



# New Zealand Health Education Association

## Newsletter

September, 2023

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Tēnā koutou

By now we had been hoping for more good news to communicate in our termly newsletter but the craziness that kicks in prior to an election, and the implication of that on Ministry work, means we are still facing hold ups on a number of new materials.

#### **But let us start with some great news.**

**NZHEA has new leadership.** Leigh Morgan, our Kaikōtuitui Arataki Oranga has graciously accepted the nomination and taken up the role as NZHEA chair.

After the election of executive members in May reinstated most of the previous exec, Rachael indicated that she would not be available to continue in the role of chair as she shifts her focus to a full-time university career. On reviewing the co-leadership role, the exec decided it was timely to rethink our roles – and titles – to better reflect what we each contribute to the leadership and management of NZHEA as a subject association. To that end we decided that, for the current term, and in consideration of the expertise of our current exec, the chair would be held by one person.

**On behalf of the membership we extend our deepest thanks to Rachael and Vicki for their many years of service as co-chairs and we look forward to using their expertise for specific aspects of association business in future.**

Other good news, albeit not association specific, was the **settlement of the teachers' pay negotiations**. Let's hope it's enough to entice people to come into the profession – and stay.

We've also been notified that there will be ongoing **Networks of Expertise (NEX)** funding – that's the fund that has enabled us to provide you with free workshops, a range of responsive support, and fund Leigh's Kaikōtuitui Arataki Oranga role. However, for reasons of transparency and fairness, the next round of funding will be open tender so there are no guarantees as to which organisations get it. Needless to say, NZHEA will be putting in a very convincing proposal detailing all the work we have done in this space for many years. We will keep you posted about these developments which should become clearer in term 4.

Also, our September - October two day courses to be held in Auckland and Christchurch on teaching and learning about **equity and social justice issues in health education**, are fully subscribed. We look forward to working with about a hundred teachers from across the country these next school holidays.

We announced earlier in the year that our ex-exec member Kat Wells had taken up a **NCEA Implementation Facilitator (NIF)** role at the Auckland office. A number of you have met her, and/or southern counterpart Tom Sinclair at a workshop. As often happens when teachers head into Ministry work, other opportunities open up and, as of mid-September, Kat will move into a national office role as **Learning Area Lead (LAL)** for the HPE learning area (a position that was vacated by her predecessor at the beginning of the year and has been empty since). This role is in support of the NCEA

standards review process. We'll catch up with Kat once she's in the role and will let you know more about her new job in due course.

### **Ongoing distractions and concerns**

It has been disturbing to hear from many of you via our Facebook community, and through communications directly to us, that you are receiving **pushback about your relationships and sexuality education programmes**, not only, but especially around gender matters. These attacks – and some of them have been quite vitriolic so the term attack is warranted – are coming from a variety of sources. We can see these will be ongoing in the current political climate and could well escalate leading up to the election. Please make sure your senior leaders know about any community interference you are receiving as they have legislative responsibilities for maintaining the safety of students at your school. If you need support to understand the legislative environment we are working in, and the responsibilities of schools about these situations, do contact us. As noted in our social media posts, we - like the Ministry of Education - are 'dealing' with these groups by not giving them oxygen – *just don't give them a platform for sounding off and spreading their rhetoric and misinformation.*

We now have a revised 'draft for implementation' version of the Level 1 NCEA Health Studies Big Idea and Significant Learning – see page 5 of this newsletter. However, the final versions of all the revised **Level 1 Health Studies Achievement Standards** are not expected until early(?) term 4. We understand that there will be revisions to all materials, but these will not be major and won't fundamentally change what we have been workshopping all year. However, the changes in the wording and interpretation of the standards is enough that it has meant a new set of tasks have had to be developed. It would appear to mean that none of the piloted materials will therefore be suitable for sharing.

### **Term 4 PLD possibilities in preparation of Level 1 implementation**

These changes to the Level 1 materials means term 4 is likely to be a busy time for many of us.

