



New Zealand Health Education Association

Newsletter

August, 2024

Contents

Reflections from the
NZHEA Kaikōtuitui
Arataki Oranga3

New Tūturu resource
..... 5

Mental Health
Education primary –
using the NZCER
resource 6

Supporting student
literacy in Health
Education 7

Level 1 Health Studies
update 9

Advice and guidance
NCEA Level 2&3 –
SEP/DoH/SDH
..... 11

Professional reading
and PLD for middle
leadership 14

Tēnā koutou

We are trying to avoid the sense of this being yet another ‘no-news’ newsletter as progress on curriculum matters at the Ministry end of things remains one step at a time (and we’re last on the list), so it’s probably fairer to say this term’s communication is more information than ‘news’ as such.

The big positive for us of course was **TUIA KI TAWHITI**, the combined Health and Physical Education conference held in Christchurch at the start of the July school holidays. Leigh talks to this in more detail in her reflection.

NZHEA would like to thank Leigh for her stellar organisation working with Juliet Duder (PENZ), Sophie Hoskins (EONZ) and Event Mergers to coordinate this highly successful and well received event.

On curriculum related matters, we need to provide an explanation regarding an announcement made by one of the panel members on the first day of the conference. Associate Professor Bevan Erueti from Massey University was talking about a role he and Dr Kirsten Petrie from the University of Waikato had on an advisory group comprised of university personnel representing each learning area of the curriculum. This high-level group was tasked with performing some specific functions during the earlier phases of the curriculum refresh. This did not include curriculum (re)writing. With the change of government in 2023, all curriculum refresh processes established under the Labour government were halted and substantially changed in line with the new coalition government policy. This also meant all advisory and working groups established under the previous government were disbanded. With the curriculum refresh/rewrite effectively going back to the drawing board, it has also meant significant changes in personnel – the highly publicised stoush over the English curriculum in recent months being an example of this. These curriculum writing roles have, and will continue to be, coalition government appointments and the writing group for HPE is still some months away from being formed (possibly late this year/more likely early next year).

We know ‘something’ has started around the review of **Relationships and Sexuality Education** but, as yet, there’s nothing to share. As we’ll keep saying, until there’s a curriculum (and other) policy change we’ll keep using the NZC 2007 curriculum statement and the RSE guide that supports that. We will provide more news about these developments when materials are made available.

To support teachers using the new Level 1 standards for external assessments we’ve provided some additional guidance around the management of the **1.4 report**. There are some potential (and substantial)

authenticity issues with this report format and we would encourage teachers to be well informed about these matters (see following item and link to resources).

As our primary sector colleagues know, **literacy and mathematics** is a major feature of the new government's change in priorities for education. These expectations flow onto secondary schools as well. We're thinking about ways to connect teachers of Health Education with a range of materials to support literacy and numeracy and three of our newsletter items this term feature ideas and resources for this. If you have any other ideas, we would be pleased to receive them so that we can make an ongoing feature of such material in future communications.

In this newsletter:

- Leigh Morgan, the NZHEA chairperson and Kaikōtuitui Arataki Oranga provides us with some reflections on the PLD support she has been providing for teachers and Tuia ki Tawhiti.
- We include an overview of the new Tūturu resource *Discussing the data: Health Attitudes to Being Online and Alcohol Use*.
- Vicki Nicolson, NZHEA exec member and Principal of Port Chalmers School, Dunedin highlights how children's story books can support the activities in the NZCER Mental Health resource for primary schools.
- Annie Macfarlane, NZHEA exec member from Tamatea High School, Napier has contributed some ideas for developing student literacy in Health Education.
- There is a Health studies Level 1 update and notification of some new support materials.
- In our ongoing series supporting NCEA Level 2&3 we're connecting the dots between the SEP the DoH and the SDH (read more if those acronyms mean nothing).
- Extending our Tuia ki Tawhiti presentation we're making available some materials to support PLD for those of you in Middle leadership roles.

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)

Reflections from the NZHEA Kaikōtuitui Arataki Oranga - Leigh Morgan

Kia ora koutou katoa

Moving swiftly into term 3 and being more than halfway through 2024, I thought it timely to reflect on the last few months in my Kaikōtuitui Arataki Oranga role, as well as consider what lies ahead (that we know of)!

