



# New Zealand Health Education Association

## Newsletter

February, 2024

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Tēnā koutou

The year started with a bang for subject associations with the Ministry of Education seeking support for writing the NCEA Level 1 Subject Learning Outcomes (SLO) document that secondary teachers got access to on the 31<sup>st</sup> January. A series of online workshops is planned to support these, see details following. Although secondary teachers are now immersed in the first level of NCEA realignments and primary schools come to terms with the implications of required reading, writing and mathematics, there are still a lot of ‘**unknowns**’ as we head into this year.

- Currently it appears the **curriculum refresh** of the HPE learning area is still on track to be get underway mid-year with materials to view by the end of year. *However, this is still to be confirmed.*
- The proposed but unknown changes to the **Relationships and Sexuality Education** guide have not yet happened so it remains business as usual teaching RSE.
- NCEA Level 1 **Assessment Specifications** for the external standards are due at the end of February. We have been assured that 1.3 will remain the exam and 1.4 will be the report.
- There has been no further development of any new Level 2 and 3 standards beyond the initial draft level 2 materials that are still on the NCEA website. The timeline for this development remains unknown at this time.
- The publishing of a number of expected Ministry of Education resources remains held up.

#### There are also some ‘knowns’:

- The first of our **biennial combined HPE conference** is scheduled for Monday 8 — Tuesday 9 July, Cashmere High School, Christchurch. See flier following.
- Life goes on with our **existing Level 2 and 3 standards** for another 2-3 years. There is some advice and guidance in this newsletter around AS91461 (3.1) and AS91464 (3.4).
- Level 2 and 3 specifications are online with little change, as are the HPE Scholarship specifications which have some minor modifications and fine tuning of the requirements. *We will produce practice exams as we have in the past, including for the new 1.3, and we will update the HPE Scholarship resource in April once the 2023 assessment report is available.*

Our **NZHEA resourcing** at present is in response to what is ‘known’ which includes an updated version of the NCEA Level 1 PLD PowerPoint presentations to include the SLO material, and a draft student Learning Journal and Workbook to use as a source of ideas about how to shape learning for Year 11 being assessed with the level 1 Achievement Standards.

In our previous newsletter we highlighted the transition from TKI – Te Kete Ipurangi – to the new Tāhūrangi website. The sections of the NZQA website where the NCEA materials are located has also been undergoing a major transformation. A new PowerPoint was added to the PLD folder outlining these changes if anyone needs a quick website orientation tour.

We note that the two **teacher only days** for 2024 will be held between 27 May and 7 June, and 21 October and 15 November. We already have one booking to support a regional cluster so if anyone else wants PLD facilitation support at those times, please ask.

We've noted a few requests for revising access to the (old) **shared drive of resources**. Please note NZHEA does not host this. The school/teacher that does host it does so somewhat tenuously. We note that a number of regions/clusters have developed their own drive of shared materials which is much more manageable and locally relevant, and we would recommend everyone does this. Let us know if you need to be connected with others in your region to enable this recommendation.

Although a decision about ongoing Networks of Expertise funding has been delayed (albeit with a six-month extension), we have resources to keep providing PLD and resources for the year. Please remember Leigh Morgan has been seconded to NZHEA for another year to support you in person, and/or online. Jenny is also available, particularly for support around resourcing, but also to back up Leigh when she gets busy. Others on the NZHEA executive may also be able to contribute to regional PLD as their time allows.

#### **Features in our term 1 newsletter**

- Creating a Sustainable Regional Cluster Group - Annie Macfarlane
- Introduction to Te Huia model – as an alternative/addition to te whare tapa whā.

Ngā mihi

Leigh Morgan (chair), Jenny Robertson, Shelley Hunt, Annie Macfarlane, Rachael Dixon & Vicki Nicolson (executive)

# **SAVE THE DATE!!**

**What:** Tuia ki Tawhiti

**When:** Monday 8th and Tuesday 9th July 2024

**Location:** Cashmere High School, Christchurch

**The Aotearoa New Zealand Health Education, Outdoor Education & Physical Education Biennial Conference**



**Tuia ki Tawhiti**

Tuia ki runga

Tuia ki raro

Tuia ki roto

Tuia ki waho

Tuia ki te ngākau o nga tāngata

Tuia tātou ki te pae tawhiti

Stitch what is above to what is below  
Stitch what is within to what is without  
Stitch the hearts of the people  
Stitch us to the distant horizon.

The New Zealand Health Education Association (NZHEA), Education Outdoors New Zealand (EONZ) and Physical Education New Zealand (PENZ) have united to create a biennial conference experience. This collaborative endeavour marks a significant milestone in health education, outdoor education and physical education, bringing together three leading organisations with a shared commitment to fostering innovation, future-focused educational thinking, and responsiveness to the challenges and changes within the respective fields.

