New Zealand Health Education Association

Newsletter

May, 2024

Contents

Tēnā koutou

As term two gets underway the extent of the coalition government's changes to education are starting to become apparent. We have heard about the hundreds of public service job cuts being made at the Ministry of Education, many of which impacted the Review of Standards team. These job cuts are a direct consequence of NCEA Level 2 and 3 being delayed until 2028-2029. This includes the relatively new sector-facing National Implementation Facilitator (NIF) roles and the more established Learning Area Lead (LAL) role. On behalf of NZHEA we would like to thank these people for the service they provided in support of NCEA Level 1 Health Studies.

Also, the Ministry's six priorities for education were announced late April heralding some of what is to come – more on this later in the newsletter.

The refresh/rewrite of the HPE curriculum is still some way off with previously refreshed subjects like English, maths and science apparently going back to the drawing board. So again in this newsletter we are signalling there are no changes *yet* for HPE and its business as usual until we hear otherwise. This includes the Relationships and Sexuality Education Guides.

It makes future focused resource development and other strategic planning near on impossible and, for the moment, our NZHEA priorities are simply around attending and responding to the here and now, but also trying to glean what we can around what might be useful to focus on to start paving the way for the road head.

Fortunately, one of our knowns is **TUIA KI TAWHITI,** the combined HPE conference happening this year 8th-9th July in Christchurch. See the flier following. Note this conference is as much for primary school teachers as it is for secondary teachers.

Being term 2 our annual production of NCEA practice exams is well underway, and we expect to have these online and available to members by midterm. The Scholarship handbook will also be revised but with few changes there, the updates will be minimal.

As the practice exams are members' only resources, you will need to know this year's password. Please check the 26 March email when this was sent to the named member(s) in your department. If you have misplaced the password or are not sure on your school's membership status, please contact our administrator at admin@healtheducation.org.nz

We note that the Term 2 weeks designated for teacher only days is 27 May – Fri 7 June 2024. As a subject association we can be invited to support these but, if there are any combined school events to be planned for your region, that is the responsibility of your local Ministry office to organise, working in conjunction with principals. You can contact us for support if there is something planned for your area, and we'll look at contacting the convenor to see if we can support your region in any way.

Also in this newsletter:

- Leigh Morgan, the NZHEA chairperson and Kaikōtuitui Arataki Oranga provides us with some reflections on the PLD she has been supporting teachers with during Term 1.
- There are links to some new(er) vaping campaigns in New Zealand and some American resources that have quite a substantial 'academic pedigree' (ie they are heavily research and evidence based), including indigenised resources from Hawaii, if you are interested.
- With the benefit of a term's implementation of the new Level 1 Health Studies standards, we revisit the intent of each standard to emphasise the different concept being assessed in each standard. This also serves to highlight the conceptual learning that needs to feature in the learning programme.
- With ongoing support still required for the Level 2 and 3 Health standards we are continuing the advice and guidance section started with our February newsletter, this time to focus on AS91236 (managing change – resilience) and AS91237 (health promotion).
- We are suggesting teachers start looking at some of the 'Science of Learning' professional learning materials given the shift in focus with the redesign of the curriculum and have provided some initial links for this.

Please stay connected though our Facebook group (NZHEA secondary) and your regional clusters, and please keep alive that culture of sharing that you are well known for.

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

Term 1 reflections from the NZHEA Kaikōtuitui Arataki Oranga - Leigh Morgan

Kia ora koutou katoa

I hope there was an opportunity to relax over the recent break, and term two has started positively.

After recent government announcements, I want to start by acknowledging those colleagues and personnel who are facing job uncertainty and loss across different sectors. Our thoughts are with you. Furthermore, I would like to personally thank those affected for their contribution to our learning area and the support of teachers over the last few years.

In term one, I had the privilege of working with many teachers face to face and online. I want to extend my gratitude for your time and planning, the courage, and at times vulnerability shown as you share resources, ask questions and collaborate with others, all with the intention of ensuring the best opportunities and learning for your students in health education classes.

The following reflection includes some insights and considerations arising from my work during term 1. Many teachers are new to taking level 1 health this year, so a lot of time has been spent supporting them to set up course outlines and units. NZHEA has also fielded a lot of queries about suitable contexts within the key areas of learning for the 1.1 Health Studies assessment in term 1.

Overall, it appears that when students participated in activities and/or experiences for 1.1, it created a more authentic assessment. The flipside if this was that it often meant more work for teachers. Additionally, some students had difficulty linking the impacts on each dimension of hauora to the context. For example, in a Mental Health context some students commented on what happened during the yoga session, rather than explaining **HOW** and **WHY** it linked to managing and reducing stress. This might be something teachers reevaluate for their 2025 course, using student feedback, and assessment evidence as a starting point.

