curriculum*.

Although a purist and conservative view of the knowledge disciplines (science, philosophy etc) would limit the use of this term, we use the term 'discipline' here to acknowledge that **health education is not simply a huge pile of disorganised (anything goes) information about health and wellbeing.** Health education in the curriculum is organised, it has structure and purpose, and there are boundaries for what it is, *and isn't*.

As will be discussed in Part A of this resource, without a commitment to a particular selection of theories or concepts and claims to knowledge, the purpose of what we teach can be rendered meaningless and pointless if there is no knowledge foundation for the learning. It becomes difficult to communicate with meaning when we 'don't know where someone is coming from', to know what to teach, or make judgements about what students have learned and the progress they have made, if there is no clear foundation for the knowledge to be learned.

Not all health-related knowledge is fit for purpose in a twenty-first century schooling/educational context, given what we now know from empirical data about the factors that determine the health and wellbeing of populations. An example of this is explored later in this resource where we consider a healthism versus holistic understanding of wellbeing.

However, our caution here is that we don't become so prescriptive and apply a one-size-fits-all approach to content knowledge (typical of early-mid last century approaches to health education) that fails to recognise the diversity of learners in our schools, their diverse learning needs, and ignores the complexity of some of the health and wellbeing issues that impact people's lives.

Overall it's a balancing act. On one hand, the purpose of providing a limited selection of broadly focused health education theories, concepts and 'big ideas' provides teachers and students with the opportunity to bring relevance to the learning by selecting contexts and learning experiences relevant to learners. On the other hand, selecting a limited group of concepts also serves to ground the learning in an accessible and manageable number of commonly understood ideas that enable teachers to teach ethically and with confidence, and to make defensible judgements about student learning achievement and progress.

- **Whose knowledge and what knowledge counts?**

Having a learning area and a subject organised and built on a foundation of broadly focused concepts allows us to respond to a diversity of learners when responding to the question of 'whose knowledge counts' and 'whose experiences of the world count'? When we consider the many marginalised groups in society, whether that marginalisation is based on culture and ethnicity, sex, sexuality and gender diversity, cognitive and physical abilities, health status, and so on, broadly focused concepts provide the opportunity for selecting learning contexts and content relevant to the students - as learners.

It also means that when, as a matter of policy, we are encouraged to consider and use aspects of matauranga Māori in teaching and learning for example, indigenous knowledge (and other cultural knowledge) may be drawn upon to help make learning relevant for students.

To be able to talk about **different knowledges** and engage further in this conversation we need some widely understood terminology to differentiate between these knowledges.

Academic subject knowledge: Selecting a single all-defining term to refer to academically disciplined, subject specific knowledge developed by scholars who engage in knowledge creation processes to explain the natural world, or the many facets of our human existence, is fraught with problems. For simplicity, and for the purpose of this resource the term '**academic subject' knowledge** will be used. This is not suggesting that indigenous knowledge, for example, is not intellectual or academic (consider the way it is formally taught in academic institutions like schools and universities). What it relates to considers how and where the knowledge was created and developed in the first place.

NB. *Saying academic subject knowledge is 'western' knowledge is also problematic. Although it is reasonable to suggest that most of the theory and concepts we currently work with in health education come from English speaking and European (or 'western') scholars, contemporary academic work is a global project - both eastern and western. When we consider the development of knowledge over time, history tells us that the 'disciplining' of knowledge centuries ago (such as mathematics, science and philosophy) appears to have had substantial input from scholars in eastern regions, and not just European scholars that western societies may be more familiar with.*

Indigenous knowledge: In this resource, indigenous knowledge refers to matauranga Māori, or the traditional knowledge of Māori. In other (stated) contexts it could also refer to the indigenous or traditional knowledges of Pacific peoples or other ethnic groups.

For the moment, using aspects of matauranga Māori in 'academic subject' English medium teaching and learning means indigenous knowledge is being used more as a resource within a broader framework of academic subject knowledge - including the concept of hauora (noting that the use of this concept in the NZC is contested by some Māori academics). This tends to mean that many teachers and students make meaning of Māori concepts and knowledge by filtering these ideas through their own world view - and not as matauranga Māori for its own sake. We are also aware that some aspects of matauranga Māori - as related to hauora and wellbeing, can be quite regional and there is no standardised, nationally understood, or agreed to knowledge and language on some matters.

NB. *Reference to indigenous knowledge here goes beyond our ways of working and relating described by the cultural competencies in resources such as Tātaiako (Ministry of Education, 2011) and Tapasā (Ministry of Education, 2018). The focus here is on knowledge related to health education subject matter and the many Māori (and other cultural) terms and concepts that are used in relation to hauora and wellbeing.*

A persistent tension, when combining academic subject and indigenous knowledge, goes to the very processes by which knowledge is created in the first place.

Academic subject knowledge comes to be through theorising and conceptualising, or hypothesising, testing and experimentation (as relevant to the discipline) and this is challenged, critiqued and reviewed by other discipline or subject experts before becoming accepted. There are arguments that posit some indigenous knowledge has also been created this way (see the discussion in Smith et al., 2016 for example - reference below). This adds complications when trying to find terminology that makes a distinction between, and preserves the integrity of, academic subject knowledge and indigenous knowledges (which is increasingly being produced by Māori scholars embracing, but also moving beyond, the preservation and reproduction traditional knowledge).

When we ask school students to 'think critically' we are not asking them to passively accept the knowledge and information in front of them and reproduce it just as they were taught, but to actively ask questions about this before drawing any conclusions and deciding what knowledge is most appropriate for the situation – regardless of where that knowledge comes from.

Then there is the question over who has authority to select knowledge that is deemed 'fit for purpose', and who can challenge and change that knowledge over time, especially when some old knowledge is no longer considered useful for twenty-first century lives and competing new knowledge grows in acceptance, and that these judgements may be different for academic subject knowledge and indigenous knowledge. It raises the question about the extent to which it is appropriate treat indigenous knowledge the same way when the processes that develop traditional

knowledge differ somewhat from those processes expected of scholars creating knowledge through disciplined study in universities.

Useful discussions about these points can be found in:

Smith, L.T., Maxwell, T.K., Puke, H. & Temara, P. (2016). **Indigenous knowledge, methodology and mayhem: what is the role of methodology in producing indigenous insights? A discussion from mātauranga Māori.** *Knowledge Cultures 4*(3), 131–156.

Royal, C. (2009). ***Mātauranga Māori: An introduction.*** Mauriora-ki-te-Ao/Living Universe Ltd.
A digital copy of this publication can be purchased from
https://charles-royal.myshopify.com/products/matauranga-maori-an-introduction

Arguably, we (the NZ education sector as a whole) are yet to have robust discussions about the way aspects of matauranga Māori can achieve equal status in English medium subject teaching and learning, and the (un)intended consequences of placing disciplined subject knowledge alongside indigenous knowledge and getting them to complement each other - *or not*. The question to be asked is whether these good intentions are acts of cultural appreciation or cultural appropriation – applied not to cultural artefacts as is usually the case, but to indigenous knowledge itself.

This will be an ongoing discussion for some time with arguments for and against already taking place (as they have been for some time). There are ongoing cautions about what happens when, depending on the context in which it is being used, one knowledge comes to dominate the other anyway, because of the power some knowledge has in specific contexts. Without far more extensive engagement with Māori and other ethnic communities, we are not yet in a position to advance these debates and decisions *by ourselves*, and we look forward to participating in such developments in years to come.

In context of health and physical education, these indigenous knowledge concerns have already been raised around our use of the term **hauora.** This is explored further in the first section of this resource.

Overall:

In health education we are committed to teaching high quality subject knowledge that, once learned, can be communicated with meaning and relevance, across diverse audiences.

We believe that in order to understand the many complex social and wellbeing issues impacting people's lives individually, locally, nationally and globally, requires highly developed cognitive capabilities. These capabilities need to be learned, and learned in contexts where knowledge can be applied in authentic ways.

As well as providing a knowledge contribution (including knowledge of skills) for the promotion of wellbeing, health education also aims to make a contribution to a wider collection of social actions to achieve social justice for all.

Teaching students how to be agents of change in their own lives, in their communities, nationally, and globally, requires them to be astute critical thinkers, to think and act ethically, and to be advocates and activists.

Part A. Overview of the underlying concepts

The health and physical education learning area statement opens with: *"In health and physical education, the focus is on the **well-being** of the students themselves, of other people, and of society through learning in health-related and movement contexts."* (NZC, 1999, p22).

Although health education is popularly known by its topic matter, ALL health education knowledge in the curriculum is underpinned by the FOUR underlying concepts listed in the HPE learning area statement in *The New Zealand Curriculum* (2007) which reads:

Four underlying and interdependent concepts are at the heart of this learning area:

- **Hauora*** - a Māori philosophy of well-being that includes the dimensions taha wairua, taha hinengaro, taha tinana, and taha whānau, each one influencing and supporting the others.
- **Attitudes and values** - a positive, responsible attitude on the part of students to their own well-being; respect, care, and concern for other people and the environment; and a sense of social justice.
- **The socio-ecological perspective** - a way of viewing and understanding the interrelationships that exist between the individual, others, and society.
- **Health promotion** - a process that helps to develop and maintain supportive physical and emotional environments and that involves students in personal and collective action.

**In health and physical education, the use of the word hauora is based on Mason Durie's Te Whare Tapa Whā model (Durie, 1994). Hauora and well-being, though not synonyms, share much common ground. Taha wairua relates to spiritual well-being; taha hinengaro to mental and emotional well-being; taha tinana to physical well-being; and taha whānau to social well-being.*

The New Zealand Curriculum (2007), p22 https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum/Health-and-physical-education

For over 20 years these four concepts, in combination, have provided the foundation for all health education curriculum knowledge.

The diverse ways these underlying concepts are applied feature across many health education resources developed by the Ministry of Education and NZHEA, as well as NGOs and other organisations that have partnered with education to produce teaching and learning materials. Some of these resources are listed at the end of this document.

Specific consideration of the underlying concepts means that the broad intentions of the knowledge, framed by the NZC Health Education statement (following), are responded to in accordance with the developmental learning pathway described through Achievement Objectives across eight levels of the curriculum. It has not been since Ministry of Education's *The Curriculum in Action: Making Meaning Making a Difference* (2004) resource (a senior

secondary resource designed to show what the highest levels of the NZC looked like in preparation for the (then) new NCEA pathway), that resourcing has focused on the underlying concepts as a body of knowledge of themselves.

Health education
In health education, students develop their understanding of the factors that influence the health of individuals, groups, and society: lifestyle, economic, social, cultural, political, and environmental factors. Students develop competencies for mental wellness, reproductive health and positive sexuality, and safety management, and they develop understandings of nutritional needs. Students build resilience through strengthening their personal identity and sense of self-worth, through managing change and loss, and through engaging in processes for responsible decision making. They learn to demonstrate empathy, and they develop skills that enhance relationships. Students use these skills and understandings to take critical action to promote personal, interpersonal, and societal well-being.

The New Zealand Curriculum (2007) p23 https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum

With so much information for and about health and wellbeing we needed a collection of well-founded concepts that would not need to change too quickly and could accommodate learning about existing subject matter as well as new and emerging health and wellbeing issues. We also needed some common understandings that could be used to frame, shape, and set the boundaries of health education knowledge so that teachers and students could communicate ideas about wellbeing in meaningful ways, and student achievement and learning progress could be recognised - like all learning areas and subjects in the NZC. Without deliberate and purposeful consideration of these underlying concepts across all health education contexts and topics, claims to knowledge (or information as is often more the case) cannot be considered to be a curriculum understanding of health education.

When we apply the four underlying concepts to context or topic specific matters, it also opens the door to other knowledge concepts. Some of these concepts are explained later in this resource. When analysed in detail it can be demonstrated that health education knowledge has been informed directly and indirectly by theory and research from sociology (and across several branches of sociology sub-disciplines such as critical studies, gender and cultural studies, and the sociology of health), philosophy, psychology, medical and health sciences, and education (since teacher pedagogy is an integral part of the way students come to learn in health education).

As we engage in developments to include more indigenous knowledge alongside academic subject knowledge, we expect aspects other of **mātauranga Māori** will also be included within this framing of the subject.

Other points to note:

- There is no hierarchy to the importance of the four underlying concepts however, it is difficult to get past the obviousness of **hauora** as the entry point to understanding health education. Without an understanding of health and wellbeing, the remaining concepts have no context. This tends to be the first concept that students deliberately learn about.
- Health education makes **explicit and deliberate use of the underlying concepts** and this is most visible at secondary school. At primary school levels, the knowledge building leading toward understanding these ideas *as concepts* will be in development, although we would expect students to start learning about the concept of hauora at primary school. The remaining concepts will be evident in teachers' planning, even if the language of the concepts is not yet used by students, and only parts of the concept are learned and beginning to be understood.
- It is expected that all underlying concepts will be considered across a 'unit' of learning, but not necessarily within individual lessons. See the snapshots in Part B for examples

Explaining the underlying concepts (the following four sections)

With the benefit of over 20 years of use we have had time to apply these concepts to a wide range of health education topics or contexts and to refine understandings of these as a central part of health education knowledge.

In the following sections we have taken each of the underlying concepts in turn to explain **the meaning of the concept in context of health education**. In making sense of the intended meaning of each concept, it is also helpful to understand how they are **mutually defining**. That is, each concept shapes the meaning and scope of the others. We also note ongoing tensions and challenges around the understanding and use of these concepts, as well as considerations for future curriculum (re)development.

For reference:

Fuller explanations of these concepts can be found in the 1999 curriculum statement. While no longer curriculum policy, it remains a useful resource to expand the very brief meanings included in the 2007 NZC document.

Well-being, hauora

Well-being

The concept of well-being encompasses the physical, mental and emotional, social, and spiritual dimensions of health. This concept is recognised by the World Health Organisation.

Hauora

Hauora is a Māori philosophy of health unique to New Zealand. It comprises taha tinana, taha hinengaro, taha whanau, and taha wairua.

- **Taha tinana - Physical well-being**
  the physical body, its growth, development, and ability to move, and ways of caring for it
- **Taha hinengaro - Mental and emotional well-being**
  coherent thinking processes, acknowledging and expressing thoughts and feelings and responding constructively
- **Taha whanau - Social well-being**
  family relationships, friendships, and other interpersonal relationships; feelings of belonging, compassion, and caring; and social support
- **Taha wairua - Spiritual well-being**
  the values and beliefs that determine the way people live, the search for meaning and purpose in life, and personal identity and self-awareness (For some individuals and communities, spiritual well- being is linked to a particular religion; for others, it is not.)

Each of these four dimensions of hauora influences and supports the others.

Health and Physical Education in the New Zealand Curriculum (1999) p31 https://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999/Underlying-concepts/Well-being-hauora

Health promotion

Health promotion is a process that helps to create supportive physical and emotional environments in classrooms, whole schools, communities, and society.
The health promotion process requires the involvement and collective action of all members of the wider school community –students, staff, parents and caregivers, and other community members.
By engaging in health promotion, students and teachers can:

- come to understand how the environments in which they live, learn, work, and play affect their personal well-being and that of society
- develop the personal skills that empower them to take action to improve their own well-being and that of their environments
- help to develop supportive links between the school and the wider community
- help to develop supportive policies and practices to ensure the physical and emotional safety of all members of the school community.

Health promotion encourages students to make a positive contribution to their own well-being and that of their communities and environments.
The health promotion process described in this curriculum is derived from the World Health Organisation's Ottawa Charter. [add in five action areas]

Health and Physical Education in the New Zealand Curriculum (1999) p32
https://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999/Underlying-concepts/Health-promotion

The socio-ecological perspective

People can take part in the health promotion process effectively only when they have a clear view of the social and environmental factors that affect health and well-being. Through learning experiences that reflect the socio-ecological perspective, students can seek to remove barriers to healthy choices. They can help to create the conditions that promote their own well-being and that of other people and society as a whole. Through this perspective, students will also come to a better appreciation of how and why individuals differ.