### Keynote presentations

#### **Panel convened by Katie Fitzpatrick**

##### **What should the HPE curriculum refresh look like? A panel discussion and debate**

As the Ministry of Education considers the refresh of the HPE elements of the New Zealand Curriculum, it is timely for the field to consider the history of HPE curriculum policy and to engage in debate and discussion about what the new curriculum should look like. What key whakaaro, concepts, kaupapa, knowledge and skills might be considered central to learning in this area? What curriculum knowledge should remain and what needs updating? Why is learning in HPE a central curriculum concern? This plenary session will involve a range of voices from the field including scholars, researchers, teachers and students, as well as those knowledgeable about mātauranga Māori, Pacific knowledge systems, and education diversity.

## Mark Mandeno Adventure Works

Mark is extremely passionate about changing people's perceptions of disability. He believes that the language we use reflects social norms, and currently, the language we use reinforces the idea that disability is negative and associated with inability, lack, and loss. As a wheelchair user following a surfing accident, he is in a unique position operating an adventure organisation that provides training, qualifications, and courses in outdoor education and leadership.

This keynote will

- Unpack the word disability and the history of this word
- Look at implicit and unconscious bias favouring able-bodied people which is normalised in society
- Hear about Mark's experience as a person with an impairment and what it was like going from being 'normal' to 'disabled'
- Share what you can do to become aware of what will change the world for others
- Share principles that schools and organisations could adopt to be inclusive

As schools are finalising PLD opportunities for staff, we implore you to start to think about budgeting for this. You can assume a similar level of conference cost as previous years — allowing a little extra for cost increases.

Live registrations and calls for abstracts will happen before the end of this term. We are seeking abstracts from all primary and secondary school teachers and leaders, as well as tertiary educators who wish to present and attend the conference.

Our appointed conference managers are Event Mergers - Conference Management Specialists. If you have any questions about Tuia ki Tawhiti, please contact:

Carlene Martin

[carlene@eventmergers.co.nz](mailto:carlene@eventmergers.co.nz)

Phone: 027 2954309

Or any one of the following conference committee members.

### NZHEA

Leigh Morgan

[kaiarahi@healtheducation.org.nz](mailto:kaiarahi@healtheducation.org.nz)

[www.healtheducation.org.nz](http://www.healtheducation.org.nz)

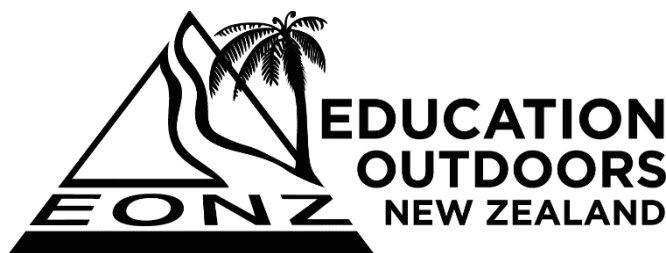


### EONZ

Sophie Hoskins

[kaiarahi@eonz.org.nz](mailto:kaiarahi@eonz.org.nz)

[www.eonz.org.nz](http://www.eonz.org.nz)



**PENZ**

Juliet Duder

[juliet@penz.org.nz](mailto:juliet@penz.org.nz)

[www.penz.org.nz](http://www.penz.org.nz)



**Physical Education  
New Zealand**  
Te Ao Kori Aotearoa

**Please note**

**PPTA fund:** PPTA have advised us that although the PLD fund was renewed in the new Secondary Teachers' Collective Agreement STCA (3.16) the exact details of this were not finalised, including the exact amount of the fund. This will be notified when the information becomes available.

**Call for abstracts:** The call for conference abstracts will be notified shortly. Think about what you can offer your colleagues by way of a presentation of your practice or engagement in a workshop activity.

# Events - Secondary Schools

## Ministry of Education NCEA Level 1 **Subject Learning Outcomes** workshops

As we produce this newsletter the seven Health Studies SLO workshops are underway. If you have not yet registered for one these hour long online events the link is [here](#).

Health and Physical Education		
Week	Health Studies	Physical Education
Feb 12-16 Internals	Tuesday 13th 3:15 - 4:15pm	Wednesday 14th 3:15 - 4:15pm
Feb 19-23 Externals	Friday 23rd 3:15 - 4:15pm	Thursday 22nd 3:15 - 4:15pm
Feb 26-Mar 1 Internals	Tuesday 27th 3:15 - 4:15pm	Wednesday 28th 3:15 - 4:15pm
Mar 4-8 Externals	Friday 8th 3:15 - 4:15pm	Thursday 7th 3:15 - 4:15pm
Mar 11-15 Internals	Tuesday 12th 3:15 - 4:15pm	Wednesday 13th 3:15 - 4:15pm
Mar 18-22 Externals	Friday 22nd 3:15 - 4:15pm	Thursday 21st 3:15 - 4:15pm
Mar 25-29 Internals	Tuesday 26th 3:15 - 4:15pm	Wednesday 27th 3:15 - 4:15pm

Note that the recordings from the webinar presentation only (and NOT the Q&A section) are in the NZHEA PLD Google folder at this [link](#).