For 1.2 decision making, it is pleasing to see many teachers are opting to write their own scenario. It is helpful if the scenario contains personal, interpersonal, and societal influences – but noting that students do not need all of P-IP or S for any of AME. This allows for a diversity of responses and more depth when explaining the Merit and Excellence answers.

In relation to the 1.4 external, one of the most important considerations for teachers, in collaboration with the principal's nominee (PN), is ensuring the conditions of assessment for the digital report are met. Unfortunately, there is no single answer as to how this needs to happen and it will vary from school to school. Students cannot have access to the internet or any additional material/resources during the assessment period. If you haven't done so already, we recommend meeting with your PN as soon as possible to plan what this looks like for your class(es). Teachers are responsible for keeping assessment materials and candidates' work secure.

Frequently asked questions and answers:
1.1 and 1.2 Question: What if students don't stick to the **800-word** limit?
Answer: Technically you cannot penalise a student for going over the word limit. However, when marking, remember that an Excellence response is expected to be completed in 800 words so avoid judging and 'benchmarking' the quality of an assessment on much longer responses.

1.2 Question: Do I have to use a decision-making template?
Answer: No, and of itself completing a decision-making template is insufficient evidence for the assessment. The template is a useful preparatory task to prompt students and help them organise ideas for the assessment.

1.1 & 1.2 Question: Can students practice the assessment questions and how much support can I give?
Answer: The answer for this question varies for each standard.

- For 1.1 the reflection of the activity/ experience that forms the focus for assessment must authentically be the students own work and not a reproduction of the learning preceding the assessment i.e. students should not have explicitly linked the dimensions to the activity before the assessment takes place. If a scenario and/or video is used for 1.1, students could practice using a **DIFFERENT** scenario/video first.
- The same applies for 1.2. Students could practice decision making in a different context to the assessment before it takes place. As per the conditions of assessment, teachers can provide limited feedback or suggest work that would benefit from further development.

In these unpredictable times, it is more important than ever to tautāwhi (support) each other. I believe one of the most effective ways to do this is through establishing and/or maintaining clusters with local teachers. NZHEA is also encouraging the creation of a shared folder on a suitable platform to house resources for both junior and senior health, and upload student work for senior health moderation between teachers, across schools. Having the opportunity to look at different assessments provides excellent PLD and can develop confidence in marking to the standard.

I look forward to connecting with more of you this term.

Ngā mihi nui

Leigh Morgan

For all NEX queries about NZHEA support email us at kaiarahi@healtheducation.org.nz

News and updates

Sexual Wellbeing Aotearoa rebranding

It will take some time for the many of us who have known the Family Planning for … forever … to get used to the new name for the organisation – Sexual Wellbeing Aotearoa.

They are about to completely redevelop the Navigating the Journey series along with the production of many other new resources. However, like us, the delays on the curriculum refresh tie their hands at this time. You can still buy Naviagting the Journey from their website.

Annual NZQA reports

At the end of term 1 NZQA published the assessors reports and assessment schedules for the externally assessed health standards. Navigate to these from this link.

Scholarship reports and exemplars are also available at this link.

Resource round up

Vaping

Check out these campaigns and resources:

Let's Clear The Air provides information on youth vaping and ways to support the vapefree and smokefree kaupapa in schools. It was initially developed by Health New Zealand | Te Whatu Ora (Nelson Marlborough) for school staff, youth workers, whānau and students. It includes content from Health Promotion alongside partner agencies across Aotearoa.

Protect Your Breath aims to breathe new understanding and energy into conversations around youth vaping – by placing rangatahi at the heart of the mahi, every step of the way. Supported by Tūturu, The Lowdown and Vaping the Facts New Zealand Ministry of Health (Manatū Hauora) and Te Whatu Ora.

We've also been made aware of some overseas resources. Although they lack localised context and context, they are substantially informed by research.
You and Me, Together Vape-Free Curriculum | Tobacco Prevention Toolkit | Stanford Medicine

Vaping Information, Solutions, & Interventions Toolkit | Vaping Information, Solutions & Interventions Toolkit | Stanford Medicine

This one offers an indigenised approach to vapefree education:
Hawai'i - You and Me, Together Vape-Free Curriculum | Tobacco Prevention Toolkit | Stanford Medicine

Community Consultation - NZHEA

Health Education Community Consultation Advice and Guidance is a Q&A resource that supplements the Tūturu Community Consultation resource. It is a compilation of the many queries NZHEA receives about the health education community consultation process and the responses we provide, all framed as a collection of questions and answers. This new resource is in the resources section of the NZHEA website.