#### **We will have a range of ways to support your planning for Health Studies Level 1:**

1. As soon as the revised assessment materials are online, we will prepare a updated series of recorded PPT presentations to walk you through the final versions of the standards that you can view anytime. These can be used individually, in department meetings, or local cluster meetings.
2. We are already being invited to support regional teacher only days planned for 13<sup>th</sup> - 24<sup>th</sup> November (noting that any combined schools' events are organised by the regional Ministry offices and subject association support needs to be invited to attend/support).
3. We are keeping a close eye on regional decisions about the November teacher only days. Where we can see there will be no combined schools' offerings, we may be able to schedule half-full day workshops e.g. Auckland principals are not committing to combined ToD events so a rapidly planned workshop for the region is a possibility – as it is for other regions. Please appreciate that if we do this, they will be no frills event at an available venue - and we'll need you to BYO lunch!
4. We can support your regional clusters/run a regional workshop if you can commit to at least half a day (to justify our travel costs where our travel is required).
5. We can do online presentations/webinars with Q&A time on request.

We will keep you up to date with developments via the NZHEA Facebook page and through membership-specific communications.

One of the casualties of the lead up to the election, and the community pushback around aspects of relationships and sexuality education, is the hold up of **several new Ministry resources**. Again, the moment they are published online we will let you know. These new resources include titles covering primary through to senior secondary. However, we were very pleased to see the primary school companion to the NZCER resource finally published in August – see later in this newsletter for details.

Our own resource production line has slowed somewhat this year with just-in-time support materials for Level 1 NCEA taking priority. Also, there's a growing sense of paralysis that comes with the unknown of what lies ahead. The extent to which the curriculum refresh will impact what we teach in health education ... if there is a change of government how new policy will refocus this process ... if calls for mandated content like consent will become a reality ... all impact where we decide to prioritise our resource development.

#### **In this newsletter**

- Notification of the AGM
- New NZCER mental health education resource for primary schools
- The revised wording of the Big Ideas and Significant Learning
- Marking practice exams in preparation for external assessment

It might be a big ask but let's hope term 4 brings with it some greater clarity and certainty about where we are heading in education.

Ngā mihi

Leigh Morgan  
NZHEA Chair  
NZHEA Kaikōtuitui Arataki Oranga

NZHEA Executive  
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For all queries about receiving NZHEA PLD support, email us at [kaiarahi@healtheducation.org.nz](mailto:kaiarahi@healtheducation.org.nz)

## Events - NZHEA AGM

Notification of the NZHEA Annual General Meeting to be held early term 4 has been emailed to members. Teachers/middle leaders whose names are recorded on our membership database - please check your inbox (6 September) for these details. Any members (which includes all teachers from member schools) can attend the AGM.

## Resource round up

NZCER primary resource – [from the website](#):

### ***Mental health and hauora for primary: Teaching interpersonal skills, resilience, and wellbeing***

*This book is the result of a collaboration between academics at the University of Auckland Waipapa Taumata Rau and teachers in schools. It is an excellent resource for teachers wanting to teach about resilience, mental health, interpersonal skills, and wellbeing.*

*It contains lesson plans designed to enhance learning to enable primary students to develop knowledge, understandings, and skills in the areas of:*

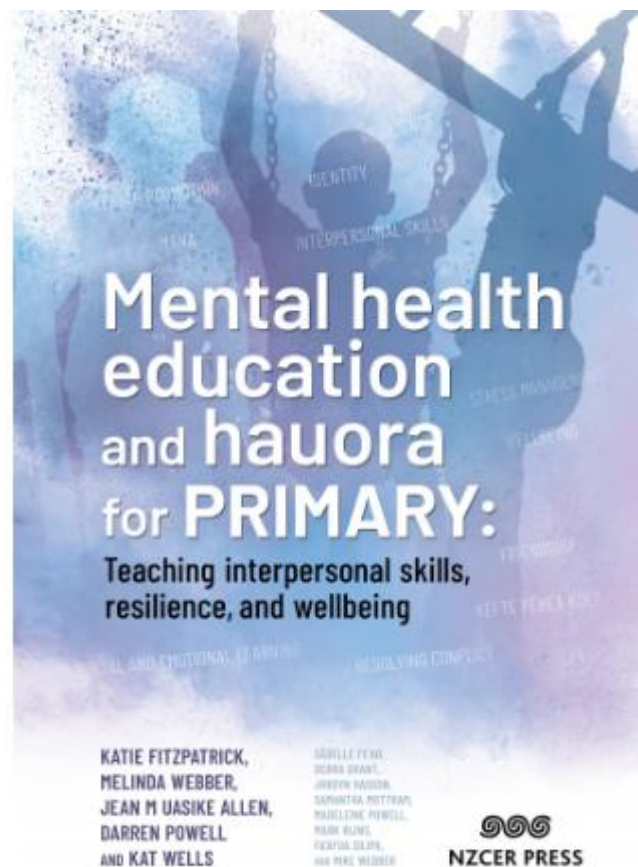
- *personal identity*
- *communication and relationships with others*
- *wellbeing*
- *health promotion, action, and activism.*