The socio-ecological perspective will be evident when students:

- identify and reflect on factors that influence people's choices and behaviours relating to health and physical activity (including social, economic, environmental, cultural, and behavioural factors and their interactions)
- recognise the need for mutual care and shared responsibility between themselves, other people, and society
- actively contribute to their own well-being, to that of other people and society, and to the health of the environment that they live in.

Through the socio-ecological perspective, students will learn to take into account the considerations that affect society as a whole as well as individual considerations and will discover the need to integrate these.

Health and Physical Education in the New Zealand Curriculum (1999) p33 https://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999/Underlying-concepts/The-socio-ecological-perspective

Attitudes and values

Programmes in health and physical education contribute to the well-being of individuals and society by promoting the attitudes and values listed below.

Through their learning in health and physical education, students will develop a positive and responsible attitude to their own physical, mental and emotional, social, and spiritual well-being that includes:

- valuing themselves and other people
- a willingness to reflect on beliefs
- the strengthening of integrity, commitment, perseverance, and courage.

They will develop respect for the rights of other people, for example, through:

- acceptance of a range of abilities
- acknowledgment of diverse viewpoints
- tolerance, rangimarie, and open-mindedness.

They will develop care and concern for other people in their community and for the environment through:

- cooperation and awhina
- applying aroha, manaakitanga, care, compassion, and mahi a ngakau
- constructive challenge and competition
- positive involvement and participation.

They will develop a sense of social justice and will demonstrate:

- fairness
- inclusiveness and non-discriminatory practices.

Health and Physical Education in the New Zealand Curriculum (1999) p34 https://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999/Underlying-concepts/Attitudes-and-values

Student's visual re-interpretation of te whare tapa whā

•Hauora

Hauora* - a Māori philosophy of well-being that includes the dimensions taha wairua, taha hinengaro, taha tinana, and taha whānau, each one influencing and supporting the others.

**In health and physical education, the use of the word hauora is based on Mason Durie's Te Whare Tapa Whā model (Durie, 1994). Hauora and well-being, though not synonyms, share much common ground. Taha wairua relates to spiritual well-being; taha hinengaro to mental and emotional well-being; taha tinana to physical well-being; and taha whānau to social well-being.*

The New Zealand Curriculum (2007), p22 https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum/Health-and-physical-education

Why have a curriculum grounded in a holistic understanding of health and wellbeing?

A holistic or a healthism approach?

The reason for a holistic rather than a healthism approach requires detailed explanation. The curriculum archives and other articles from this time (Shaw, 1994; Tasker, 1997, 2004) go some way to explaining how this decision came to be made. By and large it was a rejection of the moralistic, individualised, authoritarian, physical/bio-medical only approaches to health, in the face of a growing body of literature and research that showed that such an approach did little to promote the health and wellbeing of all people in the population. Nor was such an understanding inclusive of Māori and other cultural groups in New Zealand.

Mid to late twentieth century approaches to health in developed countries were typically 'healthism' focused, reflecting the political and cultural mores of western society at the time. An early healthism definition stated that it was "*the preoccupation with personal health as a primary - often the primary - focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of life styles*" (Crawford, 1980). Subsequent critique of a healthism approach has highlighted how it is moralistic, holds people accountable for their own health, assumes individuals have control of their health, it's authoritarian in nature ('medical experts know best'), and with growing understanding of what we now know as the 'social determinants of health', it has been demonstrated to be highly problematic as a way to frame notions of 'health' and how to maintain or improve health.

Use of the term 'healthism' since then has varied from source to source to emphasise different aspects of such an approach. The 1999 HPE in the NZC document defined it as "*a set of assumptions, based on the belief that health is solely an individual responsibility, that embrace a conception of the body as a machine that must be maintained and kept in tune in a similar way to a car or motorbike*" (Ministry of Education, 1999, p.56).

While the idea of holistic health and wellbeing were far from new at the time of the 1999 curriculum writing (spanning back over millennia and across many cultures), the dominance of scientised medicine in westernised societies over the past century meant that holistic approaches were often seen as 'alternative' and a healthism approach continued to be supported by the power and authority of the medical and health sciences. However, this statement is not intended to dismiss the obvious benefits that medical science has contributed to people's health status. Instead it is to draw attention to the way some knowledges about health have more power, while some are more marginalised when particular combinations of political, economic, and cultural or social values dominate societal practices and understandings about health.

Mason Durie's seminal publication *Whaiora* (originally published 1994) provided the 1999 curriculum writers with a holistic model of health and wellbeing unique to New Zealand, albeit with obvious parallels to the WHO definition of health. Permission was granted to use te whare tapa whā as the model of health and wellbeing for the 1999 HPE curriculum. Reading this text it becomes apparent that te whare tapa whā model, now familiar to so many people, had its roots established long before *Whaiora* was published. While it is apparent where te whare tapa whā came from, the decision to name the curriculum concept of wellbeing as 'hauora', given other related terms, is not as well documented in the curriculum development literature, and has been the source of some ongoing criticism (see for example Heaton, 2011).

How is the concept of hauora used in health education?

In ways appropriate to their learning development, students come to know and understand that:

- The concept of hauora includes taha wairua (*ideas related to spiritual wellbeing*), taha hinengaro (*ideas related to mental and emotional wellbeing*), taha tinana (*ideas related to physical wellbeing*), and taha whānau (*ideas related to social wellbeing*), with each dimension influencing and supporting the others.
- **For health education purposes we explore these dimensions of wellbeing through Durie's model of te whare tapa whā.**
- Te whare tapa whā, as a model to describe and explore wellbeing, is a minimum requirement for learning in the NZC. It does not exclude the consideration of other models. Students may explore other wellbeing models such te wheke, and the various Pacific models like fonofale and fonua. Senior students may go on to compare and contrast western, eastern, and other indigenous concepts of wellbeing.

Over successive years of learning students learn to:

- Examine the inter-connections between or inter-relatedness of the dimensions.
- Understand how holistic wellbeing requires balance between the dimensions.
- Apply understandings of hauora, using te whare tapa whā model, to a wide range of health and wellbeing contexts.

When applying ideas to te whare tapa whā model students learn the following (for example):

Taha wairua (*ideas related to spiritual wellbeing*)

When placing emphasis on spiritual *wellbeing*, students learn about:

- The values and beliefs that contribute to the wellbeing of themselves and others
- What gives their life meaning - their dreams, aspirations, hopes and desires, their life goals and how these ideas relate to their wellbeing
- Matters to do with their identity or identities and wellbeing
- What gives them a sense of belonging and connectedness - such as connections with ancestry, land and environment, people and places, and how this impacts wellbeing
- And where relevant for learners, the Māori concept of wairua adds depth or provides an alternative to the learning above.

Taha hinengaro (*ideas related to mental and emotional wellbeing*)

When placing emphasis on mental and emotional wellbeing, students learn about:

- How thoughts and feelings impact people's sense of wellbeing (and self-worth or self-esteem)
- How to recognise feelings and express them appropriately
- How to think in reasoned, realistic and rational ways about wellbeing
- The ways changes in our lives can be stressful and how this impacts wellbeing

- Skills for coping and managing when changes occur, especially changes that result in feelings of disappointment, a sense of loss, and the experience of grief
- Knowing where and how to seek help
- Factors that contribute to young people's use or non-use of substances such as alcohol and other drugs
- Knowledge, skills and other factors that support young people to build resilience and cope with or manage highly stressful life events or adverse situations
- The impact of social in/exclusion on mental health
- The impact of bullying and cyberbullying, harassment, intimidation and discrimination, violence and abuse on mental health, and ways to manage these situations (including laws and policies).

Taha tinana (*ideas related to physical wellbeing*)

When placing emphasis on physical wellbeing, students learn about:

- The contribution that nutritional food and a balanced diet, regular enjoyable physical activity, personal hygiene, and sufficient sleep and rest contribute to wellbeing, as well as the factors that support or hinder the attainment of these
- The effect of alcohol and other drugs on the functioning of the body and how to reduce or minimise harm in situations where there is substance use
- Sexual health - conditions affecting sexual and reproductive health and the prevention of unplanned pregnancy and STIs
- Making decisions that support physical health such as injury prevention strategies in sport and recreation, and disease prevention.

Taha whānau (*ideas related to social wellbeing*)

When placing emphasis on social wellbeing, students learn about:

- The nature and qualities of friendships and relationships, and the contribution of these to wellbeing
- Romantically or sexually intimate relationships
- How relationships change over time and ways of managing these changes to restore wellbeing
- Actions or behaviours that enhance relationships and skills for maintaining relationships e.g. effective listening and communication skills, assertiveness, negotiation and compromise, problem solving, showing empathy, how to be inclusive of a diversity of people
- Recognising injustices and barriers to relationships and skills for manging these situations e.g. bullying and cyberbullying, harassment, intimidation and discrimination, violence and abuse
- Systems, practices and policies in organisations and communities that support relationships, and offer support when social wellbeing is harmed.

Selecting single dimensions of hauora, in isolation, and focusing learning only on this dimension (e.g. only the physical health aspects of issue) does not satisfy a holistic approach, nor an understanding of hauora. In situations where the nature of the topic means there is an obvious focus on one dimension, learning must still consider how all dimensions of wellbeing are implicated.

How do the other underlying concepts help to define the concept of hauora?

Hauora as a holistic understanding of wellbeing is shaped by the other underlying concepts in the following ways:

- The **socio-ecological perspective** provides us with a framework to think about and understand wellbeing, not only as it applies to individuals, but also how wellbeing is a feature of our interactions and relationships with others, and the wellbeing of communities and all of society.
  To show the direction of influence, two-way arrows drawn onto the concentric circles of a SEP diagram show how individuals can influence the wellbeing of others and their community. Similarly, community or societal level factors impact the quality of interactions and relationships between people, as well as the wellbeing of individuals.
- **Health promotion** - or more specifically, the promotion of wellbeing - focuses our attention on processes for taking critical action to promote wellbeing in consideration of all dimensions of hauora. Learning about health and wellbeing promotion processes takes learning beyond just knowledge 'about' wellbeing to understanding the knowledge and skills needed to take action to promote wellbeing. The emphasis on wellbeing here (rather than health - see following discussion) allows students, as learners, to focus on aspects of wellbeing that they have control over, where they can plan, implement and evaluate processes and outcomes of actions that aim to improve wellbeing.
- **Attitudes and values** add a quality judgement to the way we think about and understand wellbeing, and any actions we take to enhance wellbeing. A&Vs such as respect, care and concern for self, others and society, social justice (and what is fair and inclusive) all provide an ethical foundation for what learning about health and wellbeing may contribute to young people's lives.

Challenges, tensions, and future considerations

- **Health and / or wellbeing?**

Having a curriculum subject called 'health education' (*which is historic, globally recognised, and difficult to change when alternative names are as problematic*), that is about 'wellbeing' (*a ubiquitous term that globally is hard to clearly define*), can result in a tangled mess of contradictions, inconsistencies and semantics.

However, to be able to communicate with meaning and purpose, we need language that helps us make meaning of these ideas, even if defining them is not universally consistent.

The 1946 World Health Organisation definition of health, which states that "*health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" (a definition unchanged since it was entered into force in 1948), remains widely quoted. However, despite this definition, there is still a persistent sense that 'health' has something to do with the state of the physical body - how well it is functioning and whether or not it is diseased or injured. We also note that some single dimension (physical health), individualised, and one-size fits all approaches and expectations, still persist among some approaches to health education outside of the NZC.

Wellbeing on the other hand is far less well defined (nationally and globally) and the term is often used synonymously with notions of 'mental health'. Although the following description has no formal use in New Zealand, the comprehensiveness and broadness of this Centres for Disease Control (CDC) definition make it a useful way to frame the possibilities of what people individually and collectively deem to be 'wellbeing'. A locally developed cross-sector version of this statement would help unite the multitude of activities done in the name of 'wellbeing' in New Zealand, and give some focus to what we actually mean by this term.

How is well-being defined?

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfilment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being. Researchers from different disciplines have examined different aspects of well-being that include the following: Physical well-being; Economic well-being; Social well-being; Development and activity; Emotional well-being; Psychological well-being; Life satisfaction; Domain specific satisfaction; Engaging activities and work.

Source CDC - Health-Related Quality of Life (HRQOL) https://www.cdc.gov/hrqol/wellbeing.htm

- **Using a Māori concept in an English medium environment/alongside academic concepts**

The wording of the footnote in the NZC is important " … *Hauora and well-being, though not synonyms, share much common ground. Taha wairua **relates to** spiritual well-being; taha hinengaro to mental and emotional well-being; taha tinana to physical well-being; and taha whānau to social well-being*." (p22)

Over the years, English medium HPE has been criticised for the way the concept of hauora and te whare tapa whā model have been (mis)used. However, this was (to some degree) pre-empted and the words *'related to'* were intended to signal that ideas from this concept and model would be applied in English medium teaching and learning, but these may not be a precise reproduction of the Māori knowledge from which the ideas were derived.

As health education in the English medium curriculum was premised on constructivist* pedagogy that aimed to make learning relevant to the learner, and where learning processes like critical thinking were centrally important, it meant that no curriculum knowledge was simply to be the reproduction of others' knowledge. Instead, contextual knowledge was to be built using concepts like hauora, alongside other established concepts and big ideas.

*The constructivist teacher, drawing on constructivist models of learning, sees the learner not as an empty vessel to be filled up with knowledge, but as an individual "builder" of their own personal, internal intellectual constructs. Such teachers see learners as arriving with pre-existing sets of ideas which they are often satisfied with, and reluctant to give up. However, where these pre-existing ideas … are blocking the learner's developing understanding of a new curriculum concept, they must be disrupted. Thus, the constructivist teacher's starting point is the learner's pre-existing ideas. The teacher's role is to access and understand these ideas, and then to design experiences that can build on, or, where necessary, disrupt them. (Gilbert, 2018, p.19).

Linguistically, the use of the term 'hauora' in English text has presented a number of unintended consequences.

- The early habit of writing 'hauora/wellbeing' (mainly an early NCEA oversight) remains. As the NZC states, *hauora and well-being, [are] **not** synonyms.* This issue persists in some (older) resources.
- In the English medium document 'hauora' names a concept. Hauora is not something people personally have so personalised phrases like 'my hauora' don't work grammatically. As hauora is a concept comprising (at least) four dimensions, it is not hauora that is affected but one of more dimensions of wellbeing *ie it is an aspect of a person's physical, social, mental an emotional or spiritual wellbeing is somehow impacted by life events.*

Given the now ubiquitous nature of the term 'hauora', in both its formal use across many social service sectors, as well as in popular use, we need to re-engage in conversations with Māori scholars to clarify the linguistic issues encountered when including te reo Māori terms in English text.

Preserving indigenous knowledge and leaving it intact *versus* using ideas and applying them in ways that are meaningful to a diversity of people.

A critical perspective on all learning in health education means knowledge is variously challenged, disrupted questioned, (re)built, reconstituted, created, or transformed. A critical approach means learners question, test, and build on what others say, as well as what they themselves think. They consider situations from different viewpoints, and analyse and evaluate the topic matter they are studying. The democratic approach to teaching and learning promoted in health education is not about imposing fixed meanings, but working with the possibilities, such as what models like te whare tapa whā could mean for many different people in many different health and wellbeing contexts. This immediately presents a challenge if ideas related to the use of indigenous knowledge extend only to the preservation and reproduction of this knowledge.

These considerations are currently part of a much bigger academic project considering the way indigenous knowledge will sit alongside academic knowledge with the same validation and authority, and the implications for indigenous knowledge when academic processes like 'disciplining' knowledge take effect.