Events - Primary and Secondary Schools

TUIA KI TAWHITI, the Health Education, Outdoor Education & Physical Education biennial conference will be held at Cashmere High School on the 8th and 9th of July 2024.

REGISTER HERE

The New Zealand Health Education Association (NZHEA), Education Outdoors New Zealand (EONZ) and Physical Education New Zealand (PENZ) have combined to bring this biennial conference to Ōtautahi Christchurch.

The theme for this year is 'Teachers helping Teachers' whereby educators are being encouraged to share tools, strategies, success stories, and research to enrich practices and enhance student learning.

Alongside the workshops on day 1 there is an expert panel responding to the question 'What should the HPE curriculum refresh look like?'. Considering the changing landscape of education in Aotearoa New Zealand, and our recent change in government, this panel aims to invite robust conversation and debate.

Day 2 keynote speaker Mark Mandeno is passionate about changing people's perceptions of disability. This keynote will unpack implicit and unconscious bias favouring able-bodied people, look at principles that schools and organisations could adopt to be inclusive alongside sharing his own experience of a person with an impairment and what it was like going from being 'normal' to 'disabled'.

The call for abstracts is now closed and the programme will be available here later in May.

Remember secondary teachers can access the PPTA PLD fund for up to $750.

Events - Primary Schools

Easy Peasy - Health, PE and Physical Activity PLD day for Primary Teachers

Wednesday 26th of June
Auckland University of Technology North Campus, 90 Akoranga Drive, Auckland
Cost per teacher $100

This event is being organised by PENZ.

For details and registration use this link.

(Re)emphasising the focus for the Level 1 Health Studies standards

Now that most teachers engaging with the new Level 1 Health Studies standards have completed one internal assessment, it seems timely to revisit what each of the standards is assessing as a way to indicate the learning that needs to feature across the rest of the year.

One of the founding principles for writing the standards was that each standard needed to assess a different idea or concept (unlike the way many of our previous Level 1 standards assessed the concept of hauora multiple times across different contexts, and our current Level 2 standard over-assess the sociological perspective).

To consolidate Health Education and Home Economics (Food and Nutrition), the creation of Health Studies meant needing to agree on the level at which we could 'consolidate' – where we had learning in common. Obviously that decision lay with the HPE underlying concepts – hauora, the socioecological perspective, attitudes and values and health promotion.

The following is a summary of the intent of each standard, focusing on the main concept to be assessed.

Standard	**Concept being assessed**	**Comment**
1.1 AS92008, internal Demonstrate understanding of hauora in a health-related context through the application of a model of health	**HAUORA** (as a concept) – *through the APPLICATION OF A HEALTH MODEL* **1.1 is the only time that a Level 1 assessment should be deliberately assessing students' knowledge of the dimensions of hauora.**	For over 20 years (ie the 1999 and 2007 curriculum statements) the term 'hauora' specifically referred to and named a concept used to frame understanding of health and wellbeing in HPE. That is, that to talk of a person's health or wellbeing means to refer to a relevant and interconnected combination of physical, mental and emotional, social, and spiritual wellbeing. Ignoring this established convention for the conceptual use of the term in the curriculum, the development of the Level 1 standards also used 'hauora' as a synonym for health and wellbeing. So, somewhat confusingly in 1.1 'hauora' is being used as a curriculum concept through the use of a health model* (where, as a concept illustrated through a model, it cannot be affected or influenced) to explain the nature of health and wellbeing, as well as term to refer to a person's health and wellbeing which can be affected (1.1), influenced (1.3), or enhanced (1.4). **A health model organises dimensions or aspects of health and wellbeing described by the concept of hauora into a representative or symbolic form as a way to illustrate aspects of the conceptual meaning (ie the interconnections, the idea of one dimension supporting another, such as the dimensions of hauora represented by the walls of the wharenui in te whare tapa whā).* The wording of this standard requires students to show both a **conceptual understanding of hauora as well as use hauora as a synonym for a person's health and wellbeing as they apply their understanding of a model of health to a health-related situation.**