# News and updates

## NHZEA Level 1 PLD materials for teachers and resources to use with students

[January 2024 PLD and resource folder](#). The folder contains 5 main resource collections:

### (1) PLD PowerPoint presentations:

As notified through our Facebook page, we have revised our suite of October 2023 **PLD presentations** to include the Subject Learning Outcomes material. There are now 9 PowerPoints (provided as slides only or with a voiceover recording) for 'anytime' PLD. These cover the 4 standards, the learning matrix, planning and writing your own assessment as well as a tour of all the website changes to date. Can we please recommend browsing these and if your question(s) remain unanswered, contact us for support.

### (2) Student Learning Journal and Workbook (draft)

As indicated with the notification accompanying this resource, it is a draft while we tidy up some of the text and decide how to best manage the amount of material that is in it. As presented it contains a wide range of 'learning journal' type pages that students can use (adapted by you as required) to help consolidate their learning. That is, it's a way to document evidence of learning in preparation for assessment. The first section (A) is some ideas for preparing for learning and the final section (E) is specific to the standards and assessment. The main sections cover each of (B) hauora and health models, (C) influences on hauora and wellbeing, and (D) strategies for wellbeing. Within each of these sections there are activities to develop the main conceptual ideas needed for Health Studies, followed by a range of Mental Health, Relationships and Sexuality Education, and Food and Nutrition activities to apply the concept in context.

Over the coming months we aim to keep adding materials (see the supplementary folder) and also come to a decision about the most useful way to organise it all. Already it is a big document, and it is recommended that you download it from the Google folder to view (it is also provided as separate sections if that helps). We've kept it as a Word doc so that you can cut and paste and adapt as you see fit.

### (3) Essential Level 1 documents

### (4) Health models PLD materials

We have also shifted the Health Models PLD material from 2022 into this folder so that you have quick access to a wide range of materials. This has had Te Huia model added – see later in this newsletter.

### (5) Subject Learning outcomes recordings

As notified previously, recordings of the Subject learning Outcomes webinar and supporting materials

## Ministry of Education notification – Teacher Only Days 2024

There are four additional [teacher-only days](#) for primary and secondary schools in 2023 and 2024 to support the implementation of Te Mātaiaho / the refreshed NZ curriculum, the re-design of Te Marautanga o Aotearoa and the NCEA Change Programme. **In 2024, they will be held between 27 May and 7 June, and 21 October and 15 November.** The national ministry notes that schools need to liaise with local Ministry of Education offices to choose teacher-only days. If neighbouring schools or kāhui choose the same date, it will help collaboration and shared facilitation, and minimise disruption for parents and whānau.

## PLD for Middle Leaders

As a follow up to our Auckland workshop (December 2023) we are looking at a range of ways to provide PLD for HPE middle leaders. While we plan these resources and events, new middle leaders might like to look at the PPTA Learning Development Centre who offer [micro-credentialing modules](#) some with a leadership focus (run in partnership with Te Herenga Waka Victoria University of Wellington). We can also provide in person and individualised support for HPE middle leaders – with a focus on the health education related aspects of their leadership.

## Sexual Wellbeing Aotearoa (previously Family Planning)

The new Sexual Wellbeing Aotearoa (previously Family Planning) website launched in December. The website is still at [www.familyplanning.org.nz](http://www.familyplanning.org.nz) but you'll notice a fresh look and updated platform. There is a new and improved web shop. To continue to use it you will need to register again and create a new password. At this time, only products are available to buy from our web shop.

The 'Family Planning' branded resources are in review and it is expected that republishing of resources on the website will be ongoing from February 2024. If you need resources in the meantime, please email [resource.unit@familyplanning.org.nz](mailto:resource.unit@familyplanning.org.nz)



## Feature - Creating a Sustainable Regional Cluster Group

Annie Macfarlane, Tamatea High School, Napier

About 5 or so years ago, Shelley Hunt (then Gisborne Girls' High School) had the great idea of starting a Health Cluster group for both our regions (Hawkes Bay/Tairāwhiti). Neither of us had much social media expertise so it was a matter of trial and error, but the benefits have been, and continue to be, positive for all involved. Regions like ours make getting together a bit more complicated than an afternoon get-together, but if there is a measure of forward planning involved, it works well.

The best benefit is the time to make connections with others – what they are doing, issues they are facing, problem-solving together and supporting each other with resources and ideas for contexts and content. Single person departments can get help with moderation and planning. Amy Moli, who is a teacher in our cluster and has just been appointed as our region's Health & PE National Assessment facilitator (NIF) said recently, *"As a teacher I found the most valuable stuff we did as a cluster was when we could actually discuss what we had done already and how others had approached the same content."*

We have also been well supported by NZHEA. Jenny, and Leigh (NZHEA) have both recently spent a day each with us, helping us unpack the new standards and helping to problem solve the issues individual schools face around implementation. Their knowledge of changes, resources and possible issues to plan for has been invaluable. Shelley also, continues to be huge in her support though she is stepping down to focus on her horticulture career change!