*Designed to be used at multiple year and curriculum levels, this book is intended to be most useful for students in Years 1–6 but it can be used with students at higher levels as well. It is up to individual teachers to decide how they might adapt, apply, and use the activities and ideas in this book. For this reason, the authors have not specified particular curriculum links for each activity (links will depend on how you use the ideas and what topics you focus on).*

*This resource will enhance youth capabilities to understand different cultural perspectives and approaches to mental health, as well as specifically developing skills to enhance resilience, social cohesion, and social justice. This resource was co-written with teachers working in a range of schools with Pacific, Māori, Asian, and Pākehā New Zealand children (and those from other ethnicities). As a result of this process, the resource aims to engage with the diversity of young people in New Zealand schools.*

Note that a pdf of the resource sheets as well as the contents page can be downloaded from the NZCER website – [link above](#).

**Cost for the print version of the book is \$65.00. Order through the NZCER website.**



# Updates – NCEA Level 1 Health Studies Big Ideas and Significant Learning

The revised wording of the [Level 1 Health Studies of Big Ideas and Significant Learning](#) went online **7 September**. See this table reproduced below. Note that this wording is signalled as ‘draft for implementation’.

Big Ideas			
Hauora needs to be approached through a holistic understanding	Tiakitanga, manaakitanga, and whanaungatanga are vital to enhance the hauora of individuals, whānau, and communities	Understanding hauora requires consideration of the complex and interconnected nature of personal, interpersonal, and societal perspectives	Social justice principles of fairness, equity, and inclusivity are central to hauora
Significant Learning			
<b>At Curriculum Level 6, ākonga will...</b>			
<ul style="list-style-type: none"> <li>• apply a variety of holistic models of health to a range of situations to develop understanding of hauora</li> <li>• investigate the importance of Māori values within hauora, such as tiakitanga, manaakitanga, and whanaungatanga, across individual, whānau, and community contexts</li> <li>• inquire into Māori knowledges and practices related to hauora, such as rongoā and maramataka</li> <li>• inquire into Pacific values, knowledges, and practices, such as vā, in relation to individual, whānau, and community health contexts</li> <li>• identify and engage in strategies and practices that foster values such as tiakitanga, manaakitanga, whanaungatanga, and vā</li> <li>• explore how mana and identity are connected with a sense of self-worth</li> <li>• investigate ways in which hauora is more than a matter of personal decision-making and individual responsibility</li> <li>• practise personal and interpersonal skills that can enhance hauora, such as goal setting, self-management, and effective communication</li> <li>• investigate and critique a variety of health-promotion actions that enhance hauora at personal, interpersonal, and societal levels</li> <li>• understand how personal, interpersonal, and societal factors impact hauora and inform decision-making</li> <li>• investigate diverse strategies to help manage change situations that impact hauora</li> <li>• develop understanding of how social justice, including fairness and inclusiveness, is essential to hauora</li> <li>• use critical thinking in relation to values, attitudes, and beliefs that inform approaches to hauora</li> <li>• use critical thinking in relation to social constructs, power imbalances, biases, and assumptions that impact hauora</li> <li>• <b>experience learning <u>within</u> a selection of Food and Nutrition, Relationships and Sexuality, and Mental Health contexts.</b></li> </ul>			

## Some pointers as you think about (re)designing your Year 11 learning programme

An all-important shift in practice as we implement these new standards will be to move away from the current practice of a unit = a standard, or ‘teaching to the standards’ (or assessment activities). Broadly speaking, teachers are expected to design learning programmes that respond to **learner needs** (which includes creating pathways to Level 2&3), **their social and cultural contexts and interests**, and the school’s **local curriculum**. These overarching requirements are then interpreted in context of the subject Big Ideas and Significant Learning.