It is interesting to note that the original 1999 HPE curriculum used 'hauora, wellbeing' to name the underlying concept, whereas in the NZC 2007 'health' was dropped. Also noteworthy is that in *Whaiora*, Durie heads the section of the chapter where te whare tapa whā is explained, as 'health and wellbeing', and there is no use of the term 'hauora' in the entire chapter. Whether this is all just semantics or whether the languaging is important, will be an ongoing conversation.

- **Spiritual wellbeing in a secular society**

There is persistent confusion over the intent of 'spiritual *wellbeing*' – which is not the same as 'spirituality' nor is it a synonym for religion, (specific) religious beliefs and faith, or religious practice. It is important to understand that many students and their families do not have religious beliefs and the New Zealand census has been tracking the decline in religiosity in this country for many years. Also, the diversity of faiths represented among New Zealanders has grown considerably in recent decades.

In some ways it was unfortunate that the English term approximating to the Māori term 'wairua' was deemed to be 'spirituality'. Given its broadest, most inclusive, contemporary (and perhaps popularised) definition, spirituality does not assume belief in a god or gods, or a higher power, although this still seems to be a popularly held understanding, even among those who are not religious.

In a multicultural society, students with religious beliefs represent many different faiths. Students who identify religion as an aspect of their spirituality are still encouraged to consider how spiritual *wellbeing* may come from religious practices (e.g. the sense of community, and being connected and belonging to something through attending a church, mosque or temple), or how their religious values and beliefs help give their life meaning, or how their religion is part of their identity - and overall, what these ideas contribute to their sense of wellbeing. That is, spiritual *wellbeing* is not about being religious and holding religious beliefs as such, it is what those beliefs and religious practices contribute to a sense of wellbeing that is the point of the learning.

Ideas about spiritual wellbeing can be quite abstract and it may not be until students develop a language about this, as well as the ability to think more abstractly, that ideas about spiritual wellbeing will be understood in any depth.

- **Future curriculum statements**

Whether the term 'spiritual' wellbeing remains the best term going forward, needs to be discussed. The term 'wairua' is problematic when matauranga Māori is used outside of its cultural context, as discussed previously. Future iterations of the curriculum statement will need to (re)consider the concept(s) and model(s) around which health and wellbeing are conceptualised. With access to so many academic (research and theory-based), indigenous and cultural models, the question of whether it will be necessary to frame the curriculum understanding in terms of just one model, will need to be considered. In future, will teachers and students be able to select models of health and wellbeing most relevant to them and their community (*as long as it is a holistic model*)?

•Socioecological perspective

The socio-ecological perspective – a way of viewing and understanding the interrelationships that exist between the individual, others, and society.

The New Zealand Curriculum (2007), p22 https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum/Health-and-physical-education

Why have a curriculum grounded in an ecological framework? And why a *socio*-ecological perspective?

Much of the reason for an *ecological framework* has been discussed in the previous section on hauora which focused on why a holistic model of health and wellbeing, rather than a healthism approach. The *socio-ecological perspective* enables students to view, and increasingly understand, the complex interrelationships between social, political, economic, cultural and environmental factors, and how these contribute to the wellbeing of groups and individuals. This is in contrast to a healthism approach which focuses on individuals, and largely ignores or dismisses the evidence of the ways social, political, economic, cultural and environmental factors impact health and wellbeing.

Ecological concepts originate from science. The addition of the prefix *'socio'* draws attention to the interrelated roles and connections *people* have with each other, in social settings, in communities, and in wider society. There are many ecological models used across sociology to help explain the complex interactions between different levels of society, and the interrelationships of people within communities. The work of Lawson (1992) is credited in the early health education curriculum development literature as being a source of ideas for the application of a socioecological perspective in health education. Typically ecological ideas are represented in diagrams or models consisting of a series of concentric circles.

How is the concept used in health education?

In ways appropriate to their learning development, students come to know and understand:

- How to view a wide range of health and wellbeing situations using interconnected ideas considering the self (personal/individual), in relation to others, and within communities or society.
- How to recognise the ways the social determinants of health influence the health of populations ie how the (in)equitable distribution of money, resources and power contributes, to health and wellbeing, or in other words how political, economic and cultural factors in combination impact health…
- …. And how to use evidence to justify claims related to these understandings.
- How inclusive values, beliefs and practices lead to social cohesion and the building of social capital.
- How interconnected and interdependent strategies are needed to address inequities across all levels of social organisation.

How do the other underlying concepts help to define the concept of the socio-ecological perspective?

The socio-ecological perspective is shaped by the other underlying concepts in the following ways:

- Ecological models can be applied to any health and wellbeing context. **Hauora** provides us with a concept to understand health and wellbeing. When we populate a SEP model in health education, the focus is on the many factors that impact the various dimensions of wellbeing, not only as it applies to individuals, but also

how our interactions and relationships with others, as well as community and societal factors, contribute to wellbeing.
To show the direction of influence, two-way arrows drawn onto the concentric circles of a SEP diagram show how individuals can influence the wellbeing of others and their community. Similarly, community or societal level factors impact the quality of interactions and relationships between people, as well as the wellbeing of individuals.

- **Health promotion** - or more specifically, the promotion of wellbeing - focuses our attention on processes for taking critical action to promote wellbeing. Actions that promote wellbeing can be individual and for personal benefit, interpersonal and support relationships with others, or community or societal and for the benefit of population groups or all people.
- **Attitudes and values** add a quality judgement to the way we think about and understand wellbeing, and any actions we take to enhance wellbeing. A&Vs such as respect, care and concern for self, others and society, social justice (and what is fair and inclusive) feature at all levels of social organisation - personal, interpersonal (relationships with others) and community or societal.

Challenges, tensions and future considerations

- **Knowledge of the social determinants of health**

With ever-increasing evidence of the way the complex ways the combination of factors known as 'the social determinants of health' determine the health of populations locally, nationally and globally, there is a need to deepen understanding and use of SDH knowledge in health education, as well as national and global policy, and developments related to this (e.g. the sustainable development goals). The foundations for this learning need to be included at primary school level with ideas like fairness, diversity, and being included featuring from the earliest levels of the curriculum.

- **Diverse cultural perspectives of ecological models**

Diagrammatic representations of socio-ecological models from academic sources put the individual at the centre, and wider society to the outer. Equivalent ideas from some cultures are not necessarily viewed the same way and similar conceptualisations are drawn differently. This suggests a range of related models serving a similar purpose, but with different depictions, may be useful to consider in future, in addition to the more familiar representation of the SEP.

Student's visual interpretation of ideas related to a socio-ecological perspective

•Health promotion

Health promotion - a process that helps to develop and maintain supportive physical and emotional environments and that involves students in personal and collective action.

The New Zealand Curriculum (2007), p22 https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum/Health-and-physical-education

Note that NZHEA has produced an extended discussion on the intent and meaning of health promotion in HPE.

Health Promotion as an underlying concept in health education: Position statement and professional learning and development resource (2017) available at https://healtheducation.org.nz/resources/

Why have a curriculum founded around *a concept* of health promotion?

IF health education is to make a contribution to improved health and wellbeing outcomes, as we all hope it will, students need to learn **how to take action** in ways that respond critically to health and wellbeing issues. Consequently, the learning purposes of health education include teaching students a wide range of knowledge and skills that enable them to engage in many different **processes** for taking action to promote health and wellbeing. After all, **none of us can act in ways that will promote wellbeing without knowledge of the evidence based ways of knowing what to do, and how to do it.**

If students are to achieve the broader vision of learning through the curriculum such as, being confident in their own identity and resilient, actively involved and contributing to communities, and be empowered as agents for change, that all requires learning knowledge and skills. In the case of health education, those skills for taking action are framed through a selection of theories, concepts and principles detailed in the international health promotion literature.

As this is a sizeable body of theory and research literature, the ideas selected for health promotion, as a concept in HPE, focus on the knowledge, skills and understandings that enable students, as learners and as children and young people, to engage in processes for taking personal and collective action.

Why have a curriculum grounded in learning the processes of health promotion - and not the behavioural/ health/ wellbeing outcomes of health promotion?

The **outcome** of teaching and learning about health promotion is knowing what skills to use in different situations to promote wellbeing. The outcome is not health and wellbeing behaviours as this becomes inequitable when some students, such as those who live in poverty, who have pre-existing health conditions, or who have experienced personal trauma, are unable to achieve health and wellbeing outcomes for reasons beyond their control. However, all students can learn so what we assess, as an educational outcome, is their learning about the processes of taking individual and collective action to promote wellbeing.

Typically these actions, in a **learning** environment, will be about **prevention** which the teacher (and all that entails as a matter of education policy) has knowledge, skills and a professional mandate to teach *about*, in contrast to interventions for students already experiencing health and wellbeing issues, the nature of which requires a different

sort of specialist support (such as a psychological or medical intervention). The New Zealand teaching standards and code state that all teachers will promote student wellbeing but this is not specifically as a result of them teaching health education as a curriculum subject. This applies to all teachers of all levels, in all learning contexts. These expectations are detailed in the Teaching Council literature (Teaching Council, 2017).

How is the concept used in health education?

In ways appropriate to their learning development, students come to know and understand:

- **That individual actions** to promote wellbeing requires the development of complex array of knowledge and skills such as identifying and expressing feelings, goal setting and action planning (and evaluation of this process), decision making, problem solving, stress management and relaxation, physical activity, self-talk, personal responsibility, help seeking, etc.

- **How a complex array of interpersonal and social skills are needed to support the wellbeing of themselves and others in all social relationships** e.g. interpersonal communication skills such as effective listening, assertiveness, showing empathy, joint problem solving, negotiation and compromise, mediation, giving and receiving feedback. Also, how the use of these skill support relationships - close/intimate friendships and family relationships, romantic/sexual relationships, as well as relationships with peers and members of the community. These skills extend to knowing about different ways of supporting, recognising and responding to situations where power imbalances are disrupting relationships, understanding rights and responsibilities in relationships, and working in teams and showing leadership. Interpersonal skills may also be used as an aspect of activism and advocacy.

- **That taking collective action to create environments that support wellbeing (and all dimensions of hauora) requires evidence-based and culturally-responsive critical action.** This includes knowing how to plan wellbeing goals using data that identifies the wellbeing need(s) and design an action plan to meet these goals, how to implement an action plan, and evaluate the process and outcomes of these actions.

- At the most senior levels of the curriculum students develop knowledge of international approaches to health promotion to be able to critically evaluate the potential effectiveness of actions and relevance of these for particular groups or wellbeing issues e.g. the principles of health promotion such as those in the Ottawa Charter and the Shanghai Declaration, theoretical and research models like collective action model, behaviour change model, self-empowerment models, and indigenous models such as Te Pae Mahutonga, fonofale, and fonua.

How do the other underlying concepts help to define the concept of health promotion?

Health promotion is shaped by the other underlying concepts in the following ways:

- **Hauora** provides us with a concept to understand wellbeing. When we learn knowledge and skills that contribute to the processes that aim to promote wellbeing (the strategies and approaches), actions may target a particular dimension - physical, social, mental and emotional, or spiritual wellbeing - but this is still in consideration of all other dimensions.
- **The socio-ecological perspective** focuses our attention on a range of considerations for taking critical action to promote wellbeing. Actions that promote wellbeing can be individual and for personal benefit, interpersonal and support relationships with others, and/or community level for the benefit of all people. Individuals can influence the wellbeing of themselves, the wellbeing of others, and their community. Similarly, community or societal level actions can impact the quality of interactions and relationships between people, as well as the wellbeing of individuals. Complex wellbeing issues invariably require actions at all levels of social organisation.

- **Attitudes and values** add an ethical foundation to the way we take action to enhance wellbeing. A&Vs such as respect, care and concern for self, others and society, social justice (and what is fair and inclusive) provide the value basis for all actions that aim to promote health and wellbeing.

Challenges, tensions and future considerations

- **Learning health education in the curriculum versus whole school approach to the promotion of student wellbeing**

The relationship between learning health education in the curriculum, with an inquiry-based, whole school approach to the promotion of student wellbeing, needs to be better understood in terms of purposes, processes and outcomes. With greater clarity about the distinctive purposes of curriculum teaching and learning and WSA, more effective and meaningful connections can be made between the learning in health education and its contribution to the promotion of student wellbeing at school.

- **Models of health promotion**

Overall we need to revise and update the selection of models for senior secondary learning, and as part of teacher content knowledge. *The Curriculum in Action: Making Meaning Making a Difference* (Ministry of Education, 2004) resource introduced teachers and senior students to some of the theoretical and research models for health promotion which, 20 years on, need a refresh. Indigenous models have become far more widely known about and used, and international charters and principles for health promotion continue to be revised in response to changing global issues.

•Attitudes and values

Attitudes and values - a positive, responsible attitude on the part of students to their own well-being; respect, care, and concern for other people and the environment; and a sense of social justice.

The New Zealand Curriculum (2007), p22 https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum/Health-and-physical-education

Why have a curriculum grounded in a stated set of attitudes and values?

(Health) Education is never value-less. The attitudes and values we hold about health and wellbeing have a direct relationship with how we think about health and wellbeing, and the way we choose to act in relation to our own or others wellbeing. Our actions are never without some value-based reason underpinning the decisions we make - whether or not those values are recognised and acknowledged.

Arguably, attitudes and values of themselves are not a concept. It is when we select certain attitudes and values and use them as a lens to analyse and evaluate the way people think and act on health and wellbeing matters that they become more of a concept. That is, respect, care and concern for other people and the environment, and a sense of social justice, become the ideas by which we come to make meaning about what is going on in a wellbeing related situation, and why people think and act this way.

If the broader values of the curriculum are to mean anything and be realised (see NZC p.10), and if human rights and social justice are to be a reality for all New Zealand citizens, then values like respect, inclusiveness (of diversity), fairness, and non-discrimination, need to be a deliberate aspect of all knowledge and skills we teach in health education. That is, including consideration of attitudes and values in health education is not just a passive or incidental consideration, it is an active and deliberately planned aspect of the learning process.

Recognising the attitudes and values inherent in health and wellbeing situations requires active teaching and learning to identify those values and how they impact wellbeing, along with knowledge of ways to challenge beliefs and take action in circumstances where respect, care and concern for people's wellbeing and the environment, and a sense of social justice, are lacking.

How is the concept used in health education?

In ways appropriate to their learning development, students come to know and understand:

- What it means to have a 'positive attitude' toward the wellbeing of ourselves and others, our communities and the environment.
- What it means to show care and concern, and respect for the wellbeing of ourselves and others, our communities and the environment, and skills for doing this.
- That to create a fair, equitable and just world that promotes wellbeing for all, we need to learn how to act in ways that support social justice, equity, and environmental sustainability.
- That do this (above) we need to be able to recognise situations of social (in)justice (e.g. where (in)equality and (in)inequity exist), and know how to act individually and collectively to achieve or maintain what is fair, inclusive and just.
- How a diverse range of personal, social, and cultural values and beliefs impact on peoples' wellbeing in positive and negative ways, and that what might be relevant or 'work' for some people isn't relevant or doesn't 'work' for others.

- How to think act ethically to achieve social justice and how and why ethical dilemmas may arise when people hold different values and beliefs.

How do the other underlying concepts help to define the concept of attitudes and values?

Attitudes and values are shaped by the other underlying concepts in the following ways:

- **Hauora** provides us with a concept to understand wellbeing. When we learn knowledge and skills that contribute to our understanding of physical, social, mental and emotional, and spiritual wellbeing, positive attitudes and the values of care, respect and social justice provide us with a way to make ethical judgements about what constitutes ***well***being.
- **The socio-ecological perspective** focuses our attention on the wellbeing of individuals, people's social interactions and relationships with others, and at wellbeing at community/societal level. The A&Vs provide us with a range of ideas to make ethical judgements across the various levels of social organisation such as whether or not health and wellbeing situations demonstrate a positive attitude (to wellbeing), and if the values of care and concern, respect and social justice (what is fair and inclusive) are present in the situation.
- **Health promotion** focuses our attention on processes for taking critical action to promote wellbeing. Critical actions that promote wellbeing must reflect positive attitudes and the values of care and concern, respect, and social justice.