Term 1 ended with the PPTA subject association conference in Wellington in the first week of the April school holidays. Given the recent political announcements it was an uncertain time. One keynote presentation was from Charles Te Ahukaramū Royal, who shared his thoughts on mātauranga Māori in education. Charles believes education should create as much good for as many as possible. He has been working on the concept of interculturalism, the next step beyond biculturalism, which he describes as a true 'coming together' of two cultures to create things of value that both own and are proud of. Intercultural capability is the bridge between bicultural and multicultural. Charles talked of the potential of mātauranga Māori as an opportunity to further develop and strengthen the New Zealand education system.

The 2024 Networks of Expertise (NEX) Summit was also held in Wellington early term 2, which had the theme of growing leadership. Highlights included: Brendan Spillane delivering a presentation on leading well in complex times; NZCER's focus on evaluation to help understand the impact of your NEX; and the opportunity for attendees to ask questions to Ministry of Education representatives about the recent educational announcements that affected all subject areas.

As part of the NEX reporting requirements, NZHEA are asked to provide evidence of events held, and support given to members. To give you a snapshot of what I have been involved in since April, there have been 11 face-to-face cluster meetings/workshops held around the country and over 130 opportunities, through emails/zoom/phone calls and/or in person meetings to provide support to teachers on health education matters. Most of these requests were Health Studies Level 1 related, but also included NCEA Level 2 and 3 senior options, years 9 and 10, and some primary school health education.

Although it has been busy, the process has been insightful and rewarding. I want to thank you for the privilege of being involved in the planning, teaching and learning, and assessment processes for your ākongā. Personally, it is also very heartening to see the establishment and maintenance of cluster support groups in many regions across the country because of the benefits they provide for kaiako. If setting one up with schools in your local area is something you are interested in, please email kaiarahi@healtheducation.org.nz

Since December 2023, a lot of my time has also been dedicated to planning the first Tuia ki Tawhiti biennial conference in Ōtautahi Christchurch with PENZ and EONZ representatives. Given the reasonably short time frame between its inception and week 1 of the term 2 school holidays we were very pleased with nearly 350 registrations, and the range of keynote speakers and workshops that were on offer for delegates. Organisers are currently collecting feedback for evaluation purposes and summarising post conference survey responses. We will endeavour to action all reasonable recommendations for the 2026 Tuia ki Tawhiti conference in Tāmaki Makaurau, Auckland.

A big thank you to all the teachers who gave up their time to present a workshop. With all the amazing mahi that is happening in our space, one thing we would definitely like to see is more Health Education workshops. Please start thinking about what you can offer. Now that I am building my networks and professional relationships, I think I will need to start shoulder tapping (you have been warned!).

The first half of Term 3 sees me travelling to various clusters around New Zealand to continue to provide PLD and support with level 1 health studies.

I look forward to engaging with many of you in the coming weeks.

As always please send any questions or feedback to kaiarahi@healtheducation.org.nz

Ngā mihi nui

Leigh

KEYNOTE ONE Monday 8th July: Panel session discussion and debate



Panel brief “What should the HPE curriculum refresh look like?”

Panel members who shared thoughtful and provocative views related to health education, outdoor education and physical education: Professor Katie Fitzpatrick (convenor), Dr Jenny Robertson, Professor Melinda Webber, Dr Jean M Uasike Allen, Dr Hayley McGlashan, Associate Professor Bevan Erueti, Dr Susannah Smith, Phil Washbourn, Professor Lisette Burrows (summary statements).

KEYNOTE TWO Tuesday 9th July: Mark Mandeno Adventure Works



Mark’s abstract

The moment I became “disabled” wasn’t just a change in physical ability—it was a revelation of the deeply entrenched prejudices within society. As I adjusted to my new body, I began experiencing the subtle and not subtle ways society marginalises and holds inherently negative beliefs and associations of those with impairments. Let’s embark on a journey of unraveling societal perceptions, challenging stereotypes, and embracing the diverse facets of disability identity.

Resource – secondary

New Tūturu resource <https://tuturu.org.nz/toolkit/health-attitudes-resource>

Discussing the data: Health Attitudes to Being Online and Alcohol Use

This resource supports teachers as they guide students through an inquiry approach to wellbeing issues. It includes inquiry-based learning activities for health and mathematics, using data from the 2023 CensusAtSchool survey.

The resource is primarily for students in **years 9–10** although several of the activities are also applicable for **year 11**.

The data used in this resource includes both general wellbeing, and tailored survey questions about being online and alcohol use.