		1.2, 1.3 and 1.4 Health Studies standards cannot help but mention a person's health and wellbeing ie *their hauora*. BUT in each of 1.2, 1.3, and 1.4 there ***should be*** no repetition of assessment questions that require students to specifically discuss named dimensions to meet the standard. There will likely be incidental reference to named dimensions in students' responses for these standards, but hauora only needs to be referred to holistically to meet the standard. That is, it should be self-evident in a student's assessment response that they are talking about more than one dimension of hauora – as relevant to the context. Overall: any reference to hauora should be an integral feature of decision making (1.2), influences on (1.3), and strategies for promoting hauora (1.4). (Dimensions of) Hauora is NOT required as a separate question in these assessments as that is reassessing 1.1.
1.3 AS92010, external Demonstrate understanding of factors that influence hauora	The **SOCIO-ECOLOGICAL PERSPECTIVE** (SEP) as this applies to FACTORS INFLUENCING hauora – but at a Level 1 understanding	The main assessment of the SEP – requiring some understanding of EACH of **personal, interpersonal and societal factors** (P-IP-S) is in 1.3 (but keeping the societal considerations at a basic Level 1 understanding and not letting it creep up to Level 2-3 expectations). In 1.3 the emphasis is on students recognising and understanding P-IP-S influences on hauora (health and wellbeing) in the situation presented. *Unfortunately,* the way 1.2 decision making ended up being worded overlaps a lot with 1.3 (influences). Although students do NOT need to cover each of P-IP-S influences for 1.2 decision-making, an excellence level response benefits from (but does not require) mention of all of these in the evaluation. Also, a stronger answer for 1.4 strategies comes from students knowing about a combination of P-IP-S strategies, but again each of P-IP-S strategies is not a requirement of the standard. It's a delicate balancing act (and quite problematic) that 1.1 and 1.4 do NOT require each of P-IP-S considerations, but it may benefit an excellence response to cover all of these.
1.4 AS92011, external Demonstrate understanding of strategies that enhance hauora	**HEALTH PROMOTION** as this applies to STRATEGIES (SKILL AND ACTIONS) for enhancing hauora.	Strategies can feature across other standards, but the problem of overlap is less a concern than it is for the SEP. In 1.4 the emphasis is on students recognising and selecting strategies that respond to the situation presented. Strategies can also be categorised as P-IP-S but as noted for 1.3, this standard cannot re-assess the 1.3 SEP requirements (as in all of P-IP-S). But again, an excellence response may benefit from including P-IP-S examples. The way 1.2 decision making ended up being worded potentially overlaps with 1.4 since decision making is one of many possible strategies that could be referred to.

		Also, it is possible to base the 1.1 activity around the use of the skill but the emphasis here is to reflect the experience through the dimensions of hauora and a health model.

1.2 - AS92099 Demonstrate understanding of decision-making in a health-related situation (internal)

1.2 decision making has been deliberately left of the list above as it deviates from this 'underlying concepts' approach to framing the standards as shown in 1.1 (hauora), 1.3 (SEP) and 1.4 (health promotion).

Early Level 1 developments explored the use of attitudes and values (A&V) to frame a standard, but it was hard to identify a diversity of learning experiences for food and nutrition suitable for Level 1 – whereas in mental health, and relationships and sexuality education contexts there is ample opportunity to apply knowledge of A&V.

Exploring other possibilities, the first iteration of this standard that was published and trialled sought to assess the application of personal and interpersonal skills – something like the previous goal setting or interpersonal communication skills standards – but with choice. Piloting proved problematic and the Ministry eventually landed on decision making as the only skill to be assessed, and that's what stuck.

This standard became a 'deep dive' into a single skill (strategy). In effect it requires students to show how they can bring understanding of hauora, SEP and A&V together in a specific context and promoting health through decision-making.

Ideally no one of these underlying concepts would dominate the assessment task but, to get the standard to 'work', has meant giving focus to P-IP-S influences on decision making. But again, there is no requirement to cover each of P-IP-S as there is in 1.3. That said, the assessment task should allow the student to show how these underlying concepts need to be used in combination, in a health-related context where a decision needs to be made.

Looking ahead
With Level 2 and 3 standard redevelopments now delayed, pending the development of a senior curriculum, it is not sure at which point these Level 1 standards will be reviewed and what the future of these standards will be.

For the moment we will endeavour to get them to work as best we can and try to keep the assessment focus for each standard distinct and avoid (excessive) overlap like we have been used to with the old Level 1 standards.

Advice and guidance – AS91236 (2.2) Managing change (resilience) and AS91327 (2.3) Health Promotion

With the existing Level 2 and 3 standards now needing to last until the revised versions are developed and implemented (Level 2 in 2028 and Level 3 in 2029), alongside the development of an anticipated senior secondary curriculum, we need to keep breathing life into these old standards.