Challenges, tensions and future considerations

- **Heightening the focus on social justice health and wellbeing**

Arguably, one of the most underdone aspects of the HPE underlying concepts is around the notion of social justice. While ideas about respect, care and concern, and having a positive attitude toward wellbeing are approached with confidence, ideas related to social justice - like fairness and inclusiveness, tend to feature only with the more obvious contexts such as the lack of fairness shown by bullies, or the lack of inclusiveness shown by those discriminating against people with diverse sex, sexuality and gender identities. However, ideas to do with social justice apply to many more health education contexts, as becomes evident through understanding of the social determinants of health for example.

Thanks to internet platforms providing access to information about many social issues, there is a heightened awareness of the injustices present in many world events this century. However, challenging people and asking them to change their behaviours requires understanding the values that underpin and sustains their actions, and how complex the task is achieving social justice for all.

In future, a key development will be to support the design of more teaching and learning programmes that deliberately include learning about the HPE attitudes and values, and from the earliest levels of the curriculum.

- **Heightening the focus on (in)equity and health and wellbeing**

The World Health Organisation social determinants of health (SDH) provide an evidence base to explain how the inequitable distribution of money, power and resources leads to health inequities.

Knowledge of the SDH needs to be essential learning for all teachers and senior students.

- **Clarifying what it means to be 'inclusive' – or are we just 'othering' diversity?**

Teaching and learning about inclusiveness of diversity - especially sex, sexuality and gender diversity, cultural and ethnic diversity, and diversity related to abilities and health status, draws attention to marginalised groups and the ways some members of these are excluded - all of which is critical for learning in health education. With this framing, 'diversity' tend to refer only to those marginalised groups and not the whole population who are also part of the diverse make up of society, all of whom have responsibilities for creating and maintaining inclusive communities.

This has the ongoing effect of positioning marginalised groups as ‘the other’, despite good intentions to the contrary. However, the problem is a circular one - if we don’t draw attention to the way some people in marginalised groups are excluded, the issue goes unnoticed and nothing changes, but when we do draw attention to the inequities or issues, the marginalised group is positioned as the ‘other’ (all too often focusing on problems or deficits) in relation to the dominant group in society.

At some point we will need to develop ideas that are truly inclusive and talk to the rights, roles, and responsilbites of all people in a community or society, how we all are part of the diverse ways it means to be human, and contribute to making communities inclusive of diversity (whether a majority or minority group), and promote wellbeing for everyone.

Other concepts and big ideas in health education

Key areas of learning

Knowledge of the underlying concepts in health education is not the learning outcome as such. The measureable learning outcomes to show student achievement and progression come from the topic specific subject matter that has been shaped and organised (or 'disciplined') by the underlying concepts.

Health education draws extensively on three of the seven key areas of learning listed with the HPE learning area - mental health, sexuality education, and food and nutrition, and in part from body care and physical safety (mainly in primary school programmes). The broad intent of these KALs is documented in the earlier 1999 HPE in the NZC document, which is now just a resource and not a policy statement, although the KAL statements now need some minor revisions to update the ideas listed.

All topic or **subject matter within these key areas of learning comes with its own academic theories and concepts** (and in some areas there are multiple and competing ideas). In addition to this formal knowledge there are personal/experiential, popular, indigenous and other cultural meanings which tend to be used more as a type of 'resource', to give purpose and context to the academic learning. The role of the underlying concepts then is to help us select topic-specific knowledge that is fit for purpose, and to organise this knowledge into meaningful accounts of the health and wellbeing situations being studied.

Other important concepts

The mental health, sexuality education, and food and nutrition topic-specific knowledge (theory, concepts and evidence-based research) we draw upon to make meaning of health and wellbeing contexts or issues is substantial. However there are a few concepts that we would draw attention to here. This is far from an exhaustive list but it is worth mentioning these, given their central importance to health education knowledge in the NZC.

- **Social justice**

Although the values of social justice are already noted as an aspect of attitudes and values as an underlying concept, we can't stress enough the importance of social justice as a concept of itself. An understanding of social justice - what is fair and inclusive - is woven across all learning in health education.

Students come to understand why some people or groups may be excluded from society, have very limited means to influence policy and decision making that impacts on them, or control and influence over their social and cultural environment, or access to economic resources.

Social justice not just about people having their human rights respected and upheld, but to be included and able to be active and productive participants in their society.

- **Social determinants of health (World Health Organisation)**

In health education, an understanding of the SDH (as described by WHO) is used as a way to provide a research and evidence base, and add depth to the socio-ecological perspective (discussed previously). The SDH offers us a way to understand how the distribution of money, power, and resources leads to health inequities. Students come to learn

how social and economic inequities create and sustain poverty and why people living in poverty experience poorer health.

- **Resilience**

In health education students come to learn that resilience is a capacity we all have (to a greater or lesser degree) that helps us cope, or even thrive, during times of significant change or adversity, and helps us to bounce back after experiencing challenges in life. However, whatever our capacity for being resilient we can all learn knowledge and skills to reduce the impact of risk factors, and build protective factors that enhance wellbeing, so that when we experience significant changes, we have skills and strengths to draw on to help us manage these change situations. These risk and protective factors are not just internal to us, but are also in our interactions and relationships with others, and an integral feature of the systems and resources, policies and practices of communities.

- **Sex, sexuality, relationships and gender**

This aspect of knowledge has become *very complex* in past decades with many competing and contested theories and concepts from different knowledge disciplines occupying many diverse academic texts. Substantial numbers of online communities supporting diverse sex, sexuality and gender identities provide popularised and accessible information which may or may not be helpful, adding to this complexity. Understanding in detail these many competing ideas is unrealistic without dedicated tertiary study. This means that selecting a number of ideas about sex, sexuality and gender, is essential, and in consideration of student literacy levels and their experiences of the world, to make this knowledge learning accessible to students across the curriculum.

Teaching resources in this field do not often make clear their knowledge foundations, although it can sometimes be inferred. As well as providing guidance for teaching and learning activities, future sex, sexuality, relationships and gender resources should support the development of teacher knowledge with the inclusion of a modest amount of text to explain the theory or conceptual knowledge underpinning the learning framed by the resource, and to show teachers how these ideas are linked meaningfully to the HPE underlying concepts.

- **Identities**

Identity as an aspect of wellbeing features across many topics. However we don't support the idea that a person has one single resolved or fixed identity. Our identities are multiple and changeable over time, and between life contexts. Although sexuality and gender identity, and cultural identity are the more commonly referred to identities, students also have identities as learners, as members of sporting, cultural or other interest groups, as members of the school and wider community, as citizens of a town, city or nation, as children or adolescents, as family members (siblings or sons and daughters, grandchildren, nieces and nephews), and in other life contexts.

Other ideas that inform health education knowledge

- **Wellbeing not deficits**

Although health education is premised on the notion of 'wellbeing' we cannot ignore the many challenges to wellbeing and give some learning focus to these. Whatever the context, and whether it's about bullying and discrimination, stress and anxiety, the risks of alcohol and drug use, unhealthy eating choices, managing disappointment and loss, and so on, we don't dwell on the deficits and learn only about the problem. Always, health education learning about a topic or issue comes back to what can be done to promote wellbeing.

On matters to do with 'health'- that is, topic matter that has obvious biomedical considerations - we don't so much focus on the disorder or disease (although little bit of knowledge may be useful for context), instead we focus most attention on the holistic wellbeing implications of these conditions, and the broader social, economic, political or environmental factors integral the issue. Key to learning about health issues is understanding what can be done to promote wellbeing.

Even when we use concepts like **harm minimisation** (such as in education about alcohol and other drugs), the principles of the concept (harm reduction, demand reduction and supply control) are used to focus attention back on how to promote wellbeing.

- **Prevention (and promotion) not intervention**

The question of **prevention** (through the processes of health education and health/wellbeing promotion) **versus intervention** speaks to the teaching and learning approach we take, rather than health education knowledge itself. The selection of knowledge and how and why we teach it, and the context in which we teach, indicates our purpose and motivation for including the subject in a school curriculum.

For decades the claim that health education learning makes a contribution to the prevention of health and wellbeing issues, while seemingly common sense, has been problematic and difficult to defend and makes the assumption that acquisition of knowledge will result in behavioural or health outcomes. Claims to correlation (much less causation) between health education learning and people's health status is problematic because it is mediated or influenced by a complex array of many other factors, and with most research methods, impossible to measure in a convincing and defensible way. When we consider the professional role and responsibilities of the teacher - as a qualified and registered *teacher* (and all of the policy implications of that) - and where students *are learners* - health education knowledge, taught in a curriculum programme can, *at best*, be seen as making a *knowledge contribution* to the prevention of health and wellbeing issues.

Although teaching students about the processes of health promotion, and the knowledge and skills for taking action, may in effect provide some students with the skills to plan and take action in their own lives, the teacher's professional accountabilities, and therefore their motivation, cannot be viewed as a targeted intervention for those few students. While targeting at risk groups of students for behavioural or wellbeing interventions are an essential part of a whole school approach to support student wellbeing, these activities, supported by specialists (the guidance counsellor for example), measure success in terms of improved student wellbeing for those students whose wellbeing is already compromised. For curriculum teaching and learning purposes, the objectives of health education are grounded in the achievement of learning outcomes that can be achieved by **all** students, and it is not just for the benefit of the few 'who need it'.

The point being made here is that when a teacher teaches health education knowledge (including knowledge of skills for taking action), they are accountable for demonstrating the learning achievement and learning progress of **all** students, and it is part of a their professional responsibility to be able to collect evidence that shows this.

At most a teacher can claim that their teaching and learning programme has supported students to develop knowledge and skills that may contribute to the prevention of wellbeing issues in future. Whether or not heath education (incidentally) serves as an intervention, by changing the health and wellbeing behaviours and status for some students, remains largely unknown, given the ethical and methodological minefield encountered gathering evidence from students' personal lives needed to substantiate this claim.

Applying a critical lens to health and wellbeing knowledge and information

The central importance of being able to **think critically** when building health education knowledge when learning in HPE in *The New Zealand Curriculum* cannot be underestimated, nor overstated. Thinking critically in health education involves learning the thinking skills and processes or examining, questioning, evaluating, and challenging taken-for-granted assumptions, recognising power relations, and social inequities.

There are many definitions of critical thinking. This one from the Foundation for Critical Thinking captures some features essential to health education:

Critical thinking is that mode of thinking — about any subject, content, or problem — in which the thinker improves the quality of his or her thinking by skillfully analyzing, assessing, and reconstructing it. Critical thinking is self-directed, self-disciplined, self-monitored, and self-corrective thinking. It presupposes assent to rigorous standards of excellence and mindful command of their use. It entails effective communication and problem-solving abilities, as well as a commitment to overcome our native egocentrism and sociocentrism.

Source: The Foundation for Critical Thinking https://www.criticalthinking.org/pages/our-conception-of-critical-thinking/411

Critical thinking requires well developed **literacy skills** to comprehend oral language and read critically when taking in information, communicate orally, and write coherently to communicate learned knowledge and understandings.

When taking action, thinking critically is essential for taking **critical action**, that is, evidence based decision-making based on what needs to change to support and improve wellbeing using processes and practices that will be ethical and acceptable for all of those involved in the process, and to select actions actually make a difference.

Critical thinking is also supported when students are **digitally fluent**. To attend to contemporary issues of **misinformation and disinformation** (or 'fake news') this formal framing of health education knowledge with established concepts provides teachers and students with a critical lens to challenge claims to knowledge. Such an approach requires teachers to adopt appropriate teaching pedagogy, such as constructivist and culturally responsive approaches, and provide learning experiences that enable students to develop and use learning competencies such as critical and creative thinking. In particular, the underlying concepts allow us to change the physical health-only, individualised, people in control of their own health, healthism approaches discussed earlier in this resource, and any situations where social justice is not evident.

A digitally fluent student:

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

Source e-learning online https://elearning.tki.org.nz/Teaching/Digital-fluency

It is also useful to consider digital fluency and the role of critical thinking in conjunction with the principles of **digital citizenship**.

We have defined a successful digital citizen as someone who:

- is a confident and capable user of ICT
- uses technologies to participate in educational, cultural, and economic activities
- **uses and develops critical thinking skills in cyberspace**
- is literate in the language, symbols, and texts of digital technologies
- **is aware of ICT challenges and can manage them effectively**
- uses ICT to relate to others in positive, meaningful ways
- **demonstrates honesty and integrity and ethical behaviour in their use of ICT**
- respects the concepts of privacy and freedom of speech in a digital world
- contributes and actively promotes the values of digital citizenship

Source: Netsafe https://www.netsafe.org.nz/digital-citizenship-and-digital-literacy/

Part B. The underlying concepts as a progression across NZC levels 1-8

- **The 'project' to map the underlying concepts onto 8 levels of HPE**

Regrettably, one of the 'projects' that wasn't advanced with the writing of the 1999 or 2007 curriculum documents was to develop and document how the underlying concepts unfold and are applied across the eight levels of HPE in the NZC. By default it happened with NCEA across NZC level 6-8 as the underlying concepts became critical for recognising the ways knowledge 'stepped up' in complexity from level to level.

The following A3 landscape tables are an attempt to backward map from these known and understood NCEA levels, to suggest how the four underlying concepts are 'levelled' across NZC levels 1-8, using the HPE Achievement Objectives as a guide.

We've taken some inspiration from the progression tools that have been developed by the Ministry of Education in recent years, particularly the *Guidance on Coherent Pathways* (2019) document developed to support Communities of Learning/Kahui Ako. We've banded NZC levels 1-2 and 3-4 on the understanding that the literacy levels and cognitive development of primary school students in years 1-8 places obvious limitations on complex conceptual learning. We also note that the way subject matter is often taught in themed units across several year levels means that trying to break the underlying concepts into too many levels of progression becomes problematic for primary school year levels.

While we don't put it forward as the highest priority consideration when deciding what to teach, the fact that learning in health education relates closely to where students are at in their language, cognitive and social development means we cannot ignore the developmental stages of children. For example, the social world of a 6 year old is focused substantially around family and the friends they have in their class, whereas a 16 year old is far less dependent on family for social interaction (and often trying to keep some separation), and socialising is more about friends, perhaps extending to romantic relationships, as well as interacting with a far greater range of people in their community. Likewise the ability to think critically and abstractly and see situations from different perspectives develops over time, as do the literacy skills to comprehend situations and communicate their ideas. We're not suggesting that we adhere to any particular theories of child development, but the contexts and topic matter that are the focus for learning in health education, and the understanding of concepts that underpin these, can't help but reflect where students are at developmentally as children and young people.

Health education makes most use of three of the four HPE learning area strands as indicated:

A. **Personal health and physical development**, in which students develop the knowledge, understandings, skills, and attitudes that they need in order to maintain and enhance their personal well-being and physical development

C. **Relationships with other people**, in which students develop understandings, skills, and attitudes that enhance their interactions and relationships with others.

D. **Healthy communities and environments**, in which students contribute to healthy communities and environments by taking responsible and critical action.

NZC p.22 https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum/Health-and-physical-education/Learning-area-structure

Note that the A-D labelling is not official practice but remains a convenient and popularly used way of referring to the strands, without writing out the strand descriptor in full.

- **The HPE strands and the Achievement Objectives**

Learning activities in health education arise from the integration of:

- The four **underlying concepts** (hauora, the socio-ecological perspective, health promotion, and attitudes and values) …
- Which are integral to three HPE **strands** that have most application to health education (see following) …
- Which are unpacked with 3-4 **Achievement Objectives** at each NZC level …
- As applied to topics or themes derived from the **key areas of learning** – mental health, sexuality education, food and nutrition, and (aspects of) body care and physical safety.