The activities in this resource can be used individually as learning experiences to develop skills related to the use of statistical data; a selection of activities may be combined to give context to statistical investigations; or as part of a unit of learning about digital wellbeing, or alcohol education.

The resource is divided into three parts and also includes an overview and references section

- Overview of the resource and support agencies:
- Part A – inquiries to develop students’ capabilities in engaging in data-informed inquiry
- Part B – inquiries related to attitudes about being online
- Part C – inquiries related to attitudes about alcohol use

The four videos are designed for use with the inquiries. These aim to help students make sense of wellbeing issues reflected in the CensusAtSchool data and prompt classroom discussion.

Health Attitudes Resource Overview

Download PDF 990 KB

Health Attitudes Resource Part A

Download PDF 1.2 MB

Health Attitudes Resource Part B

Download PDF 902 KB

Health Attitudes Resource Part C

Download PDF 467 KB

Health Attitudes Resource References

Download PDF 365 KB

Video: Discussing the Data - Being online (experts) ▼

Video: Discussing the Data - Being online (rangatahi) ▼

Video: Discussing the Data - Alcohol (experts) ▼

Video: Discussing the Data - Alcohol (rangatahi) ▼

Webinar: Auckland Maths Association - Discussing the Data teaching resource in practice ▼

Note there is an Auckland Mathematics Association (AMA) webinar – although this is aimed more at maths teachers. To support use of the resource by Health Education teachers we will provide a PLD presentation early term 3.

Resource – primary

We asked Vicki Nicolson, NZHEA exec member and Port Chalmers School principal, what Health Education related books she has been using recently with teachers and principals.

Mental health and hauora for primary: Teaching interpersonal skills, resilience, and wellbeing (2023)

By Katie Fitzpatrick, Melinda Webber, Jean M Uasiki Allen, Darren Powell, and Kat Wells (2023).

This book connects with the book *Mental health education and Hauora: Teaching interpersonal skills, resilience, and wellbeing* (2018) which is for ākonga at Year 7 – 11.

The introduction in this book supports the way all learning in health should be explored. Using the various activities in this book kaiako can support students to learn about a range of mental health and wellbeing topics.

This resource supports learning about mental health. It is not designed to ‘solve’ mental health or public health issues. The book supports multiple year and curriculum levels. It has a Tiriti o Waitangi- and multi-disciplinary approach to mental health education and should be used with *Mental health education Years 1-13: A guide for teachers, leaders, and school boards* (Ministry of Education, 2022).

The book is divided into sections

- Identity
- Wellbeing
- Interpersonal Skills and Communication
- Health Promotion, Action, and Activism.

This book is a great addition to add to your kete both for supporting the pedagogy for health education and the many activities (which are easily linked) to support learning about mental health, hauora and wellbeing.

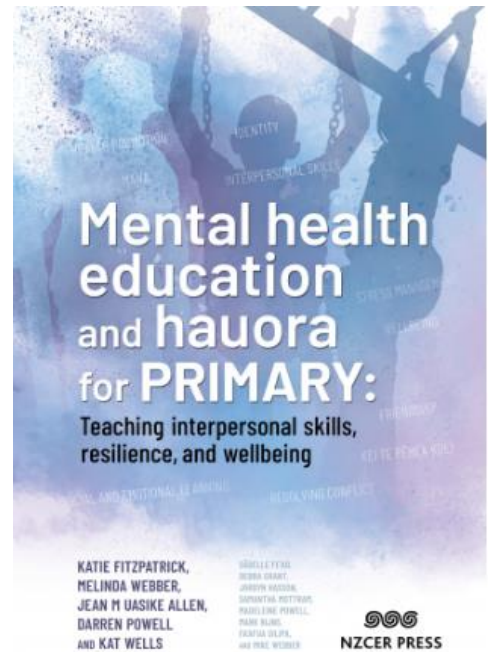
Kiwicorn (English) Ko Kiwipihi (Te Reo)

By Kat Quin

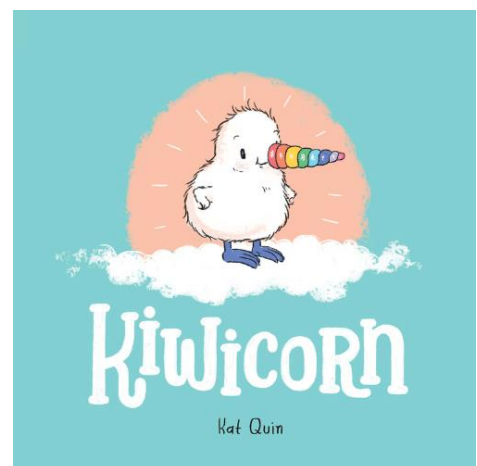
Kiwicorn is a very cute and funny story about being unique which connects well with the identity theme in the NZCER resource above. Some of the lovely illustrations and writing in the book can be viewed online. Used in context of Health Education it can help children to understand their emotions and to open an age-appropriate dialogue about diversity.