Another benefit is that I have been able to invite the Public Health Nurses to our sessions. Their up-to-date knowledge around topics such as contraception, teenage pregnancy, vaccination, addiction etc, as well as the student needs from their point of view has helped us all to adjust our programmes. Consent was a big issue for them in 2022 and the lack of resources to help those addicted to vaping was a major focus last year.

The Eastern Institute of Technology (EIT) invites itself occasionally when there is something they are researching, and also our region's MoE members if there is something that we need to be kept up to date with.

### Nuts & Bolts of setting up a Cluster

It needs at least one committed person to be the organiser. I would love to see regional Cluster Leaders able to get together once or twice a year to support each other with ideas and resources. What a group that would be!!!

- You need an **email list** that is updated at each get-together. Teachers move on and new ones take their place. I will send out invites via email and if I have a school that I don't have a contact with, or an email bounces back, I send a 'Please pass this on' email to their admin. The PA at my school has a list of all the school addresses and she also has good contacts with her own PA network.
- **Aim to meet** 2 or 3 times a year. Having Accord days makes this easier. You may need to justify the value of these meetings to your principal first – especially if you need a day's relief and you want to meet on school property. They don't like surprises, but they do want to be seen to support subject groups. Local sporting clubrooms are another option if you can get them for free.
- **Cluster Facebook page:** this has value for things that crop up in your region. There will be people without access which is why I put up posts of upcoming get-togethers but email invites as well. I always ask that they RSVP back to the email so I get an idea of numbers.
- **A Google Shared Drive:** we have made one for our group. It is a good place to put Cluster Day resources and agendas, and to share content. The issue here is that teachers need a Gmail address to access it.
- **Manaakitanga** is important. I manipulate my school budget to cover morning tea and lunch. It is simple to provide 'make your own sandwich' type tucker and people always fill in the gaps with offerings (Lenore

brings her amazing brownie cake every time). Once the Hospitality kids needed some guests and we were well fed. A shared lunch works equally as well. If it is a half day get-together, that's easy.

- **Cluster topics** – once you have had one get-together, people soon tell you what their 'on top' stuff is and what they would like to cover next time. The new standards have been our on top for the last year, but we have also looked at the junior curriculum – how to best set up the knowledge foundations for Health at the senior level, Health promotion (ACLP), Aotearoa/Mātauranga Māori, the big ideas, the underlying concepts, incorporating Takaro in teaching values etc. There will be expertise in your group you can utilise to take warmups, brain breaks, icebreakers, topics, share experience etc so you can all get more ideas for your teaching toolbox, and there will also be people you can bring in to take sessions if you need to. NZHEA's support has been invaluable here.



If you are interested in starting up a Cluster in your area, please feel free to contact me for a kōrero ([anniem@tamatea.school.nz](mailto:anniem@tamatea.school.nz)). You want to start with something that is manageable for you.



Images: Hawkes Bay - Tairāwhiti teacher only day, November 2023.

## Feature – Te Huia model

Associate Professor Sonja Macfarlane (Ngāi Tahu; Ngāti Waewae) developed Te Huia model for use in education. Growing out of her doctoral thesis and summarised in an easy access [NZCER Set article](#), it has to date found a use with PB4L but it is being extended to use in teaching resources. The publishing details of these is still pending but in communication with Sonja she said is quite happy that we use this model in our (senior) secondary health education courses.

Te Huia is based on te whare tapa whā, but with some differences. The focus is more on ‘wellbeing’ than on ‘health’. The four main ideas are called DOMAINS, and the ideas that support these domains are the 12 dimensions (*NOT to be confused with the four te whare tapa whā dimensions*). The 12 dimensions of Te Huia model are NOT used in isolation. To apply the model you need to firstly use the four domains – in combination, and then consider how some of the dimensions *relevant to the situation* may add depth and breadth of understanding to the domains.

The 12 dimensions represent the 12 tail feathers of the huia – hence the name of the model. Sonja describes the symbolism of this, as gifted by a kuia, as representing the things that cannot become extinct - like the huia.

					Domains				
					Hononga (Relational aspects)	Hinengaro (Psychological aspects)	Tinana (Physical aspects)	Mauri (Unique essence)	
Dimensions	Whānau (Interdependence and connectedness)				Motivation (Inspiration and drive)	Demeanour (Appearance and body language)		Cultural identity (Pride and security)	
	Whenua (Kinship and belonging)				Emotions (Thoughts and feelings)	Energy levels (Alertness and zeal)		Attitude and spirit (Manner and disposition)	
	Friendships (Cooperation and empathy)				Cognition (Learning and understanding)	Physical safety (Respect for self and others)		Potential (Courage and confidence)	

Macfarlane, S. (2009). [Te Pikinga ki Runga: Raising Possibilities](#). Set 2. (Background to Te Huia model)



If you don't know the story of how the huia became extinct read this easy access version of the story [Huia, the sacred bird](#) by Michael Szabo in New Zealand Geographic. If using Te Huia model consider adding a brief account of this history.