It is expected that any learning unit in health education will consider (1) AOs from across strands A, C and D as a way to include consideration of the socio-ecological perspective, and (2) inclusion of AOs that focus on health promoting action - either personal/individual action (Strand A), interpersonal action (Strand C), and/or collective action (Strand D) - to which the attitudes and values are inherent, and the concept of hauora is applied across all learning.

- **The underlying concepts as a progression of understanding**

The following progressions of the underlying concepts are **indicative only** and are intended to be used as an additional guide (with other progressions or assessment rubrics) when making decisions about student learning achievement, across a range of health education learning contexts.

These progressions do not exclude students from learning these ideas earlier or later. The emphasis is on *what we would expect* students to be able to show they have learned when they are progressing with their learning at about the expected rate, in consideration of the underlying concepts, across the eight levels of the NZC.

Although it is understood that the relationship between NZC curriculum levels and student year levels is not fixed or prescribed, we have approached this project with the view that students will be making expected progress in their learning across the curriculum and achieving about the NZC level indicated. This principle is reflected (for example) in the National Monitoring Study of Student Achievement (NMSSA) research completed every few years for each learning area with students in year 4 and 8 (Educational Assessment Research Unit, University of Otago, and New Zealand Council for Educational Research, 2013, 2017).

The underlying concepts as a progression across NZC levels 1-8

	NZC levels 1-2	NZC level 3-4	NZC level 5
Expected year levels	**Year 1-4**	**Years 5-8**	**Year 9-10**
Hauora	• With support, students are able to identify, and name or describe aspects of wellbeing related to the dimensions of hauora. *NB. The abstract nature of spiritual wellbeing may mean students' ideas are yet to be formulated but they are learning words and participating in learning experiences that they will later be able to use to explain their understanding of spiritual wellbeing.*	• Students are able to name all dimensions of hauora and wellbeing described by te whare tapa whā, using both English and te reo Māori terminology. With support they can link ideas about wellbeing in selected contexts, with the dimensions of hauora. They have a basic understanding of the need for balance between and across the dimensions. *NB. The abstract nature of spiritual wellbeing may mean students' ideas are not yet well formulated but they can talk about what is important to them or what they value in their life, how they are unique, things that help them feel they belong, etc.*	• Students are able to apply all dimensions of hauora and wellbeing, described by te whare tapa whā, to a range of different health and wellbeing contexts. They can confidently use the language of this model using both English and te reo Māori terminology. They have understanding of the need for balance between and across the dimensions and they show some ability to explain how these dimensions are interconnected. • *In addition, students at this level could be designing own models of wellbeing and engage in introductory learning about other cultural models of health and wellbeing.*
Socioecological perspective (SEP)	• Students can talk about themselves in relation to a range of wellbeing situations and share their ideas about their needs and wants in relationships with others (family and friends). • They can describe aspects of their local environment (class, school, or neighbourhood) that connect with wellbeing.	• Students show understanding mostly about the personal and interpersonal aspects of the health and wellbeing issues. • Community/societal ideas are being introduced as relevant to the topic being studied (e.g. media, culture, helping agencies, community resources).	• Students are deepening understanding of the personal and interpersonal aspects of the health and wellbeing issues being studied, with developing understandings of a range of topic specific community/societal factors (e.g. media, culture, laws, helping agencies, community resources) as relevant to the learning context.
Health Promotion (HP)	• Actions are largely participatory with students growing their vocabulary around ways of working that promote wellbeing for themselves and others. • They can demonstrate the use of personal and interpersonal skills that support wellbeing, like sharing and cooperating, listening and affirming. • They can contribute to teacher supported planning of health promoting activities for their class or school community.	• Health promoting actions focus on learning a range of personal and interpersonal skills for promoting wellbeing. These are demonstrated as part of creating a safe classroom or school community. • As and where opportunity allows, students contribute ideas and planning to school and/or community-based health promotion events, and participate in these.	• Health promoting actions focus on learning a range of personal and interpersonal skills for promoting wellbeing at a personal and interpersonal level. These are demonstrated as part of creating a safe school community. • As and where opportunities allow, students contribute planning ideas to school and/or community-based health promotion events and participate in these. • Individually, students are able to decide a personal wellbeing goal and design a basic action plan to achieve this goal, implement their plan and reflect on their actions.
Attitudes and values (A&V)	• Students demonstrate a growing vocabulary to express ideas related to having a positive attitude to their wellbeing (and that of others), as well as ways of showing fairness, respect, and care and concern for self and others, and these values are demonstrated through learning activities.	• Most focus on attitudes and values is around ideas to do with respect, and care and concern for self and others. • Ideas about fairness feature in relevant contexts to provide the foundations for understanding inclusiveness.	• Most focus on attitudes and values is around ideas to do with respect, and care and concern for self and others, and community/society. • Ideas about fairness feature in relevant contexts as does understanding about inclusiveness.
OVERALL	• During the very early years of schooling, students are learning vocabulary and ways to express ideas about wellbeing. That is, the foundations for later conceptual understandings are being established. Most of the evidence of learning is shown through participation in purposefully designed activities, through students' oral communication, and through visual communication such as drawings. As students learn to write words and sentences, these foundation ideas are gradually able to be communicated in writing. • The topics studied focus on what is immediately relevant and within students' experiences of the world.	• As students' literacy skills develop they are developing a more extensive vocabulary and ways to express ideas about wellbeing. With more awareness of the world around them, especially in ways this is relevant for them/their age group, their ideas are becoming more complex and they are making greater connections between ideas. • The topics studied tend to focus mostly on what is immediately relevant and within their experiences of the world. • They are able to respond meaningfully to structured critical thinking questions like: what is fair and unfair about this situation? What do we know about this situation and what don't we know? What can we do about it?	• Students are learning about issues that have relevance for them as young adolescents. They may not have personal experience of some of the topics studied, or immediate use of the knowledge, but they are issues relevant for people their age, and in their community. • They are able to think critically about most topic material studied using the structure and direction provided by learning activities. They can respond to critical thinking questions like: who is advantaged (who benefits) and who is disadvantaged, or what is fair and unfair about situations and why? What needs to change to make things fairer for everyone and how do we do this?

	NZC Level 6 (NCEA Level 1)	NZC Level 7 (NCEA level 2)	NZC level 8 (NCEA Level 3)
Expected year levels	Year 11	Year 12	Year 13
Hauora	• Students are able to apply all dimensions of hauora and wellbeing, described by te whare tapa whā, to a wide range of different health and wellbeing contexts, and explain how these dimensions are interconnected. They show clear understanding of the need for balance between and across the dimensions. *NB. The spiritual wellbeing dimension is now well understood and students can confidently express ideas related to this dimension.*	• 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.	
Socioecological perspective (SEP)	• Most focus is on detailed understanding of the personal and interpersonal considerations of health and wellbeing issues with a basic understanding of the way community/societal factors are implicated or feature in wellbeing issues (e.g. media, culture, laws, helping agencies, community resources).	• 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.	• Most focus and emphasis is on the broader societal consideration of issues. Any considerations of interpersonal/others and individual/personal are in relation to those broader societal understandings. Where relevant to the topic, consideration of the social determinants of health feature. A strong (critical) evidence base using quantitative and quantitative data adds to these SEP understandings.
Health Promotion (HP)	• Health promoting actions suggested for a range of issues reflect the SEP understanding noted above. Students can name skills used for promoting wellbeing at a personal and interpersonal level, and identify community/society structures and organisations that could support wellbeing in a range of contexts. • Individually students are able to use data to decide a personal wellbeing goal and design an action plan to achieve this goal, implement the plan and evaluate the process and impact of their actions.	• Health promoting actions suggested for a range of issues reflect the SEP and show basic understanding of how these 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.	• Students learn about models of health promotion (e.g. charters framed around sets of principles, models developed from academic theory and research, and indigenous models) as way to understand the approaches to health promotion that are more effective, and more applicable to particular contexts. They learn to analyse current health promotion campaigns and design health promotion approaches for their (school) community in consideration of these models.
Attitudes and values (A&V)	• Most focus on attitudes and values is around ideas to do with respect, and care and concern for self and others, and community/society. • Ideas about fairness feature in relevant contexts as do ideas about inclusiveness.	• 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.	• The values of social justice are embedded across all learning. • Most focus is given to attitudes and values linked with ideas about inequity and how and why some people do not have the same experience of health and wellbeing as others. These ideas are most visible when explaining the factors that influence health and wellbeing issues, and the actions needed to achieve more equitable health and wellbeing outcomes for all people. • Students also show an introductory understanding of thinking ethically and using ethical principles to explore different perspectives on issues.
OVERALL	• Students are learning about issues that have relevance for them as adolescents. They may not have personal experience of the issues integral to the topics studied, but they are issues relevant for people their age, in their community, and in New Zealand. • They are able to think critically about all topic material studied using the structure and direction provided by learning activities. They can respond to critical thinking questions like: who is advantaged (who benefits) and who is disadvantaged, or what is fair and unfair about situations and why? What can be done to improve wellbeing in this situation?	• Students are considering issues that have relevance for them as well as issues beyond what is immediately familiar, but still applicable to school-aged adolescents - both locally and nationally. • They are able to think critically and more independently about all topic material studied which is shown in their ability to apply the underlying concepts in valid and relevant ways. They are able to respond meaningfully to a range of critical thinking questions to analyse situations, and to consider in more depth why or how wellbeing situations arise, what sustains them, and what can be done to improve wellbeing. • Across all learning there is clear evidence that they have an understanding of the four underlying concepts.	• Students are considering issues beyond what is immediately familiar to them - both nationally and internationally. • They are able to think critically and independently about all topic material studied which is shown in their ability to see issues from multiple perspectives, use ethical principles to illustrate how people think and understand issues differently, and critically analyse and evaluate situations. • Across all learning there is clear evidence that all four underlying concepts have come together and that these are being used to frame and shape their learning about health and wellbeing topics.

Snapshots of the underlying concepts in learning contexts across NZC Levels 1-8

The purpose of these snapshots is to illustrate the ways the underlying concepts can feature in a learning programme. The coloured symbols in the text indicate the main places where ideas related to hauora (H), the socio-ecological perspective (SEP), health promotion (HP), and attitudes and values (A&V) appear.

Creating a classroom community focused on wellbeing

NZC Level 1, Years 1-2

Teaching and learning situation

Teachers of new entrant and year 1-2 classes begin the new year at school with learning activities that support the development of the classroom as a community. The first few activities are always a collection of the familiar and 'tried and true' used largely as diagnostic activities to find out what sort of language students have to talk about themselves and their classmates, what they understand about ways to treat each other, how they contribute to group activities, and the self-management and interpersonal skills they have developed so far.

For one teacher, these activities identified that students needed to learn: vocabulary to express ideas about their wellbeing, such as how they are feeling, and to name those things that make them feel safe and part of the class; skills related to ways of sharing and cooperating; and what to do when they thought someone was making them feel unsafe or unaccepted, or wasn't including them in activities.

Overview of the learning programme

Through a succession of stories with different wellbeing themes, students were supported to learn words associated with wellbeing and use these in their oral communication. Some of these words were used in simple written sentences. In addition to writing, students also made collages of found images that they associated with ideas to do with wellbeing and wrote these wellbeing words next to these pictures as part of a class display. They also used emojis as the basis for writing little stories and reading these to the class, stating how they thought they would feel in different situations [H].

Through a step by step skill-building process, students learned how to identify and express their feelings to somehow else, what to say to another person if they were making them feel sad, or mad or unsafe, and how it made them feel if they could help others to feel safe (etc) [A&V]. These skills were practised in role play/skills rehearsal activities, with feedback given from peers and the teacher about what was done well and how they could improve their communication [HP]. Debriefing these activities, the teacher helped the students to develop ideas about the ways being able to use these skills supported their wellbeing, and the wellbeing of others in the class. In other health education topics or themed learning, the teacher included a range of cooperative or team games (within and outside the classroom) where the students had to practise their skills [HP], and where learning success was dependent upon using these skills [SEP].

Resources

Teaching and learning resources

- Ministry of Education, *The Curriculum in Action* series https://health.tki.org.nz/Key-collections/Curriculum-in-action - see for example: *Creating a positive classroom community* https://health.tki.org.nz/Key-collections/Curriculum-in-action/Creating-a-positive-classroom-community , *and Creative Play* https://health.tki.org.nz/Key-collections/Curriculum-in-action/Creative-Play
- Children's story and picture books with wellbeing themes - there are many of these.
- Sparklers (NZ) wellbeing toolkit https://sparklers.org.nz/

Teacher information resources

- Education Review Office. *Wellbeing for success: a resource for schools* (2016) https://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/
- Education review Office Wellbeing for Children's Success at Primary School (2015) https://www.ero.govt.nz/publications/wellbeing-for-childrens-success-at-primary-school/

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- Part of a suite of activities that contribute to and sustain the classroom as a learning community.

Similar and different, and getting along together

NZC Level 2, Years 3-4

Teaching and learning situation

A junior school syndicate had decided on a theme of similar and different to frame all learning for the term. Learning about portraiture in the visual arts programme culminated in students drawing their own self-portraits, while in English the students explored the ways characters are developed in stories, and worked on their writing skills as they developed their own stories. Based on discussions about similarities between people and ways people were unique that accompanied this learning, a teacher decided to keep the theme of character and identity going for the health education unit. She found that students had a particularly limited vocabulary and range of ideas to be able to describe themselves and to say what was unique to them, and how they thought about themselves. There was also an expectation that lessons this term would also contribute to the whole school approach to eliminate bullying and the idea of similar and different gave the teacher a pathway into this.

Overview of the learning programme

Through reading stories where the central characters had some very recognisable characteristics or ways they could be identified, the class was supported to summarise on large sheets of paper the different ways people can be characterised or grouped based on various aspects of their appearance, what they did and what they were good at (or not good at), how they dressed, what they liked to do, what foods they liked (or didn't), their family structures, culture, and so on.

Once the class had a substantial list of ideas to work with they each produced a 'this is me' collage of drawings, words, and found images from magazines, depicting as many things as they could think of that made them who they are [H]. Once these were completed, the students had to find out from each other how many of their characteristics were shared with at least one other person in the class. After the teacher explained the term 'unique' the class then checked who had 'unique' characteristics. Anyone who didn't have a unique characteristic was supported to identify at least one unique thing about themselves. Students were encouraged to use words from their culture or home languages, where these were known, and where they could be accessed from language translation resources.

Using ideas from their collages the class then made a large human web of similarities using a ball of string to connect one person to the next based on one similarity between them [SEP]. In the end the web included all students at least twice. Referring students back to prior learning about wellbeing [H], the teacher then asked the students how they thought ideas about being similar and different were linked with wellbeing. Ideas included a range of feelings like being included when you've got things in common, feeling special when you're the only one with something, feeling understood when someone else has something the same, and so on.

The teacher then went on to ask them how they felt if someone picked on them because of their differences [H]. With the addition of further stories and discussion about bullying and teasing, why this was unfair [A&V] and the effects this has on people's wellbeing, the students used ideas from the stories to develop a list of actions and strategies they could use if they were picked on, teased or bullied and what they would do if they saw this happening to someone else. Situations included contexts at school and on the way to/from school, on the bus, and in the playground [HP].

The class then developed personal short stories developing a character using some their own characteristics to explain what they would do if they saw someone being picked on for their differences [A&V]. These stories were read out in class and also compiled into a booklet for everyone to read. Some of the stories were also used to roleplay what the students would say and do in bullying situations [HP].