We plan to (try and) refresh the interpretation of these standards wherever/however we can – but without fundamentally changing the criteria of the standards as that is much more complex and problematic. *This hasn't happened yet, so we need to stick with the current interpretation.*

In our **previous (February 2024) newsletter** we provided an update on **3.4 ethical issues**, and we will continue to produce a series of these 'advice and guidance' items across the year – and beyond.

In this newsletter we are focusing on:

- Health 91326 (2.2) *Evaluate factors that influence people's ability to manage change*
- Health AS91237 (2.3) *Take action to enhance an aspect of people's well-being within the school or wider community*

Health 91326 (2.2) Evaluate factors that influence people's ability to manage change

This standard requires an **understanding of the psychological concept of resilience**. The American Psychological Association is the most internationally cited source for this.

> Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands.
>
> A number of factors contribute to how well people adapt to adversities, including the ways in which individuals view and engage with the world, the availability and quality of social resources, and specific coping strategies.
>
> Psychological research demonstrates that the resources and skills associated with resilience can be cultivated and practiced.
>
> American Psychological Association

Students also need **understanding of risk and protective factors**. An easy access version of this developed for local use is in the Ministry of Youth Development (now within the Ministry of Social Development) Youth Development Strategy Aotearoa (2002). The accompanying literature review Building Strength: Youth Development Literature Review (2002) provides a substantial account of the research base for the list of risk and protective factors listed in the strategy. We note this is not an exhaustive list of risk and protective factors, but it is a good foundation document because of the evidence base that supports it. *Avoid claiming anything as 'risk and 'protective' factors without a clear evidence base for this.*

Note the resilience research is not new so older sources are still highly valid. Newer research has added little in the intervening years and it continues to reiterate what has been known for decades with wellbeing related to digital world issues being a main new area.

The following discussion highlights the wording of the standard, in conjunction with the current clarifications statement.

Achievement	Achievement with Merit	Achievement with Excellence
Evaluate factors that influence people's ability to manage change.	Evaluate in depth, factors that influence people's ability to manage change.	Evaluate comprehensively, factors that influence people's ability to manage change.
EN2 Evaluate factors that influence people's ability to manage change involves: • explaining **risk and protective factors** that contribute to people's ability to manage change situations. • recommending a combination of **personal, interpersonal and societal strategies** to maintain the protective factors **and/or** minimise the risk factors. Note that that each of P-IP-S are only required for the strategies (at all levels) – NOT for risk and protective factors (at any level).	EN2 Evaluate in depth, factors that influence people's ability to manage change involves: • explaining, in detail, risk **and** protective factors that are clearly linked to the change situations. • recommending **personal, interpersonal and societal strategies** specific to the change situations.	EN2 Evaluate comprehensively, factors that influence people's ability to manage change involves providing an explanation that demonstrates critical* understandings of: • the risk **and** protective factors influencing people's ability to manage change situations. • strategies for maintaining the **protective factors and minimising the risk factors.**

EN2 (cont. for excellence) *Critical understandings will be shown, for example, through **a relevant** [to the situation] **combination** [but not all] of:

- showing a **conceptually sound understanding of the concept of resilience** in relation to the change situation
- showing insight into the change situation beyond the immediate evidence (eg by drawing on understandings from similar situations)
- showing understanding of how a major life change results in many inter-related changes
- linking the risk and protective factors to the relevant determinants of health – only use this where there are clear inequities contributing to the risk factors such as living in poverty.
- explaining interrelationships between the personal, interpersonal and societal factors influencing people's ability to cope with change, **or** the strategies for building resilience. But at the same time noting that P-IP and S *risk and protective factors* are not a requirement for A, M or E - unless that is the specific critical requirement for Excellence in the assessment. See further notes following.

EN3 Risk and protective factors, and strategies for managing change are related to the concept of resilience. See previous definition and source.

EN4 The context for the assessment will be based on a significant change situation related to the key learning area of mental health. A significant change situation results in numerous changes that need to be considered as part of the evaluation. Situations may include aspects of: *physical or mental health problems, eg illness, disability; family separation, or relationship break up; changing house, school, and/or country; significant loss situations resulting in grief; drug use and misuse experiencing significant failure, eg at school; repeated or ongoing pressured, risky, or stressful life situations at home, work or in the social environment. Focusing on suicide or eating disorders is not appropriate*. Unfortunately this list does not consider resilience when living in adverse situations such as having good life outcomes despite living in poverty or another adverse situation.