Image published in *A History of the Birds of New Zealand, Volume 1 (2nd ed.)*, by Walter Lawry Buller, (1888). Plate II - Huia (*Heteralocha acutirostris*): male and female.

# Advice and guidance – clarifying some Level 1 Health Studies matters

The following points provide some commentary around a range of NCEA Level 1 Health Studies questions and concerns raised through the NZHEA Secondary Facebook group and encountered in communications with teachers in recent weeks.

**Sample assessments** on the NCEA website are just that – samples. There is no expectation that teachers will use these context specific assessments.

**Writing your own assessments.** Teachers are encouraged to use these sample assessments as a type of ‘template’ for writing their own assessments. You will see the actual task instructions need to stay much the same to ensure coverage of the AME criteria. What you can change is the context, the scenario, and any supporting resource materials.

**Exemplars of internally assessed student work.** A small selection of [exemplars for 1.1 and 1.2](#) from the 2023 pilot are online (noting there is no Excellence exemplar for 1.1). Please note that this material came from differently worded tasks and an earlier version of the standard. These examples were deemed to demonstrate the general intent of the current standard. In time we will look to get these added to/replaced. Use these only as an overall guide at this time.

**Subject Learning Outcomes** (SLOs). The place and purpose of the [subject learning outcomes](#) (SLOs) can be found with the [Explaining the New NCEA Materials](#) on the NCEA website. These sit in support of the learning matrix and standards and not a replacement for them.

**Alcohol and other drug education** hasn’t been lost – it is a part of mental health education, just as it has been since the 1990s.

**Explanatory Note 2 requirement.** Note that the contexts for assessment MUST obviously, explicitly, self-evidently come from one or more of **Mental Health** (a wide range of contexts), **Relationships and Sexuality Education** and/or **Food and Nutrition**.

**Participatory based activities 1.1 and EN2 requirements.** This is a word of caution when using participatory based ‘activities’ for the 1.1 assessment learned from piloting and moderation last year. To be consistent with and meet the expectations of EN2 (noted above), the activity/event/experience for the assessment MUST be clearly grounded in one or more of Mental Health, Relationships and Sexuality and/or Food and nutrition. This has been re-stressed with the SLOs. If one of those Key Areas of Learning is NOT self-evident in the activity you are considering then think how (or if) it will connect. For example, the 1.1B sample activity needs to be seen as a form of mental health promotion since Polyfest in and of itself is not MHEd, RSE or F&N, but the opportunities of an event like Polyfest for supporting cultural identity and a sense of belonging and connectedness, enabling social interaction (etc) are all clearly MHEd ideas. Alternatively experiencing the cultural food aspect of events like this could be the focus and these food and wellbeing-related ideas should come through strongly in the students’ responses when they connect the activity with a health model. If an event is using a range of personal and interpersonal skills (MHEd), but of itself the event is not clearly MHEd, RSE or F&N, the focus for the assessment is reflecting on these skills for wellbeing, not the event as such. Physical activities cannot overlap with PE1.3 and can only be one of a range of activities (e.g. techniques for stress management) and not the main event or activity the assessment focuses on.

**An extended document about Level 1 contexts can be found in the [PLD Google Folder](#). This contains important information.**

**Participatory based activities 1.1 based around food preparation.** Simply preparing or cooking food of itself (and using a health model to reflect on this) is not the hauora and wellbeing point of the assessment. Preparing food requires some added sense of wellbeing purpose such as: food to be shared for a social or cultural occasion or event, food preparation to support someone with allergies or dietary needs, ethical food sourcing, preparing a meal on a budget to ensure that the meal does not take up a disproportionate amount of weekly household budget (etc).

**Costs to students to access experiences.** [For state and state integrated schools] Under no circumstances can a student's access to assessment be limited by the expectation to pay to participate in an activity, around which an assessment is based. See the Ministry of Education regulations on [what parents, caregivers and whānau do and do not have to pay](#).

**Participatory based activities 1.1 for Relationships and Sexuality and some Mental Health Education contexts.**

Obviously, it will be unethical and/or unsafe to put students in a RSE or MHEd situation for assessment purposes. Viewing the experiences or activities of others in a video (or reading about these in article) is an alternative to participation-based assessments. This may be required for some students anyway if for any reason students are not able to participate in an activity. Please be considerate of students with particular UDL needs whereby social interaction or the nature of the activity could be a personally negative or distressing experience.