The familiar HPE underlying concepts of hauora, the socio-ecological perspective, health promotion and attitudes and values are woven across the big ideas and significant learning. Just as the underlying concepts are not topics of themselves, nor are the big ideas. Think about the many ways these big ideas can be woven across the Relationships and Sexuality, Mental Health, and Food and Nutrition contexts selected for the learning programme.

**When designing your learning programme in response to your learners' educational needs, start with the significant learning NOT the standards.** The assessment using each of the selected Achievement Standards should drop out of this learning programme and NOT be the driver of your learning programme design. *Although we note that courses made up from two or more subjects will need to select significant learning clearly related to the assessment.*

**Changing the talk.** Try to move on from the habit of saying you are teaching [*name of standard*], or 1.1 for example, and instead refer to the topic or theme that is the basis for the learning – what you are teaching is a health studies topic and you are using a health studies standards to assess this learning.

**Don't throw out what already works for your students.** The curriculum hasn't changed (yet). We still cover Relationships and Sexuality, Mental Health, and Food and Nutrition. Hauora, the socio-ecological perspective, health promotion and attitudes and values are still the underlying concepts – although these are now re-expressed through the Big Ideas. Keep the valuable learning in your existing Level 1 programmes. It may just need some reorganisation or re-emphasis to make use of the freedoms and opportunities now that the standards do not have fixed contexts.

**Health studies is focused on 'health' and wellbeing-related topics.** When including consideration of mātauranga Māori, avoid 'quasi-social studies' approaches to learning about Māori cultural practices that lose sight of the all-important and subject defining uniqueness of health education (studies) – that is, Relationships and Sexuality, Mental Health, and Food and Nutrition which are the essential contexts for HEALTH Education (Studies). Consider ways te ao Māori perspectives and concepts can be used to explore contemporary teenage-relevant health and wellbeing situations and focus on contexts that are relevant and meaningful to your learners. The Ministry of Education [Relationship and Sexuality Education Guide \(Years 9-13\)](#) and the [Mental Health Education Guide](#) contain ideas about this.

**Caution:** The inclusion of **rongoā** and **maramataka** among the Significant Learning is a late addition made by the Ministry without consultation or careful consideration of the implications of this in a year 11 learning programme in English medium schools. **We are currently discussing these implications with a view to providing you with a more considered and informed response at a later date.** For now, and with respect to rongoā in particular, please note the following:

- (1) If you are including learning about rongoā in your programme you will need to **check with mana whenua about your right to access and use this knowledge and what is appropriate for your region.** Despite some easy access online materials reflective of the regions people live in, some still consider this to be protected knowledge and it is not appropriate for anyone to be teaching it.
- (2) Also note that rongoā is not only about the more familiar traditional plant-based medicines but can also apply to a whole way of living covering a diversity of practices – better understood by adults who have the capacity and life circumstances for understanding these complex ideas. What will be meaningful and relevant for 15–16-year-olds to learn is yet to be determined.
- (3) Most importantly, and specifically in relation to plant-based and other traditional medicines that feature as part of rongoā practices familiar to many, **under NO circumstances can students sample any ingestible plant-based. 'medicines'** (or use any topical remedies for that matter) or have the use of such medicines 'recommended' by their teacher. **Teachers are not doctors or medical professionals who have the necessary professional qualifications and authority to prescribe or recommend treatment.** In a learning environment (ie outside formal health practice situation) these traditional medicines shouldn't be recommended to students by anyone, even by someone with expert knowledge. **A classroom is not a (medical) health centre.** For a teacher to do any of this is a breach of the teacher's code and standards of practice.