Clarification (2017) from NZQA	Notes
Change situation Students typically respond to a change situation presented as a **scenario**, or gather their **own data** by interviewing a person who has experienced change. The scenario should allow opportunity to draw out risk and protective factors at personal, interpersonal and societal levels. If an interview is used, the evaluation needs to focus on the standard's requirements, rather than solely recount the story of change.	Other popular sources of situations involving major change suitable for assessment are movies or documentaries. Note that interviews with people to gather 'own' data can be problematic for assessment if they do not yield much in the way of risk and protective factors. There are also ongoing concerns about the safety and ethics of this approach for some students and the people they interview. It is suggested that this approach is used for teaching and learning only, and the assessment task is based on a situation where there is a clear range of P-IP-S risk and protective factors. Note this is NOT saying students have to have P-IP-S factors as that is **NOT a requirement of EN2 for any of AME**. It's just that there should be scope to be able to do this. If an excellence requirement is to include interconnections between the factors, then they will – for excellence only - need to identify P-IP- and S factors and the assessment task should lead them to that. Other examples of excellence could supersede or replace this (see bulleted list with the standard).
Risk and protective factors Risk and protective factors are personal, interpersonal and societal influences on a person's ability to manage life's changes. **These influences exist prior to the change situation being experienced.** • **Risk factors** increase the likelihood of difficulties coping with change, and • **Protective factors** better enable people to cope with life's changes.	Note that some risk and protective factors may be present but not be apparent or recognised for what they are before the change occurs. Some of these factors may only surface when a person has undergone a major life change and needs to find ways of coping and managing that change. Most (arguably all) significant life change situations for people – by their very nature – will have a range of P-IP-S risk and/or protective factors feature somewhere. What is most important for this standard is that students are **using the evidence in the scenario** (movie, documentary etc) **to identify the risk and protective factors specific to the person in that situation.** Incidentally these will be a combination of P-IP and/or S factors.
Students will describe the nature of each factor and give reasons to justify why and how each factor hinders or helps a person's ability to cope with change and be resilient. The Youth Development Strategy Aotearoa (2002) provides a list of common risk and protective factors. In order to demonstrate understanding of resilience as a concept, the selected factors should bear relevance to these factors.	Risk and protective factors need to clearly link with the evidence in the change situation presented in the assessment. The 'evaluation of factors' in the criteria refers to being able to weigh up a situation (scenario, life story) to work out what will help (protective factors) or hinder (risk factors) **the** person to cope with the change. As noted, the YDSA risk and protective factors are evidence based – see previous links to resource materials. While not an exhaustive list they are all evidence-based so they are a good starting point, and it is not expected students will need to go beyond this

	list. If they do, ensure further claims to risk and protective factors are supported by research evidence. Note that: • a risk factor could also be 'read' as the absence of a protective factor, • a protective factor could also be 'read' as the absence of the risk factor.
Strategies Students will explain **strategies at personal, interpersonal and societal levels** to maintain the protective factors **and/or** minimise the risk factors, and enable a person to better cope with change. Students will describe the actions involved, as well as provide reasons to justify why and how the strategy will help the person to cope with the change situation and be resilient when faced with future changes.	For AME students need to recommend some form of P-IP and S **strategies.** These strategies need to clearly relate to the risk and protective factors to either: • maintain (make use of, enhance, sustain) the protective factors **and/or** • minimise (reduce, mitigate) the risk factors present in the scenario/situation. Students will need opportunity to learn about the strategies needed to create/maintain the protective factors and the strategies needed to eliminate, reduce or mitigate the effects of the risk factors.
Evaluate in depth (Merit) A Merit answer clearly links risk and protective factors to the change situation and provides in-depth explanations. The strategies are the key actions needed to manage the change situation by minimising the risk factors and/or maintaining the protective factors. Detailed explanations are provided of why and how the strategies will build resilience.	Overall **greater coherence and connection** of the risk and protective factors to the situation and strategies for enhancing protective factors and/or reducing risk factors – as relevant to the situation
Evaluate comprehensively (Excellence) For Excellence, the factors and strategies are critical in terms of the change situation and the development of resilience now and in the future. Students may also show understanding of: • how a major life change results in many inter-related changes, • link the factors to relevant determinants of health … (but only where relevant to the inequities in the situation like living in poverty – don't force this to fit situations where the DoH are not self-evident) • and/or resilience literature, … **or** • explain inter-relationships between the factors **and/or** the strategies.	Students need to: • show a sound understanding of the nature of resilience, risk and protective factors (which they would have to for merit anyway) • within their answer they need strategies for maintaining the protective factors **and** minimising the risk factors • and after that one strong response to at least one of the other 'critical' excellence requirements. **Note that an excellence student *does not* need to do all these things on the 'critical understandings' list.**

Health AS91237 (2.3) Take action to enhance an aspect of people's well-being within the school or wider community

NZHEA executive member Shelley Hunt has compiled a range of observations about the selection of contexts and the management of the 2.3 health promotion standard, gathered from her past experiences as Head of Faculty, HPE at Gisborne Girls High School, PLD facilitator, and across school lead for the Tairāwhiti Kāhui Ako.