**Decision making.** The earlier reference to a decision-making model has gone and is no longer a requirement of the standard. Students still need to learn how to use a decision-making process and the basic health education model (see our resources) is the most useful for this because of its close alignment with the standard. But please note that simply filling out the model does not generate all the evidence required for the assessment but may be a useful way for students to initially organise their ideas before completing the assessment tasks.

**Health models vs health promotion models.** For the 1.1 'health models' standard to 'work' there needs to be clarity around which are 'health' (or wellbeing) models, and which are health (or wellbeing) **promotion** models.

The basic difference is that:

- A **health model** is one that frames what health (or wellbeing) is as a concept. A health model usually features aspects (dimensions, domains) that make up a holistic understanding of health. Typically this will include consideration of physical, social, mental, and spiritual (or related) wellbeing ideas. Things people have that make up their overall sense of health and wellbeing.
- A **health promotion model** either describes a process, or it provides a framework or a set of principles for taking action to enhance health and wellbeing. Health promotion models are more for guiding practice and what we need to do to promote health.

There are many health and health promotion models around the world. Some come from academic research and theory, others are indigenous or indigenised versions of the academic research models. Those from academic research tend to be from health psychology (mostly individualised behavioural change type models) or from health sociology – typically ecological based models with many levels of interconnected (collective) actions involving whole communities or society. Indigenous models tend to be a type of ecological approach.

Where it can get confusing is when a model can serve both purposes. For example Fonofale and Fonua are used as both a health and a health promotion model. Te Huia has been used to inform a whole school approach to promoting student wellbeing, but it is also useful to use as an alternative to te whare tapa whā to explain the different aspects of health.

Adding to the confusion: Models like the mana model (see the [Mental Health Education Guide](#)) are basically a pedagogical model to support teachers to make decision about what and how to teach – albeit with a strong wellbeing focus to those decisions – in this case ideas related to enhancing student mana. In that sense it is a type of health promotion model because it focuses on actions teachers need to take.

The Cook Island Tivaevae model or the Tongan Kakala model tend to be used more as frameworks for guiding research and professional practice (for example) but with consideration people's wellbeing as a central feature.

The level 1 Health Studies focus is only on 'health' models. Health promotion models can get quite complex which is why they currently feature at Level 3 for NCEA assessment purposes.

There is a useful summary of health promotion models in the World Health Organization resource [Health education: theoretical concepts, effective strategies and core competencies](#)

See the [PLD folder](#) for access to a range of teacher PLD materials about health models.

## Advice and Guidance – NCEA Level 3

Our communications with teachers in recent months would suggest that more of you are taking Level 3 assessed courses, but that you are also bumping into issues with moderation. Alternatively, some of you are just looking for other topic ideas that can be assessed by the current Level 3 standards. The following advice and guidance is based on a range of conversations we've been having in relation to:

- AS91461 (Health 3.1) Analyse a New Zealand Health issue
- AS91464 (Health 3.4) Analyse a contemporary ethical issue in relation to well-being.

### AS91461 (Health 3.1) Analyse a New Zealand Health issue

Topics like **methamphetamine and alcohol use**, and **(child) poverty** (which leads into the 3.2 internal issue), remain popular 3.1 topics. A list of alternative topics that some schools have used that are worth considering include the following.

- **Intimate partner violence.** There are good statistics available – see [Te Aorerekura](#) - the Sexual Violence Prevention Strategy. Local police will often come and talk with classes. Online there is readily accessible material such as stories and research so learners find it a 'real' issue. It also incorporates the social determinants of health that impact on other New Zealand issues such as poverty, cultural norms around gender, misuse of alcohol and other drugs, judicial processes, and generational patterns. Avoid taking on all of **domestic violence** as a topic as it is too big and need to be defined well or separated into child abuse or intimate partner violence.
- **Stress / Anxiety / Depression.** Keep it focused and look at stress or anxiety or depression for young people.
- **Youth offending** by ram raiding (while topical). The social determinants of health are clear as are implications for each level (P-IP-S). The implications show how it impacts the wellbeing of the young people involved, the shop owner and staff impacted, along with whānau of offenders and society as a whole. In relation to the copycat behaviour there's the added difficulty in getting help for offenders due to their age. Strategies needed to address the determinants of health are in contrast to the popularised media 'lock up and throw away the key mentality'.
- **Youth marijuana** use especially in areas with high marijuana use. If the social determinants of health impacting teenage cannabis use are clear, then strategies that are likely to be effective because they address the determinants can be identified, rather than simply targeting the use of marijuana.
- **Type two diabetes** (either region specific or New Zealand in general). This can work well in schools where it is a very real issue in the school community – but managed sensitively. There is really clear evidence around the social determinants of health which makes the whole influences through to strategies picture straightforward to pull together.
- Use of **'festival' drugs** such as MDMA and risks of these substance not being not true to their 'label'.

When available check out the [annual moderation report](#) – internal assessments, and the assessor report – external assessments (online in April).