The illustrations in this book are engaging. A must have book for any classroom – and not just primary school!

Check out the [website](#) for this book.



Print copies \$65 from [NZCER](#) - but shop around as cheaper print and digital copies can be sourced from other online retailers.



Developing student literacy in Health Education

Annie Macfarlane, Tamatea High School, Napier

Literacy in Junior Health

Recently I was talking to a HOF of English about ways to incorporate literacy into junior Health programmes, particularly in Year 10, with a view to students being able to write more concisely and critically in senior Health Education. The aim was also to reinforce learning for the literacy assessment students now have to achieve to gain NCEA Level 1.

Here are three things to start with.

(a) Vocabulary

Introduce students to the vocabulary of the unit of work at the start. Look at definitions and regularly use techniques such as mix and match to get them familiar with what the words mean. Then look at ways to put the words in context, for example 'sympathy' and 'empathy'. Firstly, find out what each word means and how are they different, and then put them into a sentence in a paragraph missing keywords.

Sally: "Hey Aroha, I heard about your dog passing away. I'm really sorry to hear that. Losing a pet must be really tough. If you need anything or just want to talk, I'm here for you."

In this scenario, Sally is expressing _____. She acknowledges Aroha's loss and expresses concern and support, but she does not share in the depth of Aroha's emotions or fully understand her grief.

Aroha: "Thanks, Sally. It has been really hard. By the way, I heard you had to move to a new house recently. That must have been stressful. I remember when my family moved last year, and it felt so overwhelming and unsettling. How are you coping with the change?"

In this scenario, Aroha is expressing _____. She not only acknowledges Sally's situation but also connects it to her own similar experience. This allows Aroha to understand and share in Sally's emotions, providing deeper support and understanding.

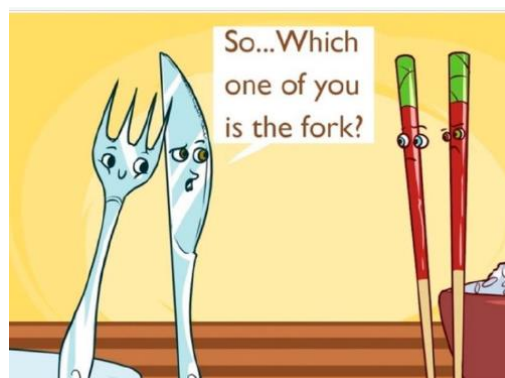
You can also use vocabulary words in your starter activities. I will often ask students to name a piece of paper then write down the definition of a word (or two) and put it in a box, then tell them how wonderful they are when I draw out examples at the end of the lesson. Alternatively, I create a mini wordsearch with all the words or give them a blank wordsearch template and they put the words in and give their wordsearch to someone else to do.

Top Tip from Conference – use ChapGPT to help you!! Thanks Shea. "Be careful with this" says NZHEA – refer to the Ministry of Education policy and guidelines on [Generative AI- Education in New Zealand](#).

(b) Responding to (interpreting) stimulus material

The stimulus must be something small and contained at this level. It could be a picture, a graph showing statistical data, an infographic, or a short paragraph from an article. You then ask questions about the material not only to describe (the 'what'), but also explain (the 'how' and the 'why'). But keep this activity short - three questions maximum.

You can also create writing opportunities from the stimulus material. For example, they could write a letter to someone in response to the material, or a short blog or article for the school newsletter. Keep in mind the purpose and to whom it is directed so it has the appropriate tone and communication style for the situation which is a requirement of the literacy assessment tasks.



Here is an example of a picture stimulus. Think about the many ways you could use this in a literacy context in health education.