The following factors contribute to meaningful health promoting action.

Overall it is much more about the **adherence to the health promotion process**, than the selected 'topic' or actions. Get the process right, and the suitability of the topic or context largely sorts itself.

Deliberate teaching about the Action Competence Learning Process (ACLP) is vital to establish understanding of the health promotion process, especially the investigative steps to firstly understand the situation and what needs to change, before any actions are decided.

Use existing current national health promotion campaigns as a source of ideas. Alternatively, guest speakers working in the field of health promotion may be an option. Select and invite people who can explain how they use this process (or other frameworks for health promotion that feature related ideas) when developing, implementing, and evaluating health promotion, and the impact of policy changes that lead to enhanced wellbeing.

Generally, 'bigger' more substantial health or wellbeing issues, where a whole class focuses on an indepth investigation of one main issue at the start, followed by health promoting multiple actions that contribute to a change in that situation, are more effective. This also allows for quality teaching about collective action versus the more individualised (and limited) self-empowerment or behavioural change only projects.

Examples:

- The rise in vaping in secondary schools including: truancy from class to vape, clogging up toilet time to vape with friends, lack of knowledge on impacts of vaping or the perceived culture of vaping as cool.
- Reusable period products and education about why to use them.
- The provision of unisex toilets and subsequent safety for those using them. This was the result of a school providing a unisex toilet block but the discrimination towards gender diverse students then increased. Students took action to help all students feel safe.
- A school in Northland did a great job around the poor state of the toilets. It is a good local issue because as many school buildings and facilities age with time, the toilets in particular become grotty, and then get vandalised. The school then says 'we won't fix them as they are not looked after', but students think they are not looked after so they say we' may as well vandalise them.' When students come up with realistic ideas to improve the toilets without just saying they needed replacing, boards may be in a better place to act. (In a previous NZHEA newsletter we featured a Christchurch school's response to improving the student toilets).

Cautions:

- Responding to the reduction in physical activity by some teenagers can be done well or very badly. This focus needs a lot of high-quality data from local (school) research about the reasons why and what might motivate teens to be more active – including non-sporting and non-competitive options. The selection of actions needs to try and create sustainable change, and not just be a one-off event like run a lunch time, or others deciding physical activity for inactive students on their behalf.
- Pink shirt day, health expos (one-off days or events) are okay but need more to be substantial enough to engage students in the planning and implementation process and make a difference. Also, if schools simply redo the same thing each year, this doesn't fulfil the process requirements for the standard.

Advocacy based health promotion:

"The best advocacy-based action we ever did at Gisborne Girls' High School was advocating for free buses from the far side of town (lowest decile area) to reduce truancy on cold, wet and no money in the house days. We achieved this and buses are still free from Kaiti to school." (Kaiti is the suburb on the opposite site of Gisborne city to where all the high schools are located).

Other possibilities for advocacy actions

- Challenging the reason why the previous DHB run doctors in schools programme has had the funding withdrawn.
- Advocating for changes in school policies or practices are a good idea but require some structure and careful teacher management and guidance.
- Advocating for warm spaces to be open for those who have to arrive early to school due to transport availability.
- Advocating for addiction services in schools to provide support for young people who are addicted to nicotine in vapes. So many have accidently got into this position and yet quite hard to get the support.
- And there may potentially be opportunity for advocating for the continuation of school lunches to low decile schools if this service is substantially reduced.

Actions need to be real and important

The health issue may only impact a small group of people but if it's a real need then it needs addressing. For example, a year 9 class planned and implemented health promoting action on feeling included. They felt girls from all countries needed to see themselves recognised at school, so they created a wall of flags in a corridor where every nationality was included. The feedback from students from countries such as Argentina (with only two girls enrolled) was so positive when they had previously felt quite 'invisible'. This could be extended for NCEA level two, perhaps including the invitation for whānau connections to be made.

Learning for the future

This learning potentially contributes to careers as there are so many jobs in health promotion, and university degrees that take students from school on this tertiary education and career choice journey.