Resources

Teaching and learning resources

- Various stories with themes about similarities and difference, and teasing and bullying.
- Oat the goat (interactive online story) http://oatthegoat.co.nz/
- Ministry of Education, The Curriculum in Action series (see for example *Kotahitanga: Getting on Together. year: 1-3, key area of learning: Mental Health* https://health.tki.org.nz/Key-collections/Curriculum-in-action/Kotahitanga, *Everybody Belongs. years: 4-6, key area of learning: Mental Health* https://health.tki.org.nz/Key-collections/Curriculum-in-action/Everybody-Belongs)

Teacher information resources

- Bullyingfree NZ https://www.bullyingfree.nz/
- Ministry of Education, Wellbeing in Education website https://www.education.govt.nz/our-work/overall-strategies-and-policies/wellbeing-in-education/
- Education Review Office. *Wellbeing for success: a resource for schools* (2016) https://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- Whole school approaches to eliminate bullying.

Thinking critically about media advertising of sugary drinks to children

NZC Level 3, Years 5-6

Teaching and learning situation

After a unit developing students' ideas about wellbeing (reflecting all dimensions of hauora) and which included consideration of the way nutritious food and drink choices supported wellbeing, the teacher was concerned to hear his students talking excitedly about a new competition being promoted by one of the popular sugary drink brands. The teacher asked his students to show him some of the online advertising and paraphernalia associated with the competition and questioned the students as to why they were so excited about it. Ideas like *it's fun, it's cool, there are neat prizes, you get lots of 'likes' when you post your photos,* and *they just want to win* featured among the students' replies. Some of the students showed him materials they had already posted - like doing fun things while drinking the branded product, or being inventive about the way they drank it.

He asked the students to think about their previous learning on nutritious food and drinks and how they thought this competition related to that. The lack of student responses to the question signalled to the teacher that this might be a fruitful way to approach the digital fluency goal the school had developed to improve the quality of digital learning by students. In the case of his class, the teacher wanted to focus learning around how to use digital technologies responsibly and how to think critically about online advertising. The teacher decided to engage the students in learning about the way children were being marketed to online.

Overview of the learning programme

Firstly, the students carried out an investigation into how much sugar was in some of their favourite sugary drinks. With help, the students worked out how much sugar was in a drink using the information on the food label of empty bottles collected from the school recycle bin, and measured out this amount of sugar. They put the sugar into a zip lock bag and made a class display of all of the different drink containers and the bags of sugar. The teacher then took the students back to the information about the recommended daily intake of sugar they had learned about previously. After weighing out how much this recommended amount was, students compared this to all of the bags of sugar with each drink bottle and worked out approximately how much more sugar there was in a drink than what was recommended for them [H] and discussed why only small amounts of sugar were needed for maintaining health.

The class then turned their attention to the advertising of these drinks [SEP]. For every drink container in their display they found advertising images or online ads. To help design the analysis form, the teacher asked the students to identify some of the things that were in common across these ads - *bright colours, nice pictures, cool people, images that look like fun, desirable branded merchandising,* etc. The teacher compiled these ideas into a list with tick boxes so students could record the features of the various ads. He added a few more ideas that the students hadn't thought of (see the Tūturu resource link below). They then carried out an analysis of the features of the advertising. Based on their results, students drew conclusions about why these ads might be appealing to children their age.

In addition, the teacher selected a small extract from the Advertising Standards Authority, Children and Young People's Advertising Code, reworded so they could understand it, and asked them if all of these ads complied with the code [SEP].

The teacher highlighted concerns around online advertising and drew students attention to the way ads pop up when they are looking at other websites - even though they didn't ask to see them. The teacher asked the students to decide if they thought this was fair to them as children and give reasons why [A&V]. The class then

discussed what they thought they could do about it. He then drew students' attention back to the competition that so many of them were interested in to see what connections they were making about being marketed to. There were all sorts of excuses given for still entering the competition like, "*but I don't have to actually drink their drink*". The teacher challenged the students to think about the implications of taking photos of themselves and posting these images on the advertiser's website. Who could abuse those images in some way? What does it say about you if you put your image online like that? Do you get paid for doing that - what do you think the companies who make the products pay advertisers to sell their products - so why are you doing it for free? For some students the message still wasn't clear which gave the teacher more ideas for future learning [SEP].

In addition to this, and after visiting the local dairy on the way home, a group of students came back to class with photos they had taken about the placement of drink advertising and the sugary drinks in the fridge at the diary. They thought it was unfair that these drinks were all about eye level for children and the water bottles and non-sugary drinks were up high. The class decided they wanted to write a letter to the diary owner recommending that they rearrange their shelves to put the healthier drinks at eye level where children see them [A&V] [HP].

As the class was reflecting on what they had learned from the unit, the teacher set them the task to think about other products these ideas could apply to.

Resources

Teaching and learning resources

- Although aimed at junior secondary school, aspects of the Tūturu resource *Thinking critically about the marketing of energy drinks and/or vaping products* could be scaled back for lower levels https://www.tuturu.org.nz/resource-hub/

Teacher information resources

- Netsafe: Social media advertising https://www.netsafe.org.nz/social-media-ads/
- New Zealand Advertising Standards Authority, Children and Young People's Advertising Code https://www.asa.co.nz/codes/codes/children-and-young-people/
- Auckland Regional Public Health Service: HAT (Health Auckland Together) Food Environments and Marketing http://healthyaucklandtogether.org.nz/take-action/food-environments-and-marketing/

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- Digital fluency and cyber safety - being responsible when online.

Puberty plus

NZC Level 4, Years 7-8

Teaching and learning situation

Wanting to approach the usual puberty topic with a more holistic wellbeing perspective, and in ways that better reflected student learning needs (rather than the long established physical /biomedical 'sex education' approach that dominated the existing programme), a teacher collected student voice from his class to help him determine how he might approach the design of the learning programme. Through a succession of diagnostic activities to find out what the students already knew, and help identify what they were yet to learn (using graffiti sheets and other methods for gathering student ideas in words, as well as visually) he established that the students had little knowledge or language to describe and understand their changing bodies (or about the changes yet to happen) – he concluded that there was still a need for some of the usual 'pubertal change' teaching. In addition he found that the students had concerns about their appearance and their body image. There were also different cultural beliefs and perspectives, unrealistic expectations of young people their age about relationships (hooking up girl/boyfriends etc), and explicit sexual imagery (or pornography) that they were seeing online - without looking for it.

Overview of the learning programme

With some modifications to highlight the overall wellbeing [H] focus of learning about puberty, the teacher recycled some previous learning materials as they had been demonstrated to result in useful content knowledge learning about puberty. Using some brief and accessible materials found online he also added some te reo Māori and Pacific terminology of body parts, as well as introductory ideas about the ways different cultures saw puberty like rites of passage ceremonies, and the different beliefs and values associated with menstruation.

Questions raised by several members of the class about the announcement that the schools had free menstrual products available [HP], led to a small investigation into the range, price and availability of menstrual products, how effective they were, issues to do with their manufacture and use and environmental sustainably, all of which led back to developing a basic understanding of period poverty, why it is an issue in NZ, and why several organisations (which the students looked up online) advocate for free menstrual product's in schools [SEP]. The class also debated why it was important for boys to know about this and not just girls.

Exploring body image concerns for this age group and what was contributing to these negative thoughts and feelings surfaced the fact that many of the students were comparing their 11-12 year old bodies to grown adults in movies, magazines and social media [SEP]. The class developed a list of ways to resist making these sorts of comparisons, and came up with more realistic ways to think about their bodies, and ways to challenge people who persist with making these comparisons [HP].

In a similar way, the teacher also got the students to think about where they got messages that they 'should' be in a romantic/sexual relationship and what this actually meant for students their age [SEP]. Again they referred to older teenage and adult sources. Challenged to come up with examples of where they saw 11-12 year olds in such relationships the students couldn't - except with an example of a child bride that had been in the news. The teacher also added some introductory understandings about consent, both as a legal issue and what it means to give consent. Importantly, he used previously learned assertive skills to get the students to practice how to respectfully say no to sexual requests [A&V].

To conclude the unit, the teacher made links with the WSA to reducing the incidence of cyberbullying and using materials in the Netsafe kit, focusing on the risks of sexting and what to do if students received sexual imagery or requests on their phones or computers [HP]. The students also explored how behaviours like sexting could be seen as culturally offensive based on understandings like the sacredness of women's reproductive bodies, or the social and cultural 'rules' about viewing male and female bodies.

Resources

Teaching and learning resources

- Ministry of Education, *The Curriculum in Action: Sexuality education for curriculum levels 3-4* (note also the title for levels 1–2) https://health.tki.org.nz/Key-collections/Curriculum-in-action/Sexuality-education-for-curriculum-levels-1-4
- Family Planning *Navigating the Journey, For students in years 7-8* (note also titles for years 1-2, 3-4, and 5-6 as well as years 9 & 10).
- Netsafe, The Kit https://www.netsafe.org.nz/the-kit/

Teacher information resources

- *Relationships and Sexuality Education: A guide for principals, boards of trustees, and teachers* (Ministry of Education 2020) https://health.tki.org.nz/Teaching-in-HPE/Policy-Guidelines/Relationships-and-Sexuality-Education
- *Promoting wellbeing through sexuality education* (Education Review Office, 2017) https://www.ero.govt.nz/publications/promoting-wellbeing-through-sexuality-education/

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- WSA to reducing cyberbullying (with a focus on sexting).

Transitions

NZC Level 4/5, Year 8 and Year 9

Teaching and learning situation

The year 9 teachers of a secondary school and the year 8 teachers of the contributing intermediate school were keen to design a short programme specifically for health education, to prepare students at the end of year 8 heading to high school, and a follow-on programme for year 9 when the students arrived. This was in addition to the open days for the year 8 students when they got to look around the high school campus, and the formal induction and peer support programme that all year 9 students engaged in when they started high school.

The intermediate teachers asked their students what they thought would support their wellbeing when they went to high school. Popular responses (a mixture of what they hoped for and what they were concerned about) included: *knowing where they could eat their lunch and where the toilets are, what to do if you forget your lunch, are you allowed phones in class, bullying, pressure to do things you don't want to do, feeing dumb, having enough money to buy things, what to take to school and to class, where to put all your stuff (since they knew they wouldn't be in the same class all day*), *being scared when you don't know how to do, and will they be in the same class as their friends?*

The year 9 teachers asked their current students to reflect on the things that were really helpful as they made their transition to secondary school and what would have made it easier/less stressful. Helpful ideas included *knowing where to go for all of your classes and the best way to get there, where to buy and eat lunch, where your locker was (and what was the best lock to buy).* What would have helped included *how to deal with changing friendships when you meet and make new friends at high school, how to join teams, cultural and other interest groups (and can year 9 students join these), dealing with cyberbullying of various forms, dealing with all the older kids language especially sexualised language and swearing, fitting in but still trying to be your own person/an individual and not getting picked on when you don't fit/want to be an individual, getting into trouble when you didn't finish your work because you didn't know what to do or how to ask the teacher for help, or getting into trouble when you just didn't know that what you were doing wasn't right thing to do (mostly to do with students own subcultures and unwritten social codes of behaviour in groups), knowing about the school counsellor and what they can help you with and how you make an appointment, what the dean is for and the sorts of help you can get from the dean, and (the girls added) where to get sanitary products if you were caught short.*

Overview of the learning programme

Year 8

After the open day when all students visited the high school with their parents and whānau, the teacher had the students contribute to a digital resource - a type of handbook - that they would all get a copy of to take away with them as they left school that year and would be added to once they started in year 9.

It contained a map of the school with toilets, café and lunch areas marked, URL to the school's website with links to need-to-know information for students in year 9, information about teams and clubs they could join, a Q&A section of "what to do when …" or "who to ask for …" based on many of the suggestions made by the year 9 students (not all of this was finished as some responses needed to be added once they had started at high school) [SEP] [HP].

Year 9

Adding onto the peer support and other induction events for the year 9 students that had already answered some of the more practical questions, the teacher integrated a range of teaching and learning activities into the term 1 introductory health education unit on hauora and wellbeing (see the following snapshot), extending many of the Q&A aspects of the students' transitions handbook about the following:

How and why some friendships change at high school and how to manage these changes [H] [HP]; exploring ideas about who they are and what is important to them, and the tensions and challenges around fitting in/being part of a group and at the same time being an individual - and how to support each other to do that [H] [A&V]; what it means to communicate respectfully and skills for that [H] [A&V]; how to be assertive and

Links to agencies such as Netsafe, Kidsline and other locally relevant forms of support [SEP]. In addition the students rehearsed (roleplayed) scenarios related to meeting other new students and starting a conversation, how to ask for help, and how to deal with friendship conflict situations drawing on the communication skills they had learned [H] [A&V].	stand up for your beliefs and your rights; rehearsing how to ask a teacher to explain something when you don't understand what to do [H]; what bullying and cyberbullying are and what to do if it happens to you (as well as how to be an upstander) [H] [A&V]; inviting the school counsellor and the year level or house dean into the class to explain their work, why students come to see them, what they can expect and how to make an appointment; [SEP] [HP] along with other concerns the students raised during these activities.

Resources

Teaching and learning resources

- Fitzpatrick, K., Wells, K., Webber, M., Tasker, G. & Riedel, R. (2018). *Mental health education and hauora: Teaching interpersonal skills, resilience, and wellbeing* https://healtheducation.org.nz/resources/mental-health-education/

Teacher information resources

- Ministry of Education, Wellbeing in Education website https://www.education.govt.nz/our-work/overall-strategies-and-policies/wellbeing-in-education/
- Education Review Office *Transition from Primary to Secondary School* (2012) https://www.ero.govt.nz/publications/evaluation-at-a-glance-transitions-from-primary-to-secondary-school/6-transition-from-primary-to-secondary-school/
- Education Review Office, *Wellbeing for Young People's Success at Secondary School* (2015) https://www.ero.govt.nz/publications/wellbeing-for-young-peoples-success-at-secondary-school/
- New Zealand Government *Child Youth and Wellbeing Strategy* (2019) https://childyouthwellbeing.govt.nz/

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- Contributes to school transition programmes and processes.

Hauora and wellbeing

NZC Level 5, Year 9

Teaching and learning situation

With many contributing full primary and intermediate schools, foundation learning in health education for all students new to year 9 at a large high school focuses on understanding wellbeing. The health education learning also aimed to support the induction process for new students (including the peer support programme), with more detailed learning on friendships and interpersonal skills. *This snapshot extends and provides the wider learning context for the previous transitions snapshot.*

Overview of the learning programme

After a collection of name games and collaborative activities that provided students with opportunities to work with a variety of their peers that they hadn't met before, the teacher engaged the students in some structured learning about hauora and wellbeing and te whare tapa whā. After drawing a life sized person and labelling it with many features of health and wellbeing, and then coding these according to the dimensions, it was apparent that students were still to develop ideas about spiritual wellbeing. With some further teaching about this dimension, students were able to add more ideas to their posters [H]. In a subsequent activity, students designed their own model of wellbeing using imagery relevant to them.

To complement the induction programme, the teacher engaged the students in succession of activities to explore the qualities of friendships, how friendships often change when you meet new people at high school, and ways to manage those changes [SEP]. This led into some skills teaching about effective listening, being assertive (which included expressing feelings and using "I" statements), and how to problem solve in situations where there was conflict between friends. Students practised these skills in class with their peers, and the with older peer support mentors [HP].

To prepare students for future learning, the teacher also included introductory ideas and skills about managing change, coping with disappointment, help seeking at school and using online services, and identifying things that cause stress and skills for stress management. As part of their digital learning portfolio, students designed and set up their kete of ways to support their wellbeing - skills they could use that showed care and concern and respect for self and others {A&V}, which they would keep adding ideas to as the year proceeded [HP].