## AS91464 (Health 3.4) Analyse a contemporary ethical issue in relation to well-being.

The level of detail provided here is indicative of the range of issues we've encountered with this standard.

Critical analysis	<ul style="list-style-type: none"> <li>• First and foremost this is a critical thinking exercise, not a reproduction of content about a topic.</li> <li>• A critical analysis has a sense of coherence and connection across the whole report.</li> <li>• A critical analysis also selects and uses the most critical information or evidence to support the analysis. It's not a case of selecting anything about the selected topic and making it fit. It is about a deep understanding of the situation and making sure the claims being made in the analysis are a fair reasoned reflection of the issue.</li> </ul>
Locating the issue	<ul style="list-style-type: none"> <li>• 'Implications of current practice', by its nature needs be to located <b><i>somewhere</i></b> for this requirement of the standard to make any sense. <b>Therefore, it helps to firstly establish where the implications of current health practice is to be located <i>ie Is the current debate focused in NZ (nationwide and/or regional community) or in an overseas country?</i></b></li> <li>• <b>To support a critical account, and for coherence across the assessment</b>, the perspectives of the groups for and against <i>should</i> then be similarly located in that place where the implications of current practice are to be explained.</li> <li>• <i>That said</i>, if perspectives from international groups (ie outside the country where the implications of current practice are to be considered) have informed perspectives in this country (via social media and other digital sources) it should be reasonably apparent that these international group perspectives have informed the debate in the country where the implications of current practice are being considered. <i>This point tends to be specific to issues like abortion, euthanasia, or pornography where there is a lot of 'international' views expressed online which may or may not be country/group specific. If it is not apparent that these international/overseas perspectives have contributed to the debates (where the implications are to be considered), then different groups should be selected from those more localised to the country/place of the implications of current practice.</i></li> </ul> <p>Overall, this consideration of place/location of the issue is not a problem for all issues. It does become a problem when students select topics like abortion, and others that have obvious international interest, but then they don't (critically) align the perspectives of groups with the place where the implications of current practice are discussed. See more discussion following.</p>
Ethical issue	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>EN3 A contemporary ethical issue is a health-related issue of current public concern and where there are differing perspectives held by individuals and groups of people. The nature of these different perspectives presents a dilemma for people and society (irrespective of any legal position that may determine current practice in relation to the issue). [List follows]</p> <p>EN4 Perspectives are the attitudes, values, and/or beliefs of individuals and groups that shape and determine the ethical issue and the nature of the debate.</p> </div> <p>An ethical issue therefore must be:</p> <ul style="list-style-type: none"> <li>• Based on an obvious 'health'-related context – see the list in ENs for examples but do not be limited by this list or assume all of these topics are sufficiently 'current' for this standard.</li> <li>• One with different and opposing perspectives underpinned by different values and beliefs which presents a 'dilemma' for people and society.</li> <li>• Have more than one identifiable group* for and against – where the values and beliefs of these groups are known through what is published by the group (e.g. the group</li> </ul>



	<p>website or publications) and/or made available through some form of media (e.g. reputable news and current affairs sources). This is needed to provide ‘the evidence’ of the perspectives. <i>That is students cannot give their own views on what they think the groups are about. The validation of the different perspectives of the groups needs to be known from published sources.</i></p> <ul style="list-style-type: none"> <li>• Be able to have implications of current practice located in a named country or a community – regardless of whether current laws or policy support the issue or not <i>ie a law or policy that supports the issue will have health and wellbeing implications of one sort, whereas no support or a ban on the practice will have health and wellbeing implications of another sort.</i></li> <li>• Be featured in current or recent debates and be a matter of public concern**.</li> <li>• To be an ethical dilemma does not require any current proposal to a law change. Although proposed law or actual changes around issues may heighten awareness of current ethical debates, the proposed or actual law change of itself is not what determines that it is an <i>ethical issue</i> of current debate. Ethical debates carry on regardless of what might be being discussed or done by way of law or policy changes. Some groups for/against an ethical issue might be calling for a law change but this doesn’t assume the policy makers have taken action to do something about it, and the ethical debate continues.</li> </ul> <p>Aligning the selected issue with the perspectives and current practice.</p> <ul style="list-style-type: none"> <li>• In preparation, students need enough knowledge of the health topic/issue to understand the nature of the ethical dilemma. This topic-related information is not required for assessment as such. Ensure students focus their attention on the ethical issue, not the topic matter of itself. The assessment is not about what abortion, euthanasia, immunisations (etc) entails, it’s about the different perspectives people have about these practices/issues.</li> <li>• Avoid confusing the focus of topical news stories about the issue with the focus on the ethical dilemma. For example a change to a law is not where the ethical dilemma lies as such, it is what people’s values and beliefs for or against the issue are. Any news stories about a law change just help to bring the ethical issue to focus and give voice to the debate.</li> <li>• When locating an issue in a place (ie a country), keep all the focus of perspectives and the implications within that place – unless there is <i>critical evidence</i> showing international/overseas perspectives have informed the debate where the current practice is being discussed.</li> <li>• Avoid mixing issues up such as immunisation and vaccination.</li> <li>• Avoid the assumption that a change of law makes the ethical issue disappear – the ethical issue remains as people still hold views for or against the issue – regardless of what the law says.</li> </ul>
*Groups	<p>In most cases ‘groups’ for and against an issue will tend to be named and organised lobby or advocacy groups. Check the currency and validity of these groups by cross checking with other sources. <i>Engage students in critical thinking activities to select the most relevant groups for the selected issue.</i></p> <p>However, many people in society (knowingly) hold views about ethical issues without being part of, or represented by, an organised group. These people can be considered as a group, <b>but</b> when explaining the perspectives of such a ‘group’ support needs to come from more than one individual case reported in the media (as is commonly done with topics like euthanasia). Here it would be expected that the explanation is supported by 2-3 examples of people whose views reflect the values and beliefs of those for or against the issue to indicate that it is not just the views of an individual.</p>