If you know of any students who attended your school in the past who went onto health promotion or policy work after getting inspired from engaging in health promotion at school, it would be great to profile them at school, and with the health education community.

Teacher knowledge and PLD

And ensure the teachers have ideas and examples from their school and other schools but after the initial teaching and learning selecting the health issue is student led. They need to put both passion and 'skin in the game' to be effective. The more they care the better the learning. And be brave, contact people in high places, ask informed adults for advice and even to walk alongside the students but the ownership stays with the students.

Closing thoughts

It is disappointing that some form of taking action (like personal goal setting) is not a feature of the new L1 standards as would be good to engage students in taking action to support others (not only self) as it creates a real sense of community in the classroom and a gets students looking out for issues for a whole range of people. That said, think about the ways the new decision-making standard (1.2) can be used as a building block for developing this for next levels of understanding.

"I always said to my class that their health promotion should be visible (to them) when you come to a school reunion ten years after you have left. Whether it be a shift in culture, behaviour, procedures or infrastructure. That way they are meaningful, and as each year 12 group has seen the previous three years of projects, they often want to retain the standard."

Resources to support the existing Level 2 and Level 3 Health Achievement Standards

As a reminder, NZHEA has a series of prepared voiceover PPT presentations for each of the Level 2 and Level 3 Standards. The main purpose of these PPTs is to walk teachers new to using the standards through the requirements and provide guidance around intent and interpretation, as well as ideas for resources. Link to these presentations can be found here.

If we manage to update the interpretation of some of these older standards, we will revise these presentations.

Suggested professional readings and webinars: The Science of Learning

The government's new education priorities were announced 29 April 2024 (see below). These are starting to indicate the overall nature of the curriculum changes that lie ahead.

The new education priorities announced 29 April 2024 are:

- **Clearer curriculum:** Establishing a knowledge-rich curriculum grounded in the **science of learning**
- **Better approach to literacy and numeracy:** Implementing evidence-based instruction in early literacy and mathematics
- **Smarter assessment and reporting:** Implementing consistent modes of monitoring student progress and achievement
- **Improved teacher training:** Developing the workforce of the future, including leadership development pathways
- **Stronger learning support:** Targeting effective learning support interventions for students with additional needs
- **Greater use of data:** Using data and evidence to drive consistent improvement in achievement

You might like to start looking at the **Science of Learning** as an aspect of faculty or department PLD. *It's nothing especially new, although it is a body of research that keeps being revised with new evidence*. A lot of it should be familiar!

The Education Hub has featured a number of presentations about this aspect of education research. Use the search function to locate a range of quick-read blogs, webinars, and links to a range of research publications and resources https://theeducationhub.org.nz/

Science of learning *Extracts from: Education Hub https://theeducationhub.org.nz/category/school-resources/science-of-learning/*	
Definition	The science of learning draws on research from cognitive psychology, neuroscience and education to understand the processes through which we learn. While there is a focus on the cognitive processes involved in learning, the science of learning also recognises that cognition is affected by affective, emotional and contextual factors.
State of evidence	While the scientific understanding of how we learn is continuously evolving, there is a strong evidence-base behind the key processes and principles of cognition. There also is a growing research-base focused on the impact of particular pedagogies and practices in the school context (as opposed to just a laboratory context).
In practice	• **Activating existing knowledge**: A new concept is always learned in association with existing knowledge. The amount of existing knowledge and level to which it is interconnected influences the quality of learning (more interconnected knowledge leads to easier and faster learning). • **Cognitive load:** all new information must be processed in the working memory before it is processed to long-term memory. Our working memory has limited capacity, and therefore if tasks are too cognitively demanding or if confronted with too much new information at once, learning is impeded. • **Practice is essential to learning:** students need to practice retrieving information from their long-term memories to use in a new situation or context. Practicing a particular skill or **retrieving** particular information is more effective when spread over time, rather than repeated sequentially over a short time period. • **Effective feedback** is essential to the learning process. • **Affective learning skills are essential:** students' sense of self-belief about their ability to learn, that is, believing that intelligence is mutable, greatly impacts

	their achievement. Furthermore, so-called non-cognitive skills such as self-regulation and motivation are essential to successful learning.
Guiding questions *(adapted)*	• Do I understand how cognition 'works'? • How do I ensure that I **activate** students' prior knowledge when introducing a new topic or skill? • How do I build **practice** (e.g. retrieving information from prior learning) into my lesson sequence? • Is the **feedback** I provide my students specific, task-focused, and focused on learning improvement? • How do I feed into my students' **self-beliefs** about their ability to learn?