Resources

Teaching and learning resources

- Fitzpatrick, K., Wells, K., Webber, M., Tasker, G. & Riedel, R. (2018). *Mental health education and hauora: Teaching interpersonal skills, resilience, and wellbeing* https://healtheducation.org.nz/resources/mental-health-education/
- Ministry of Education, *The Curriculum in Action* series (see for example *Friendships* https://health.tki.org.nz/Key-collections/Curriculum-in-action/Friendships)
- Mental Health Foundation, *Change Loss and Grief*. (MHF, 2000)

Teacher information resources

- Ministry of Education, Wellbeing in Education website https://www.education.govt.nz/our-work/overall-strategies-and-policies/wellbeing-in-education/
- Education Review Office *Transition from Primary to Secondary School* (2012) https://www.ero.govt.nz/publications/evaluation-at-a-glance-transitions-from-primary-to-secondary-school/6-transition-from-primary-to-secondary-school/

- Education Review Office, *Wellbeing for Young People's Success at Secondary School* (2015) https://www.ero.govt.nz/publications/wellbeing-for-young-peoples-success-at-secondary-school/
- New Zealand Government *Child Youth and Wellbeing Strategy* (2019) https://childyouthwellbeing.govt.nz/

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- Connects with induction process for new students and peer support programme.

Maintaining wellbeing online

NZC Level 5, Year 10

Teaching and learning situation

After a cyberbullying incident had caused distress and embarrassment for some of the students and their parents, and which was widely known about around the school, a teacher quizzed her Year 10 students on their social media behaviours, with a view to using some of their ideas for a unit on the way life changes impact wellbeing. There was a wide range of responses, some of them quite concerning. The class decided that in order to understand the extent of the issues about their social media use they needed some data. With teacher support they devised an anonymous survey with items about which social media platforms were used and how often, how often they posted pictures of themselves, how often the commented on others, incidents of cyberbullying, sexting, YouTube channels they watched, what sorts of people they followed, and so on.

After analysing the class results, the students decided they wanted to focus on 'the problem with selfies', sexting, and what to do if you receive a distressing message or are cyberbullied.

Overview of the learning programme

The learning started with an exploration of why some people take so many selfies and post selfies in the first place - what purpose did it serve? How did it support or undermine their wellbeing [H]? Most students agreed that being 'liked' by lots of people made them feel good, popular, it gave them an ego boost, felt attractive etc. The teacher asked why they felt that way or why they thought they needed that sort of affirmation and why couldn't this come from other sources? What did they think people did to affirm their self-worth just a few years ago before smart phone technology enabled people to do this? The teacher went onto ask if the class thought social media made people more self-centred and vain (the students didn't agree).

When it came to checking their social media pages the survey showed the girls did this more often and for longer than the boys. When asked why, they talked about the fear of missing out, e.g. if someone posted something about you or your friend you didn't want to be the last one to know. For the boys it was more about their subculture interests - video games, sports people they followed, music, YouTube videos of challenges, etc and it was something they did when they were by themselves, or just hanging out with friends because it gave them something to talk about [SEP]. The teacher recorded all of these ideas and through a structured activity, got the students to analyse how these behaviours affected their wellbeing positively and negatively - and exactly how their wellbeing was impacted [H]. There were far more negative impacts than positive ones. The teacher then set up a class debate to explore two moots, one that "the best way to avoid cyberbullying is to not post selfies in the first place" and two, "limiting the amount of time online time to less than 1 hour a day was good for wellbeing".

Although some ideas from the learning above were unresolved, the teacher proceeded to engage students in learning about the negative impacts of sexting on wellbeing [H], what to do if you are pressured into sending a sext message, what to do (and not do) if you are sent one, and what to do if your face is photo-shopped onto a naked photo of someone else and sent out to others [HP].

The students also explored the Netsafe website to find information about what to do if they are the victim of cyberbullying and the legal implications for the perpetrators of this behaviour [HP].

Although the students didn't prioritise it, the teacher had noted that many of the boys were particularly interested in YouTube channels where people posted videos of themselves responding to online 'challenges' (usually performing highly dangerous stunts). The teacher also included an activity to get his students thinking critically about why they thought some people posted videos like this, with a focus on what it did for their wellbeing. After using the dimensions of hauora to map out potential positive and negative impacts of these videoed behaviours it was apparent that all of the students ideas were very 'in-the-moment', and with no

consideration of consequences short and long term. After posing further questions to consider 'what if ….' the students were able to add another layer of ideas to their maps to highlight the many negative impacts on wellbeing when things go wrong, and once the thrill and the buzz of doing these challenges is over – 'what next'?

The teacher also took the opportunity to raise the issue of all of the brand advertising associated with these videos and whether the students realised they were actually advertising these products for nothing when they supported these websites (yet the manufacturers were making a lot of money). He also asked whether they noticed, that when they watched these videos, what other videos were recommended for them to view? What other links pop up after you've watched a particular video? If you keep watching these recommended videos what do you notice about the changes in the types of videos you are recommended? While the increasing level of extreme behaviours was recognised by some students, it was not well understood by all. This provided the teacher with some ideas for the next unit which would require students to analyse the advertising methods used to market lifestyle products (indirectly) to young people.

In addition to the development of a class contract about responsible social media use, the learning culminated in each member of the class developing their own 'contract' or protocols for responsible social media use relevant to the social media platforms they used [HP] [A&V].

Resources

Teaching and learning resources

- Netsafe The kit https://www.netsafe.org.nz/the-kit/
- Fitzpatrick, K., Wells, K., Webber, M., Tasker, G. & Riedel, R. (2018). *Mental health education and hauora: Teaching interpersonal skills, resilience, and wellbeing* https://healtheducation.org.nz/resources/mental-health-education/
- Robertson, J. (2021). *Mental Health and Resilience: Teaching and learning activities for NZC Levels 6-8.* NZ: New Zealand Health Education Association (NZHEA). Available from https://healtheducation.org.nz/resources/ - see Section 7

Teacher information resources

- Netsafe https://www.netsafe.org.nz/
- Ministry of Education, Wellbeing in Education website https://www.education.govt.nz/our-work/overall-strategies-and-policies/wellbeing-in-education/
- Education Review Office, *Wellbeing for Young People's Success at Secondary School* (2015) https://www.ero.govt.nz/publications/wellbeing-for-young-peoples-success-at-secondary-school/

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- Connects with initiatives that help students to understand school support systems and procedures, especially those to do with digital citizenship and digital fluency, and cybersafety.

Sexuality and gender

NZC Level 5, Year 10

Teaching and learning situation

A high school commits at least 15 lessons in each of years 9 and 10 to learning related to sexuality, relationships and gender issues. To avoid overlaps or gaps across their many classes, the topic matter for the Year 9 and 10 programmes are decided for the whole department, and year 10 programme always includes (among other learning) a focus on contraception and STI prevention, the impact of pornography on relationships, and consent. The teacher was aware that this often meant a very negative, deficit focus on what was supposed to be learning about sexuality, relationships and wellbeing with an emphasis on what was pleasurable and positive. He aimed to select sexuality-related activities that didn't avoid the issues, but ones that emphasised the wellbeing purpose of the learning.

Overview of the learning programme

After revising how all dimensions of hauora [H] relate to ideas about sexuality, relationships and gender, the teacher explored with the students the benefits of being in a sexual/romantic relationship, and the benefits of not being in such a relationship, and the reasons why they thought young people their age were or were not in sexual/romantic relationships. All the while the teacher referred to a diversity of opposite and same sex relationships.

Thinking about the experiences of people in relationships (based on what they had seen in movies, or experiences of friends and families) the students were asked to make a visual mindmap based on the concentric circles of the SEP depicting all of the things that made a sexual/romantic relationships a 'healthy' one. As well as being about people in relationships, the map of ideas included things to do with friends and families, communities and wider society e.g. personal beliefs and values; respectful communication between people; and no pressure, unrealistic expectations, or non-inclusive practices of others stemming from social norms as shown in media or through cultural attitudes, values and practices [SEP]. Combining all of their ideas the students built up an extensive class map of the attitudes, values, [A&V] beliefs, behaviours of the people in the relationship, and those of others, as well as supporting agencies and organisations, and social attitudes, that contributed to a healthy relationships [SEP].

The teacher drew on some particular aspects of the class maps to provide structured learning about the prevention of unplanned pregnancies and STIs. As well as some of the biological and physical health information this included how discussing and negotiating the use of contraception, and using some form of physical barrier against STI transmission [HP] ensured people in relationships were safe. This was also used as an example of the way respect, care and concern for self and partners could be shown [A&V], which in turn supported loving, caring, harmonious relationships [H].

When the focus shifted to consent, the learning briefly considered the legal situation around giving consent and then proceeded to focus on ways people 'give consent' and what they say and do when they don't consent or can't consent. The teacher used a range of scenarios where the circumstances about what was being consented to, and at what point consent was given, was not clear cut, to get the students to see that it wasn't always as simple as saying yes or no [A&V] and that people in relationships, or participating in sexual activity, have rights *and* responsibilities. Students then used scenarios to rehearse some consent/non-consent responses using interpersonal communication skills learned previously [HP].

The segue into looking at the impact of pornography on relationships was to ask students if they thought people in pornographic videos showed behaviours like consent and negotiating condom use. Being mindful of the (likely) variable experiences of the students in the class, and realising the risks of asking students to admit to their own viewing of pornography, the teacher made use of data from the recent Office of Film and Literature Classification

(the Classification Office) reports to explore some of the issues why young people view pornography and how it impacted their overall wellbeing and relationships [H]. Videos used in the *Keep it real online* campaign and the Light Project website were also viewed as a source of ideas for ways to resist and avoid exposure to unwanted pornographic material [HP]. As part of the school wide focus on cyber safety, the class also selected videos and segments that they thought would be useful for their parents to view and these were included with the school newsletter and hyperlinked from the school's website for parents to access.

Before shifting the focus to gender-related matters, the class revisited their whare tapa whā diagrams and SEP map to see if more ideas could be added based on their most recent learning.

Resources

Teaching and learning resources

- Family Planning *Navigating the Journey, For students in year 9* & *Navigating the Journey, For students in year 10* (see also titles for years 5-6, and noting that these titles do not need to be used specifically with the suggested year levels).
- NZHEA. (2020). *Teaching and learning about pornography in health education: For students in Years 9-13.* New Zealand Health Education Association. https://healtheducation.org.nz/resources/
- Ministry of Education, *The Curriculum in Action: Sexuality education for curriculum levels 3-4* (note also the title for levels 1–2) https://health.tki.org.nz/Key-collections/Curriculum-in-action/Sexuality-education-for-curriculum-levels-1-4
- Office of Film and Literature Classification (Classification Office) reports *Youth and Porn* (2018), *Breaking down porn* (2019), *Growing up with Porn* (2020) https://www.classificationoffice.govt.nz/
- Light project website https://thelightproject.co.nz/
- Keep it Real Online campaign https://www.keepitrealonline.govt.nz/

Teacher information resources

- *Relationships and Sexuality Education: A guide for principals, boards of trustees, and teachers* (Ministry of Education 2020) https://health.tki.org.nz/Teaching-in-HPE/Policy-Guidelines/Relationships-and-Sexuality-Education
- *Promoting wellbeing through sexuality education* (Education Review Office, 2017) https://www.ero.govt.nz/publications/promoting-wellbeing-through-sexuality-education/
- Classification Office information for teachers https://www.classificationoffice.govt.nz/public/information-for-teachers/

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- As part of wider initiatives for the promotion of student wellbeing and the development and maintenance of inclusive school communities.

Alcohol and other drugs

NZC Level 6, Year 11

Teaching and learning situation

The alcohol and other drugs (AoD) focus in the year 9-10 health education programme had engaged students in some limited learning about alcohol and cannabis and, in response to community and school concerns, vaping. With limited time at junior level this meant the learning covered little more than the health impacts and helping agencies.

Evidence from the introductory year 11 wellbeing unit had surfaced some misunderstandings about some of the legal issues to do with young people and alcohol, and the impacts cannabis on wellbeing. This misunderstanding seemed to stem from a recent community event where alcohol use 'got out of hand' and student interest and engagement with current public debates about cannabis. The teacher noted that there were distinct differences in attitudes and values about AoD between the boys and girls in the class, and some early questioning about where their ideas came from, and the likely implications of these, indicated a need for students to be able to think more critically about the messages they were getting about AoD.

Overview of the learning programme

The teacher presented the students with the Youth19 substance use data and after analysing what the data was saying about young people's AoD use, asked them to compare their perceptions of these behaviours with the data, and suggest reasons why these might be different.

This led to an exploration of the reasons why young people do and do not use AoD using a range of extracts from documentaries and NZ Drug Foundation reading material [SEP]. Students were supported to identify the attitudes and values associated with these AoD decisions [A&V]. Interest in the Drug Foundation, Vaping the Facts, and alcohol.org websites led onto looking at the ways use of alcohol, cannabis and vaping products impact all dimensions of wellbeing, and with a focus on using information from reputable sources [H].

To explore some of the broader societal issues [SEP], the students prepared a list of questions about AoD focused matters to do with the law and young people. After accepting the invitation to be a guest speaker, the local police School Community Officer answered these queries in a Q&A session. They also discussed how laws may or may not impact young people's choices about AoD use.

The students then went on to analyse a collection of alcohol and vaping advertisements from TV, radio, print and internet sources. After analysing the strategies the advertisers were using to sell products, they also considered whether or not these ads complied with the current alcohol advertising requirements, and why internet ads were seldom subject to these regulations. This led on to surveying the main streets surrounding the school and how many liquor ads they could see from the street as they went to/from school each day. Concerns over one outlet in particular resulted in the class writing to the liquor outlet requesting that all advertising of products and merchandising was retained in the shop and not visible to children walking past [HP].

All of this learning culminated in the students working through decision-making and problem-solving processes [HP] to decide healthy choices around AoD use, especially in situations where there were several competing options, and where the situation was not clear cut and presented a dilemma for the person or people involved.

Resources

Teaching and learning resources

- Robertson, J. and Dixon, R., (2021), *Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 7-13*. NZHEA. https://healtheducation.org.nz/resources/
- Tūturu resources https://www.tuturu.org.nz/resource-hub/
- Health Promotion Agency, Alcohol.org https://www.alcohol.org.nz/
- New Zealand Drug Foundation https://www.drugfoundation.org.nz/
- Ministry of Health and HPA, Vaping the Facts website https://vapingfacts.health.nz/about-this-site.html
- Advertising Standards Authority, Code for Advertising and Promotion of Alcohol https://www.asa.co.nz/codes/codes/code-for-advertising-and-promotion-of-alcohol/

Teacher information resources (as above)

- Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. https://www.youth19.ac.nz/publications/2020/8/12/youth19-rangatahi-smart-survey-initial-findings-substance-use

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- Learning may contribute to the activities of Students Against Drunk (or Drugged) Driving (SADD) and other similar initiatives.
- Involving students in the review of school policy around use of alcohol at school events, restorative practices for student misdemeanours related to AoD, etc.

Managing change and building resilience

NZC Level 7, Year 12

Teaching and learning situation

In the previous year, the health education students had interviewed an adult known to them (usually a family member) who had experienced a significant change in their life and had managed the situation or 'bounced back' from the experience in a way that restored their sense of wellbeing. Feedback from students and whānau had been very positive because for many students, it engaged them in conversation with an adult in ways that they hadn't experienced before.

Based on the students' learning success the previous year, and knowing he needed to include consideration of the concept of resilience in the year 12 programme, and how risk and protective factors impacted young people's ability to build resilience and be resilient, the teacher decided to use the findings from *the Youth19, Initial Findings: Hauora Hinengaro / Emotional & Mental Health* report to design the learning programme with his students. In particular, he focused students' attention on the student voice in the Youth19 survey which showed how school-aged young people were concerned about mental health and pressure, social media and technology, bleak futures and climate change, and risky choices (related to things like drugs and pornography).

Overview of the learning programme

The teacher engaged his students in some structured teaching about the concept of resilience and how the presence of risk and protective factors either hindered or helped people to manage significant changes or adversity in their lives, and the impact of this on wellbeing [H]. A selection of real life stories and extracts from films were to illustrate these ideas. This initial learning established the many personal, interpersonal and community/societal factors [SEP] implicated among the risk and protective factors, and a range of attitudes, values and beliefs associated with these [A&V].