To ensure student safety, teachers have to be super-vigilant and ethical around this. Think about the professional and ethical implications of the following situations:

- A student who thinks, on learning something about the claimed properties of a traditional medicine (many of which are readily accessible), that taking that 'medicine' will cure them of some (self or other) diagnosed ailment. This potentially jeopardises the young person's health.

- A teacher’s professionalism being called into question when a parent complains about the teacher providing ‘medicine’ or medical advice which lies outside the boundaries of their teaching practice.
- If there are active ingredients in any of these traditional medicines (which is being researched at present), and if these substances are contra-indicated with other medication the student is taking, or they have an existing condition that could be negatively impacted by unknown substances, or if a student has an allergic reaction to the substance (which could result in anaphylactic shock) – someone/the school is in a LOT of professional, and potentially criminal trouble.

There are few other parallels with this in health education because this notion of ‘medicine’ for healing is not a feature of Health Education/Studies. The only example is when ‘medicines’ like contraception are discussed when talking about preventing unplanned pregnancy, or that medicine is needed for treating an STI, or the use of puberty blockers when considering issues for non-binary young people (noting all the controversy around the use of these) – all of which have to be prescribed by a doctor so there is at least a safety barrier there.

And not forgetting that consideration of traditional health-related practices in Health Studies/Education is not simply reproducing a body of knowledge about cultural health practices. It still needs to be clearly linked with a Relationships and Sexuality, and Mental Health, and/or Food and Nutrition context to position it within a curriculum understanding of the subject.

## Unpacking the Big Ideas - remember these need to play out across Relationships and Sexuality, and Mental Health, and Food and Nutrition contexts

(As appears on the NCEA website)

Think about the many ways these ideas can be woven across the Relationships and Sexuality, and Mental Health, and Food and Nutrition, contexts selected for the learning programme.

### Hauora needs to be approached through a holistic understanding

This Big Idea connects to hauora as an important Māori philosophy of holistic wellbeing which is grounded in bodies of mātauranga unique to Aotearoa New Zealand. This goes beyond the physical and can draw on aspects such as the spiritual, the collective, and the environmental.

To approach hauora in a holistic way is to understand its breadth and depth as it relates to individuals, whānau, communities, and the surrounding environment. Hauora can be understood in diverse ways according to a person's values, cultures, experiences, identities, and worldview, and can be explained using models of health that are relevant and reflective of the diverse cultural backgrounds and experiences of ākonga across Aotearoa New Zealand and the Pacific.

### Tiakitanga, manaakitanga, and whanaungatanga are vital to enhance the hauora of individuals, whānau, and communities

By exploring this Big Idea, ākonga can learn about values and broader kaupapa within te ao Māori that are integral to hauora. When these kaupapa underpin individual, whānau, and community relationships, hauora is strengthened.

**Tiakitanga** is important because it champions caring for self and others. This value also speaks about how the hauora of people is directly connected to the condition of the environment.

**Manaakitanga** is a way of being, caring, and relating that ensures all interactions are mana-enhancing and reciprocal. Manaakitanga maintains the safe space that is needed for learning to occur. Recognising the mana of others through caring and mana-enhancing relationships is an important part of developing a sense of self-worth and identity. Through this understanding, ākonga can develop skills to build relationships that enable mutual care, and foster attitudes and values that support the hauora of themselves and others.

**Whanaungatanga** is also important because hauora is as much about the collective as it is about the individual. Whanaungatanga requires intentional actions that nurture whānau-type relationships. As such, whakawhanaungatanga, or the act of building whanaungatanga, is critical to the hauora of individuals, whānau, and communities.

These three values are deeply interconnected and interdependent. They represent the 'how' and the 'why' of the enduring learning about, and experiences of, hauora.

**Understanding hauora requires consideration of the complex and interconnected nature of personal, interpersonal, and societal perspectives**

This Big Idea helps ākonga understand that hauora is not just a matter of personal choice and individual responsibility, but is part of our complex, interwoven, interpersonal, and societal fabric.

Socio-ecological perspectives are not static and linear. They change continually as the result of the interaction between a broad and complex range of political, environmental, social, cultural, and other factors, in seen and unseen ways. This Big Idea points to how a variety of positive actions are needed at personal, interpersonal, and societal levels to enhance individual and collective hauora.