(c) Insist on using correct punctuation and grammar

Using a checklist or framework divided into key features of writing, encourage students to self-edit or be editing buddies. For example: If we accept ‘i’ instead of ‘I’, we are giving the wrong message. Also, always insist on complete sentences.

Here is a basic framework for checking features of writing. Your school might have one they would prefer you use in the junior school. Check with your English HOD. A framework like this could go in the first few pages of every unit of work you do and be put on the wall so students always have access to it.

Many thanks Jane Robinson and the English teachers from HIBS for the framework below.

Capital Letters Use a capital letter for: <ul style="list-style-type: none">• The start of a sentence• I (never a small ‘i’)• The names of specific people, places, streets, countries, seas, planets Matua Jesse, Patrick, Napier, Freyberg Ave, Fiji, Pacific Ocean, Mars <ul style="list-style-type: none">• The names of books, movies, games, TV programmes, competitions Orphan X, Game of Thrones, Skyrim, Hunt for the Wilderpeople, Kapa Haka <ul style="list-style-type: none">• Language and nationalities, School courses (not school subjects unless they are languages) English, Maths 101, Māori, Te Reo, Pasifika <ul style="list-style-type: none">• Brand names and shops Kmart, Weetbix, <ul style="list-style-type: none">• Days of the week, months, special holidays Tuesday, March, Matariki <ul style="list-style-type: none">• Names of ships, planes, rockets, cars Titanic, Concorde, Apollo 13, Tesla <ul style="list-style-type: none">• Names of religions, churches, schools Anglican, Catholic, Tamatea High School, Porritt Primary	Full Stops Use a full stop to mark the end of a sentence, the end of a complete idea. <ul style="list-style-type: none">• I live in Ahuriri Napier. After titles. <ul style="list-style-type: none">• I went to see Dr. McDougall. In numbers. <ul style="list-style-type: none">• The prices rose 3.3%. After abbreviations. <ul style="list-style-type: none">• They had approx. 100 responses to their survey.	Question Mark Use a question mark at the end of direct questions. <ul style="list-style-type: none">• What is your name? An indirect question does not need a question mark. <ul style="list-style-type: none">• Tell me where you are going. (indirect)• Where are you going? (direct)
<ul style="list-style-type: none">• Exclamation Mark• Use an exclamation mark at the end of a dramatic sentence (instead of a full stop).• I love singing!• It was madness!	Apostrophes Have only two uses: <ol style="list-style-type: none">1. To show where a letter or letters have been missed in a contraction. I am – I’m, we are – we’re, is not – isn’t2. To show that someone owns something. My brother’s hat, the man’s car, a boy’s shoes (belonging to one boy). The boys’ shoes (belonging to several boys)	Commas Use a comma to: <ul style="list-style-type: none">• Separate items in a list I want bread, butter and milk.• Separate different parts of a sentence. My brother, who is ten, likes cars.• Mark off an introductory/connecting word or name of person spoken to However, Anna, I prefer cats.• Introduce direct speech He said, “I want to go too.”
	Brackets (parentheses) <ul style="list-style-type: none">• To show a piece of extra information Last Friday (14th April) we went to the beach.	Inverted Commas Used to show unusual words or terms <ul style="list-style-type: none">• This is known as ‘propaganda’. Used to show word’s meaning is not quite the same as usual <ul style="list-style-type: none">• She was ‘sick’ on Sport’s Day.

Level 1 Health Studies – additional guidance

- 1.2 decision making
- 1.3 and 1.4 external assessments

Our NZHEA Google folder of Level 1 materials keeps growing. We haven't archived anything yet. Once we know of changes and revisions (if any) for 2025 we'll start a new folder of materials.

Our [Level 1 Health Studies PLD folder](#) content (as of the end of July 2024) contains the following – **check the dates with the folder titles for the more recent files.**

1. PLD PPTs - revised Jan 2024
2. Student Learning Journal and Workbook & Teacher Guide (draft)-minor revisions March 2024
3. Essential Level 1 documents
4. Health models - PLD reading and activities (from Nov 2022)
5. SUBJECT LEARNING OUTCOMES (SLO) webinar recordings_Feb 2024
6. Level 1 health studies presentation for HETTANZ April 2024
7. Tuia ki Tawhiti level 1 health studies externals presentation (July 2024)
8. 1.3 and 1.4 external assessments - extra information (as of July 2024)
9. Reflections of 1.2 Decision making PPT July 2024

New in this folder:

Folder 7. Learning leading to the Health Studies 1.4 assessment

Check out Leigh's workshop presentation at Tuia ki Tawhiti (recorded PPT and workshop materials).