From this learning they also extracted a variety of ideas about the significant changes some young people experience in their lives (e.g. serious illness or injury, relationship breakups, death loss of family members or friends). The teacher also took the opportunity to revisit some earlier learning about the experience of disappointment and loss and the different ways people respond in these situations (including grieving). The class also considered the actions [HP] of self and others that supported wellbeing [H] during these sorts of life events, and those actions that did not.

The teacher presented the class with the youth voice findings from the Youth19 survey, and taking each of the ideas in turn, established how these factors impacted wellbeing [H] and how all of these ideas in the survey were risk factors (or in some cases it was the fact that there was an absence of protective factors, like hope for the future). He presented the class with the question: *if young many people have these concerns, or are 'exposed' to these risk factors, how resilient do you think some young people might be if they experience a major life change or face significant adversity*?

Working in groups, students each took an aspect of the Youth19 student voice (with the addition of their own ideas related to their selection). They investigated ways (actions) they thought could reduce or mitigate the potential impact of these concerns (the risk factors) in situations where young people were also dealing with a major life change or adversity, and which would support their wellbeing [HP]. These ideas were developed into a report and presented to the school's wellbeing committee for consideration as part of ongoing promotion of wellbeing events, and the review of policy and systems at the school.

Resources

Teaching and learning resources

- Robertson, J. (2021). *Mental Health and Resilience: Teaching and learning activities for NZC Levels 6-8.* NZ: New Zealand Health Education Association (NZHEA). Available from https://healtheducation.org.nz/resources/

Teacher information resources

- Fleming, T., Tiatia-Seath, J., Peiris-John, R., Sutcliffe, K., Archer, D., Bavin, L., Crengle, S., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Hauora Hinengaro / Emotional and Mental Health*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. https://www.youth19.ac.nz/publications/2020/8/12/youth19-rangatahi-smart-survey-initial-findings-hauora-hinengaro-emotional-and-mental-health

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- Any WSA for building resilience and promoting wellbeing.

Creating an inclusive school community

NZC Level 8, Year 13

Teaching and learning situation

Working with the students in her year 13 health education class, the teacher negotiated the topic focus for the learning units across the year. She needed to ensure that there were adequate opportunities for learning the conceptual understandings expected at this level and which were essential for success for assessment with the NCEA Achievement Standards. Building on their year 12 work, when the class had developed a health promotion event to celebrate all forms of diversity, they decided they wanted to focus attention on the sustainable actions for creating an inclusive school community with a focus on sex, sexuality and gender diverse students. Asked what they thought would go into such a programme the students were less certain but had some isolated ideas about policy and student actions, and the role of in-school rainbow groups and external providers like Rainbow Youth.

The teacher saw this as an opportunity to develop students' knowledge of the complex and multi-layered collection of policy, systems and practices that contribute to a whole school approach to wellbeing - in context of creating inclusive school communities. This learning also provided a useful context for developing students' understanding of models for health promotion, to help students to understand that for any action to be effective and achieve its goals, a certain set of evidence-based principles needed to be attended to.

Overview of the learning programme

After exploring a range of ways schools could be 'inclusive' of diversity and why/how this was important for student wellbeing [H], the students focused their attention on how inclusive their school was for sex, sexuality, and gender diverse students. They carried out an anonymous school survey of all students - supported by other teachers through the health education classes - which helped them to identify areas where the school could do better. This included challenging the persistent problem of homophobia and how gender diverse students were not being understood, and while there were support groups and facilities for rainbow students, there was an unintended stigma associated with these.

The students learned about a 'whole school approach' to the promotion of wellbeing [SEP] and the many factors that need to be considered when taking a WSA. The students made decisions about which aspects of the WSA they thought they could act on and where they could make a difference, based on the evidence they gathered through their survey. They brainstormed a range of actions they thought they could take. With teacher guidance the students learned about the basics of a selection of evidence-based health promotion models to help them sort out which of their ideas might work, and what sort of overall approach was needed [HP]. Eventually the students selected an approach, based on ideas from one of the models that they thought would be inclusive and fair for all people in the school [A&V] - and not just focus on the rainbow students. They came to understand that everyone has a responsibility for creating an inclusive school, and their claims that their actions reflected the values of social justice couldn't be defended without considering the contribution everyone needed to make.

Resources

Teaching and learning resources

- InsideOut http://insideout.org.nz/
- Rainbow Youth https://ry.org.nz/
- Intersex Awareness NZ http://www.ianz.org.nz/
- NZHEA resources https://healtheducation.org.nz/resources/

Teacher information resources

- *Relationships and Sexuality Education: A guide for principals, boards of trustees, and teachers* (Ministry of Education 2020)
- https://health.tki.org.nz/Teaching-in-HPE/Policy-Guidelines/Relationships-and-Sexuality-Education
- Supporting LGBTIQA+ students, Ministry of Education Inclusive Education https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/
- *Rainbow Safety First* E-Resource Margaret Hoogendorn and Hayley McGlashan 2019
- http://insideout.org.nz/resources/rainbow-safety-first-e-resource-hoogendorn-and-mcglashan-2019/
- NCEA resources https://www.nzqa.govt.nz/ncea/subjects/health/levels/ and https://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education

Possible connections with whole school approaches (WSA) for the promotion of student wellbeing

- Creating inclusive school policy, systems and practices to support sex, sexuality and gender diverse youth.

Professional learning and development (PLD) ideas for teachers

- **For initial teacher education or beginning teachers**

1. After reading the Section A documenting understanding of the 4 underlying concepts, how are these curriculum ideas similar or different to:

- Your existing understanding of health and wellbeing?
- Your own experiences of health education at school?
- Your existing understanding of health education as a curriculum subject?

Think about the **opportunities and challenges** presented by understanding health education this way.

2. After reading the Section B documenting the way the 4 underlying concepts progress in complexity across the year levels, how well do these progressions map onto the planned unit(s) for the year levels you teach (or will be teaching)? What might need redevelopment or adjusting to 'pitch' the learning to the level signalled by the students learning needs, in relation to this progression?

3. After reading the Section B snapshots of units showing how the underlying concepts can feature in health education contexts, try writing a snapshot of a unit similar to those illustrated, based around a context you are (becoming) familiar with. Use the snapshot to identify aspects of the unit that may need strengthening, and to give focus to how you will interpret and respond to student learning needs for this topic.

4. What new or ongoing learning will you need to embed these ideas in your teaching? Where will the knowledge and opportunities for this new learning come from? How will you know when you have 'got it'?

As you encounter different health education learning contexts that draw from the key areas of learning (ie sexuality education, mental health, and food and nutrition), and become familiar with curriculum-aligned teaching and learning resources, be forever cognisant of how the 4 underlying concepts shape contextual or topic knowledge.

- **For experienced middle leaders and teachers**

As a feature of PLD focused meetings with your syndicate, department or faculty:

- Support new teachers with the tasks above during their mentoring and induction period.
- As a check on department planning, take an upcoming topic or unit and mind map a wide range of topic-relevant possibilities for learning, in consideration of the 4 underlying concepts. Make connections between these ideas, possible learning activities, and resources (where these can be found or develop new activities/resources) – on the understanding that as teachers respond to the learning needs of students in their classes, they can 'pick and mix' from across these mapped-out ideas.
- Try writing a snapshot of a unit similar to those illustrated. Consider using these as part of the **community consultation** process to show what has been done in the past/what is planned and being consulted on.

Checklist for external providers

Providers who are positioned external to schools who develop resources and offer professional learning and development (PLD) are encouraged to consider the following points to ensure their products and services are fit for purpose in a New Zealand curriculum environment.

On the matter of subject matter content, how do your resources and/or services consider the following?

- **Health and wellbeing as a holistic concept.** Even if the main context of your materials and support is physical health, social or mental wellbeing, how are these ideas framed holistically and in relation to all dimensions of te whare tapa whā?
- The interconnections between **individual** factors, **relationships between people,** and **wider community or societal** aspects of the matter.
- Knowledge and skills for taking **individual and collective action to promote wellbeing** in relation to the matter.
- Ideas about **social justice**.

How do you know ….?

- How do you know your resources or services are pitched at the appropriate level for the age group, literacy level, and curriculum levels?
- In addition to consideration of the underlying concepts, how do you know that the subject matter is relevant for curriculum teaching and learning and reflects the intent and expectations of sexuality education, mental health, and food and nutrition in the NZC? Where is your subject matter knowledge from? What is your evidence base for this knowledge?
- How is your service provision consistent with that supported by education policy – as related to curriculum teaching and learning and the curriculum? How do you know this?

On the matter of pedagogy (the strategies or approaches to teaching and delivery), how do your resources and/or services ensure:

- A high level of student interaction (e.g. group work), and not a dominance of teacher/facilitator 'telling' or transmitting to students a one-size-fits-all (adults know best) account of what they 'need to know'?
- Multiple opportunities for critical thinking?
- Sufficiently flexible to respond to diverse student learning needs and with provision for additional local content to be added?
- Evidence-based practices - with an emphasis on evidence that focuses on effective and ethical approaches to teaching and learning?

References, resources and further reading

References

Crawford R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services, 10*(3), 365-88.

Durie, M. (1998). *Whaiora Maori Health Development 2nd ed*. Oxford University Press.

Education Council (2017). *Our code Our Standards: Code of Professional Responsibility and Standards for the Teaching Profession* https://teachingcouncil.nz/content/our-code-our-standards

Gilbert, J. (2018). Untangling constructivism, knowledge, and knowledge-building for "future-oriented" teaching. S*et 2*, 18-24.

Heaton, S. (2011). The co-opting of hauora into curricula. *Curriculum Matters 7*, 99-117.

Lawson, H.A. (1992). Towards a socio-ecological conception of health. *Quest, 44*, 105-121.

Ministry of Education (1999). *Health and Physical Education in the New Zealand Curriculum*. Learning Media.

Ministry of Education (2004). *The Curriculum in Action: Making Meaning Making a Difference*. Ministry of Education.

Ministry of Education (2007). *Te Marautanga o Aotearoa*. Learning Media.

Ministry of Education (2007). *The New Zealand Curriculum*. Learning Media.

Ministry of Education (2011). *Tataiako: Cultural competencies for teachers of Māori learners*. Crown. https://teachingcouncil.nz/required/Tataiako.pdf

Ministry of Education (2018). Tapasā: Cultural competencies framework for teachers of Pacific learners. Crown. https://teachingcouncil.nz/sites/default/files/Tapasa%CC%84.pdf

Ministry of Education (2019*) Coherent Pathways Guidance document*. https://curriculumtool.education.govt.nz/en/Home/PathwaysGuidance/99200

Shaw, H. (1994). *Health and Physical Well-being: Literature Review - Health Education*. Ministry of Education.

Smith, L.T., Maxwell, T.K., Puke, H. & Temara, Pou (2016). Indigenous knowledge, methodology and mayhem: what is the role of methodology in producing indigenous insights? A discussion from mātauranga Māori*. Knowledge Cultures 4*(3), 131–156.

Tasker, G. (1997). Policy and Practice in Education, *Delta: Policy and Practice in Education, 48* (2), *49* (1), 187-202.

Tasker G. (2004) Health Education: Contributing to a just society through curriculum change, in *Reshaping culture, knowledge and learning: Policy and content in the New Zealand curriculum framework*, O'Neill A., Clark J., Openshaw R. (eds), Dunmore Press, pp. 203-224.

Further health education and wellbeing-related reading

New Zealand Health Education Association (NZHEA) resources https://healtheducation.org.nz/resources/

- Health Promotion as an underlying concept in Health Education Position statement, and Professional learning and development resource NZHEA external providers (2017)
- NZHEA Position Statement: External Providers (2018)
- Mental health education in *The New Zealand Curriculum*: NZHEA position statement (2019)
- NZHEA position statement on sexuality education (2018)

Ministry of Education

- Ministry of Education, Wellbeing in Education website https://www.education.govt.nz/our-work/overall-strategies-and-policies/wellbeing-in-education/
- *Relationships and Sexuality Education: A guide for principals, boards of trustees, and teachers* (Ministry of Education 2020) https://health.tki.org.nz/Teaching-in-HPE/Policy-Guidelines/Relationships-and-Sexuality-Education
- *Alcohol and other drug education programmes: guide for schools* (2014) https://health.tki.org.nz/Teaching-in-HPE/Policy-Guidelines
- *Preventing and responding to suicide: Resource kit for schools* (revised 2019) https://education.govt.nz/assets/Documents/School/Traumatic-incidents-and-emergencies/MOE-Suicide-Prevention-tooklit-for-schools-updated-2019.pdf
- Ministry of Education Inclusive Education https://www.inclusive.tki.org.nz/ (there are several guides with application for health education)

Education Review Office

- Education Review Office *Transition from Primary to Secondary School* (2012) https://www.ero.govt.nz/publications/evaluation-at-a-glance-transitions-from-primary-to-secondary-school/6-transition-from-primary-to-secondary-school/
- Education review Office Wellbeing for Children's Success at Primary School (2015) https://www.ero.govt.nz/publications/wellbeing-for-childrens-success-at-primary-school/
- Education Review Office, *Wellbeing for Young People's Success at Secondary School* (2015) https://www.ero.govt.nz/publications/wellbeing-for-young-peoples-success-at-secondary-school/
- *Promoting wellbeing through sexuality education* (Education Review Office, 2017) https://www.ero.govt.nz/publications/promoting-wellbeing-through-sexuality-education/
- Education Review Office. *Wellbeing for success: a resource for schools* (2016) https://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/

NMSSA reports - HPE

- Educational Assessment Research Unit, University of Otago, and New Zealand Council for Educational Research (2017). *National Monitoring Study of Student Achievement Health & Physical Education 2017 Key Findings.* https://nmssa.otago.ac.nz/reports/index.htm (see also 2013).

New Zealand Government

- New Zealand Government (2019). *Child Youth and Wellbeing Strategy* https://childyouthwellbeing.govt.nz/

Teaching and learning resources

These topic or key areas learning resources have been specifically designed for use in *The New Zealand Curriculum* and in consideration of the underlying concepts of the HPE learning area. *Note that a range of materials are also referenced with each of the snapshots in Part 2 of this resource.*

NZHEA resources https://healtheducation.org.nz/resources/

- *Teaching and learning about pornography in health education: For students in Years 9-13.* New Zealand Health Education Association (2020).
- *Making connections with Pacific ideas in Health Education* (2020)
- (Revised) *Alcohol and Other Drugs Years 7-13* (2021)
- *Mental Health and Resilience Teaching and learning activities for NZC Levels 6-8* (2021)

Ministry of Education

- Ministry of Education, *The Curriculum in Action: Sexuality education for curriculum levels 1-2 & 3-4* https://health.tki.org.nz/Key-collections/Curriculum-in-action/Sexuality-education-for-curriculum-levels-1-4
- Ministry of Education, *The Curriculum in Action series* (various titles) https://health.tki.org.nz/Key-collections/Curriculum-in-action/
- Health and Physical Education Learning Progressions (Food and nutrition) http://hpeprogressions.education.govt.nz/

Resources from other publishers and organisations

- Fitzpatrick, K., Wells, K., Webber, M., Tasker, G. & Riedel, R. (2018). *Mental health education and hauora: Teaching interpersonal skills, resilience, and wellbeing.* NZCER. Digital resource and planning support resources available from https://healtheducation.org.nz/resources/mental-health-education/
- Family Planning, *Navigating the Journey,* series – see separate titles for years 1-2, 3-4, 5-6, 9, and 10.
- Tūturu, *Thinking critically about the marketing of energy drinks and/or vaping products and Developing critical thinking about cannabis* https://www.tuturu.org.nz/resource-hub/
- Health Promotion Agency (2019) *PYBC (Play your best card) Teaching and Learning Activities for Health Education* https://www.hpa.org.nz/sites/default/files/documents/PYBC%20Teaching%20and%20Learning%20Activities%20for%20Health%20Education.pdf