**Social justice principles of fairness, equity, and inclusivity are central to hauora**

This Big Idea is about how hauora and positive wellbeing outcomes for all people and communities are only possible when inequities are addressed and all members of society are treated fairly. Therefore, social justice principles and aims are integral to the continued development of diverse approaches to hauora.

By exploring this Big Idea, ākonga can learn how social constructs, power distributions within relationships, or other factors, can create injustice or negatively affect multiple generations of people. This understanding can help ākonga to recognise sources and instances of injustice, and to learn how hauora requires strategies and actions based on fairness and equity. Part of this learning is challenging any personal and systemic biases or assumptions that may exist within these contexts. By exploring this Big Idea, ākonga can also learn to identify the impact of diverse attitudes and values on hauora.



## Guidance and support – marking practice exams

One of the questions we get asked about in relation to practice exams and the end of year exams is around the nature and status of the information provided with the assessment schedule, in particular the trend away from providing an exemplar or an overview of possible responses related specifically to the topic of the exam. These reflections are in response to some of the Facebook posts and other communications we have received this term.

### Level 2 exams

(Reflections from Leigh Morgan)

When writing the practice exams, NZHEA follows the NZQA assessment specifications and, as far as possible, keep the wording and format of the previous year's NZQA exams (although when changing the scenario and source materials in the resource booklet it can occasionally mean some wording changes are needed for the question to make sense). This rationale also applies to the assessment schedules.

In recent years NZQA shifted the Level 2.1 (AS91325) exam to being an analysis of topic specific materials provided in a resource booklet. The topic (the issue or situation) is not known to the students prior to the examination. This means that when marking the students' exam submissions, **assessment judgements need to focus on the big ideas of the analysis** which come straight from the explanatory notes. That is: the influences on the issue, consequences for wellbeing (related to ideas about hauora), and strategies for improving outcomes (related to ideas about health promotion and attitudes and values). Across the exam there is overall consideration of the socio-ecological perspective (personal, interpersonal and societal considerations).

Use the descriptors that unpack the level of performance across N0 to E8, to decide whether the student has insufficient evidence for achievement (N0-2), analysed (A3-4), analysed in-depth (M5-6) or analysed comprehensively (E7-8). These ideas are more important for making assessor judgement than the topic specific information provided by the student – the topic is just the context for showing evidence of the analysis.

All the evidence required to be used by students is included in the resource booklet. Specific topic or content knowledge about the issue is not expected to extend beyond the material provide, and as a result, assessment judgements cannot require candidates to show specific topic knowledge beyond the resources provided.

This approach to an exam may mean that candidates do not always apply ideas about the topic matter in quite the right way (having not studied the topic specifically), but their ideas should show a reasonable understanding of the issue represented in the resource materials. Candidates can draw relevant learning where applicable, but it is not a requirement, and this material still needs to be closely related to the context framed by the assessment resources.

- For Achievement it is reasonable to expect that when applying topic specific details (from the resources) student responses may show some lack of understanding, as long as candidates demonstrate understanding of the main ideas of the analysis.
- For Excellence it is reasonable to expect that the use of topic specific material will show greater accuracy in its application, but some minor misunderstandings of the topic matter are still acceptable.

There are many ways a student can respond to an assessment question. Therefore, the assessment schedule is only designed to contain a few prompts and not a fully worked exemplar. Consequently, it is important that teachers practice building capacity to recognise the-diverse ways students express understanding of the big ideas of the analysis, rather than judge student achievement based on one exemplar.

One example of a teaching and learning activity students could complete in groups or as a class after sitting the exam, is to fill in the 'sample evidence' section of the assessment schedule using ideas from theirs and other exams to replace or add to answers in their original exam script.