To prepare for Health Studies 1.4, students need to learn about as many P-IP-S skills as you have time for. They then need to have practice applying these skills to a variety of different health and wellbeing contexts – that is having analysed what is impacting hauora and wellbeing in a situation, what combination of skills, actions and approaches are needed to restore/ promote/ enhance wellbeing? The skills become 'strategies' when they are purposefully selected for a specific situation, and for the purpose of enhancing wellbeing.

In addition to coverage of P-IP-S skills/strategies/approaches, students (may) also need to be able to apply ideas related to the HPE attitudes and values underlying concept and show understanding about how and why certain skills/strategies show respect, care and concern, are fair and inclusive, etc.

There's an entire section in the Student Learning Journal and Workbook (a source book of ideas to select from and adapt) in folder 2. There are many more skills in here than you'll have time to teach about. That said, many should already be known to students. Overall, select a variety of skills and ensure the students have learning opportunities to apply a wide range of these to a diversity of contexts. Give focus on why these skills in this situation, and why are these skills needed (in combination) to effectively support and promote

hauora/health and wellbeing in this context e.g. *it's not enough to have assertiveness skills (P) and to be assertive (IP) when wider policy (S) doesn't do anything to reduce bullying.*

There are a huge range of possibilities here so focus on health and wellbeing topics/contexts your students are interested in and what is current and topical in your school and community.

The key focus is being able to analyse a situation to recognise what needs to change to better support wellbeing and, therefore, what actions/skills are needed to make that happen.

Folder 8. Support for Health Studies 1.4 report (strategies for enhancing hauora)

With the external report mode of assessment being uncharted territory for Health Education, this PPT presentation highlights the importance of making sure school systems are compliant with the rules and procedures for non-examination external assessments. There are some substantial authenticity issues with this standard and it is critical that teachers understand what they must do - and what they cannot do - when using this assessment. This presentation includes:

- What PLD NZHEA can ethically provide and what we cannot do e.g. we cannot engage with you specifically over the content of the report (the scenarios and the questions) and we certainly cannot check student work in progress.
- A brief reminder of the standard and teaching and learning resources to support this
- Management of the assessment
- Authenticity matters – *this is REALLY important.*

Folder 9. Support for Health Studies 1.2 Decision making - task writing and marking assessments

As we noted with our original communication about this PPT, this presentation will be a case for too little too late for some at this time, but it is only with the benefit of recently seeing a range of student assessment work we've been able to add some further explanations to our 1.2 resources. Without any guidance yet from NZQA (who first need to moderate a reasonable amount of student work themselves) this PPT will have a very short shelf life, but it's all with a view to making improvements for 2025 - once we have a fuller picture of 2024 implementation.

One of the main things is around the need to step students on from simply reproducing a decision-making template with everything in its separate boxes like they have done since intermediate school level. While it's a useful preparatory task to consider the different options and the factors that influence the possible decisions, hand in hand with consequences for wellbeing, most of the focus should be around the decision to be made. A preparatory task like this needs to be used as a sort of writing frame, or a framework of ideas that then need to be joined together to form the required descriptions and explanations, as guided by the assessment task.

There's no actual requirement in the criteria to state a range of options (choices) and then the related factors and consequences for each of these options. According to EN1, only the decision to be made is required. It's not wrong to give the various options along with the factors and consequences for each option, but unless the factors and consequences are clearly connected in the description (and not left as separate ideas - see EN1 wording), then it doesn't meet requirements. It is also unlikely that this approach will provide sufficient foundation to progress to the merit level task.

It is also helpful if students can see how the (influencing) factors and consequences for wellbeing for the options not selected may still inform the decision to be made (ie what not to do), but students need to present these ideas in a more sophisticated and insightful way than simply filling out a decision-making template.

Advice and guidance for NCEA Level 2 and 3 – the socioecological perspective, the (social) determinants of health

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 have made some initial inquiries about some minor tweaks to refresh and update aspects of these standards, but nothing has been formalised at this time.

For 2024 we need to stick with the current interpretation of the L2&3 standards.

- In our **February 2024** newsletter we provided an update on 3.4 ethical issues.
- In **May 2024** the focus was on Health 91326 (2.2) Evaluate factors that influence people's ability to manage change and Health AS91237 (2.3) Take action to enhance an aspect of people's well-being within the school or wider community.