	<p>If referring to religious groups, make sure the claims being made about the perspectives (values and beliefs for/against) relate to the formally stated institutional ideology of that religion (and preferably as it relates to religious practices/groups in the country where the issue is based) and assumptions are not made about all people who identify as following that religion.</p>
<p>**Current public concern</p>	<ul style="list-style-type: none"> <li>• ‘Current’ is difficult to pin down explicitly as some issues have been debated for many years. Some long-debated issues rear their head when some community, national or international event brings them back into focus for a while and then the debate retreats back to the work of lobby and advocacy groups who carry on the debate through other forums (like social media) away from the gaze (or interest) of the news media – which means it’s still part of ‘current debate’.</li> <li>• Some issues may surface for a while and then disappear – if they have disappeared with no recent evidence of the debate for at least two groups for and against, then it is unlikely to be a suitable topic.</li> <li>• Defining ‘recent’ debate can be a bit arbitrary given the longevity of some issues. Unlike AS91461 and AS91462 that state evidence must be from within the last five years, this standard has no such specific requirements. However, there still needs to be a judgement made about how far ‘recent’ can go back to. <i>As a rule of thumb (and not a stipulation)</i>, it is suggested that materials supporting the perspective should be within five years as with other standards BUT there may be historic cases that continue to inform contemporary issues – but make sure this is still the most critical information to be including.</li> <li>• If recent information is proving difficult to find to support the perspectives of two groups for and against it would suggest the topic is not viable for assessment purposes.</li> </ul>
<p>Accommodating internet and social media – but ensuring breadth of coverage of the issue</p>	<p>Since this standard (and the clarifications) were written, social media has provided a platform for expressing views for and against issues in ways not possible in the past.</p> <ul style="list-style-type: none"> <li>• With the rise of social media as a platform for many ‘groups’ (named and organised or just loose connections of similarly minded people) espousing their values and beliefs, a lot of ‘public concern’ now plays out through social media. <i>However, for teaching and learning purposes it is worth students looking to more reputable media to see how these issues are being (or have been recently) reported to ensure that the scope of the issue is being considered – on the assumption that reputable media are interested in reporting a diversity of viewpoints – whereas the online echo chambers for/against the issue are likely to give only a narrow perspective and not reflect the breadth of the issue.</i></li> </ul>
<p>Linking to the underlying concepts</p>	<p>For <b>Achievement</b> the perspectives and implications at a minimum must reflect in some way:</p> <ul style="list-style-type: none"> <li>• the SEP when <i>explaining the implications of current related health practices for the well-being of those directly affected by the issue (P), others associated with those people (IP), and the well-being of people and society (S).</i></li> <li>• Hauora – when explaining <i>implications of current related health practices for the well-being.</i></li> <li>• Attitudes and values which will feature as part of the explanation of perspectives.</li> </ul> <p>Because the SEP, hauora and A&amp;V are integral to the Achievement level requirements these links will tend to be incidental.</p> <p>For <b>Merit</b> the requirement to provide <i>a balanced view of the differing and opposing perspectives with some reference to reference to underlying health concepts (hauora, socio-ecological perspective, health promotion, attitudes and values).</i> This suggests some more deliberate consideration of the underlying concepts and making some links between the perspectives and (some of) the underlying concepts.</p> <p>For Excellence, <i>examining the perspectives on the issue with insight into the reasons for these differing perspectives and their ethical foundations</i> and then <i>linking the examination to</i></p>

	<p><i>underlying health concepts</i> suggests greater coherence and connection, criticality and 'accuracy' of these links. There are many issue-specific ways this can be done and a critical account will make the most meaningful links for the issue being examined.</p>
<p>Ethical foundations</p>	<p>Including consideration of ethical foundations means to make some reference to an ethical thinking framework. The one from the <a href="#">Markkula Centre</a> is the most recommended version of such a framework for it's clear alignment with Health Education</p>