### Level 3 (with a focus on 3.2 international health issue)

(Reflections from Jenny Robertson): *I need to preface this by saying I haven't been a Level 3 exam marker for many years, but this is what I found useful to think about when I was in that role.*

1. **Sometimes level 3 can be easier to mark directly against the explanatory notes in the standard.** The ENs for AME are included at the top of the assessment schedule – with the addition of the NO-E8 descriptors which provide a type of sufficiency statement. Use the sample evidence provided in assessment schedule only as a guide.
2. Read the whole paper first before committing to any marking judgements.
3. Does the whole exam read coherently whereby the selected determinants, impacts on health and strategies all connect? If not, it's not going to be excellence.
4. Have all sections been completed? If not, it will be not achieved because it means the analysis is incomplete.
5. Look at the selected **determinants of health**. Because the assessment specifications stipulate **poverty as the main topic** (*and then the exam will focus in on one of three poverty-related topics listed in the assessment specifications to provide the context for the analysis*) **it will be hard to justify excellence without consideration of economic AND political factors** (perhaps with cultural/social norms inherent in social and economic policy woven into these). In context of the topic of poverty **an excellence level student needs to show they understand the nature and causes of poverty**, and they do this through the DoH. How they explain the way the determinants impact the issue at excellence level should be a valid/accurate representation of the DoH.
6. **Achievement** level students may be a bit 'loose' in naming the determinants or select less important ones but overall, **there should still be some defensible evidence that they have an understanding of how poverty is impacting the issue**. In other words, how unequal distribution of money, resources and/or power have contributed to the issue - which is less likely through intermediary determinants and other factors that are themselves a result of the unequal distribution of resources etc. For **merit** expect at least economic factors to be mentioned, otherwise it's difficult to defend that the student has much depth of understanding about poverty. Students can still reach Achievement if they don't specifically name the DoH but instead describe them and show understanding of what they are.
7. Evidence – noting that the standard is about **using evidence not referencing the evidence**. A student does not need to reference the source material for assessment purposes. That said, it is a useful thing to do. The 'evidence' then gives the context specific focus to the assessment (poverty related disease, life expectancy, or sexual and reproductive health, as featured in the resource materials) and students are expected to use the context specific materials to illustrate how the DoH are impacting the issue. Evidence needs to be used in a valid way and not disconnected from or irrelevant to the point being made.
8. Impacts on health (*or what the issue is about in the first place – the incidence of disease, life span, etc*) should be drawn from the evidence provided in the resource booklet (because it is not expected that the student has pre-learned the material to be assessed). Evidence is also used to show understanding of a range of health impacts beyond the obviousness of the main topic focus. The AME step up here is often contingent upon the quality and selection of the DoH in the first place – the main thing to ask here is - does the evidence of impact on health relate coherently to the explanation of the DoH, and have they selected and used evidence from the resources in a valid and meaningful way?
9. Strategies may or may not be indicated in the resource material. If no explicit strategies are stated in the resources, these will need to be inferred from other learning. An excellence level student is one that can see what needs to change at the DoH level e.g. how does (inter)national policy need to change? How do resources need to be distributed more equitably at a (inter)national level? And then what other context specific actions need to be taken – nationally and locally as a result of reprioritising the distribution of

money, resources and power at (inter)national level? Achieved level responses tend to select less relevant or more localised responses and miss the big picture changes needed to underpin this localised or sector specific action (e.g. actions that only target a particular group in a population and not everyone living in poverty who could be impacted by the issue). Merit level responses should be showing some indication of responding to the DoH.

10. Often, it's the selection and explanation of the DoH that decide the overall level of achievement for 3.2 – assuming the remainder of the exam had been completed. BUT a really good explanation of the DoH cannot bring up the level of a student's achievement with very weak strategies (or vice versa). **ALL of the exam response must sit at the level described in the explanatory notes for each of AME.**
11. Achievement level can be determined quite holistically if the student response seems to cover all the bases but is a bit sketchy or not as coherent as it could be. If you can see that, across the exam response, there is defensible evidence for all of the requirements for Achievement – but it's weak - give it an A3.
12. Overall, use the Grade score marking grid of N0-E8 to help guide judgements.

Also note that NZQA marking decisions may vary a little from year to year. Marking results need to reflect an expected spread of performance (how many of each of NAME) and if they don't, an aspect of the exam may be remarked 'easier' or 'harder' to achieve that required spread.