

NZHEA Position Statement:

Sufficient timetabled time for health education

The New Zealand Health Education Association (NZHEA) advocates quality health education learning experiences for ākonga and works to support teachers of the subject in New Zealand schools.

We have developed this position statement on the making a case for sufficient timetabled health education learning in response to queries about how much time should be devoted to health education across a year, as well as requests for support when advocating for more time for health education.

We note that each school's context will differ depending on overall timetable structure, and whether or not health education is integrated with learning across the curriculum, but what follows are some general points of guidance.

In primary and intermediate schools

We acknowledge that health education is often integrated into learning across the curriculum. As such, teaching and learning that connects to health education in the New Zealand Curriculum may not always be deliberately planned for, or explicit. We recommend that:

- Teachers examine how and where aspects of health education are covered in the classroom in their planning, for example in relation to teaching about respect, care and concern for others, developing interpersonal skills and discussing relationships, exploring emotions and strategies to promote wellbeing.
- Teachers plan for a deliberate focus on developing understanding of the underlying concepts, in ways that progress learning across curriculum levels using the same evidence based (teaching as inquiry) approach used for designing all curriculum learning programmes.
- At least 12-15 hours per year is devoted to learning in relationships and sexuality education contexts (based on the guidance from the Ministry of Education, 2020a).
- The mental health key area of learning is very broad, for example covering such aspects as alcohol and drug education, personal identity, resilience and change, personal and interpersonal skills, which means that more than 15 hours of learning per year is likely to be needed for this key area of learning.
- Teaching time will also be needed for learning about the underlying concepts, for example hauora as explored across wellbeing-related contexts.
- If external providers are used for aspects of health education teaching, this learning is woven into other connected learning, rather than being seen as a stand-alone programme that is disconnected from everyday classroom learning.

In secondary schools

We acknowledge that while some schools integrate health education learning in a connected approach to curriculum design, it is still more usual to have a separately timetabled health education subject, or for the subject to be covered as part of health and physical education. Learning in the health and physical education learning area is mandated by the New Zealand Curriculum to the end of year 10 (Ministry of Education, 2007). This means that learning experiences should be offered until the end of year 10 across all strands, key areas of learning, and underlying concepts in health and physical education. We recommend that:

- At least 12-15 hours per year is devoted to learning in relationships and sexuality education contexts (based on the guidance from the Ministry of Education, 2020b).
- The mental health key area of learning is very broad, for example covering such aspects as alcohol and drug education, personal identity, resilience and change, personal and interpersonal skills, which means that more than 15 hours of learning per year is likely to be needed for this key area of learning.
- Aspects of the food and nutrition and body care and physical safety key areas of learning may also be covered in health education in a given year, which will also have implications for time needed for health education.
- Explicit teaching around the underlying concepts is also needed in context of the content (key areas of learning) covered – increasing in complexity across curriculum levels. This is likely to add to the time needed to deliver a comprehensive health education programme.
- Entry data from NZQA across recent years indicates that around 10% of students opt to take health education as an NCEA subject. Bearing the NCEA pathway in mind, year 9 and 10 programmes of learning need to prepare learners for the literacy demands, development of digital fluency (given the abundance of health-related dis/mis- information), as well as the content knowledge and conceptual demands of the subject at NCEA level.
- Health education requires a safe, supportive learning environment (see Fitzpatrick et al., 2018). This can take time to develop, including the co-creation of class safety guidelines and a shared responsibility for learning. For both continuity of learning and the development of effective learning relationships, health education timetabled once a week is not ideal.
- In addition to sufficient time for health education, quality learning experiences require careful planning and delivery by trained health education teachers, using data to tailor programmes to meet learners' needs.

Examples of how schools timetable their health education:

Primary

Health education is embedded into the school's curriculum in several ways. Dedicated time is set aside each week for health education teaching. The specific content covered in this time is planned team-by-team, to meet learners' needs across the school. Flexibility exists for teachers or teams to 'block' this time when it is appropriate to do so. In the past, external providers have been used to deliver programmes, but the school has moved towards using external providers only where the external expertise adds value to existing learning, and any externally provided learning is integrated into each teacher's existing plans. Health education is also connected to opportunities for learning about relationships and managing emotions, and can be connected to learning across the curriculum where opportunities arise.

Secondary

1.

Year 9 and 10 health education is timetabled for two lessons per week each year, is separate to physical education, and is taught by health education specialists who also teach the NCEA health education at the school. Having around 80 hours per year of health education enables a broad programme of learning, with time at the start of the year for developing a safe learning environment, connections to the HPE underlying concepts, building relationships and collecting formative data on where ākonga are 'at' in terms of knowledge, understanding and interests for health education learning.

- Term one includes exploring health and wellbeing using Te Whare Tapa Whā and other models; exploring identity, strengths, resilience and self-esteem.
- Term two learning includes friendships and relationships focusing on interpersonal skills including key communication skills such as assertiveness and conflict management, as well as consent and relationship management.
- Term three explores positive sexuality gaining knowledge and skills to make good decisions to maintain and enhance sexual health not just for themselves, but also for those around them.
- Term four looks at safe health enhancing practices around drug use using health promoting strategies. Time is set aside for learning driven by ākonga interests, and may consist of guided projects that involve investigating a health-related issue, or taking health promotion action.

2.

A school has chosen to integrate health and physical education into one subject, and have called the subject 'hauora'. The integration on a teaching level is hugely beneficial to the students and teachers. Students now gain a clear perspective of the personal, interpersonal and societal influences that affect an individual's wellbeing along with the wellbeing of others and society. Health promotion becomes much more visible in this integrated subject. Certain teaching units still remain as stand-alone health units, such as drug education, and others are integrated. Examples of integrated units include:

- Interpersonal skills are taught within a sports education context. This includes classroom and practical lessons teaching communication skills for respectful relationships when working in teams.
- In nutrition, students explore influences on food choices covering the socio-ecological perspective and learn about sports nutrition by using scenarios about sport-focused adolescents.
- While teaching traditional games you can explore how attitudes and values are shared between generations.

Student voice shows they see real value in learning where the connection between subjects is visible. This integrated approach has led to many students selecting both health and PE for NCEA in the senior school.

References

Fitzpatrick, K., Wells, K., Tasker, G., Webber, M., & Riedel, R. (2018). Mental health education and hauora. Wellington: NZCER Press. <https://healtheducation.org.nz/wp-content/uploads/2020/09/Mental-Health-and-Hauora.pdf>

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