Access these past newsletters [here](#).

In this newsletter we are focusing on the relationship of the HPE **socioecological perspective (SEP)** with the **(social) determinants of health**, along with a quick reminder about how/when to use the DoH and the SDH and what to emphasise.

For those of you with established learning programmes and experience using the Health Education standards this is nothing new, but we know there are always teachers who are new to teaching health and/or new to using the Health NCEA standards.

The HPE SEP is an overarching (or underlying) concept that we use to consider all manner of things in our social environment that impact health and wellbeing, such as the actions of individuals and interactions between people (ie relationships) that enable them to contribute to/be supported by communities in ways that enhance wellbeing ... and so on.

- Socio = to do with people
- Ecological = to do with the environment
- Socio-ecological = factors related to people in their social environment.

Interestingly, since the SEP was added to the NZC in the late 1990s it has become far more widely used, arguably due to the widespread adoption of Urie Bronfenbrenner's ecological approach. There are many versions of the SEP accessible online, some simple like the NZC version and the [example below](#), some very complex when there is context specific detail added to each layer.

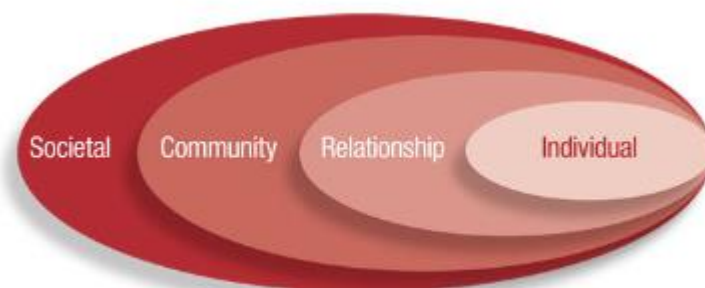


Figure 1.2. The Social-Ecological Model: A Framework for Prevention

The SEP is embedded in the structure of the current curriculum through the Strands and Achievement Objectives - Strand A (self/individual), Strand C (others/interpersonal), and Strand D (community/society) all of which are applied in developmentally relevant ways and to age-appropriate health and wellbeing contexts. Teachers at all levels – primary and secondary - have always been encouraged to plan health education units by drawing from across these strands and therefore give effect to the intent of the SEP.

The SEP has proven to be one of the more useful underlying concepts for ‘levelling’ learning across the curriculum because (apart from the obviousness of age-appropriate topics) the all-encompassing nature of the SEP gives us a lot of scope to make learning progressively more complex across the curriculum levels.

The SEP dominates level 2 understanding of health contexts and still features in various ways across most Level 3 standards.

As we progress learning toward the upper levels of the curriculum and NCEA, learning about health needs to be increasingly supported by, and focused on, high quality and reputable evidence all of which becomes an integral part of the learning. At lower levels evidence may just inform what teachers teach, but at secondary levels students are increasingly learning about this evidence for themselves, where the focus on evidence is for reasons of subject credibility, safety and ethics, and to challenge the misinformation that pervades understandings of health and wellbeing.

This is where – and why – we add in the DoH/SDH as it is a huge international source of evidence that helps explain aspects of the SEP in topic/context specific ways.

Determinants of Health (DoH)

We usually introduce the basics of the DoH in year 12 - at NZC Level 7 (NCEA Level 2). Although it is not a specific requirement that students must show understanding of the DoH in NCEA assessments at this level, it’s good to get them using some of the ideas.

The ‘DoH’ is more an entry point because it’s a nice tidy list and each determinant can be considered by itself (although they all tend to interconnect in various context specific ways). For over 20 years we used much the same framing and explanation of the DoH (based on some 1990s World Health Organization material).

However, when we look at some of the more contemporary usage of the terminology, especially around the term ‘social determinants of health’ it creates confusion with this (older) list which treated the ‘social determinants’ as one type of factor on a list with others like political, economic cultural and environmental factors.

On this (older) list we should really read (and rename) ‘social determinants’ as ‘psychosocial’ (determinants/factors) or ‘social environment’ as its not talking about the whole interconnected nature of the determinants as an overarching framework of the ‘SDH’. ‘Social determinants’ on the DoH list is referring more to ideas like social inclusion, social cohesion, and the quality of social interactions between people in the workplace and in communities. *See the image of the SDH framework following.*

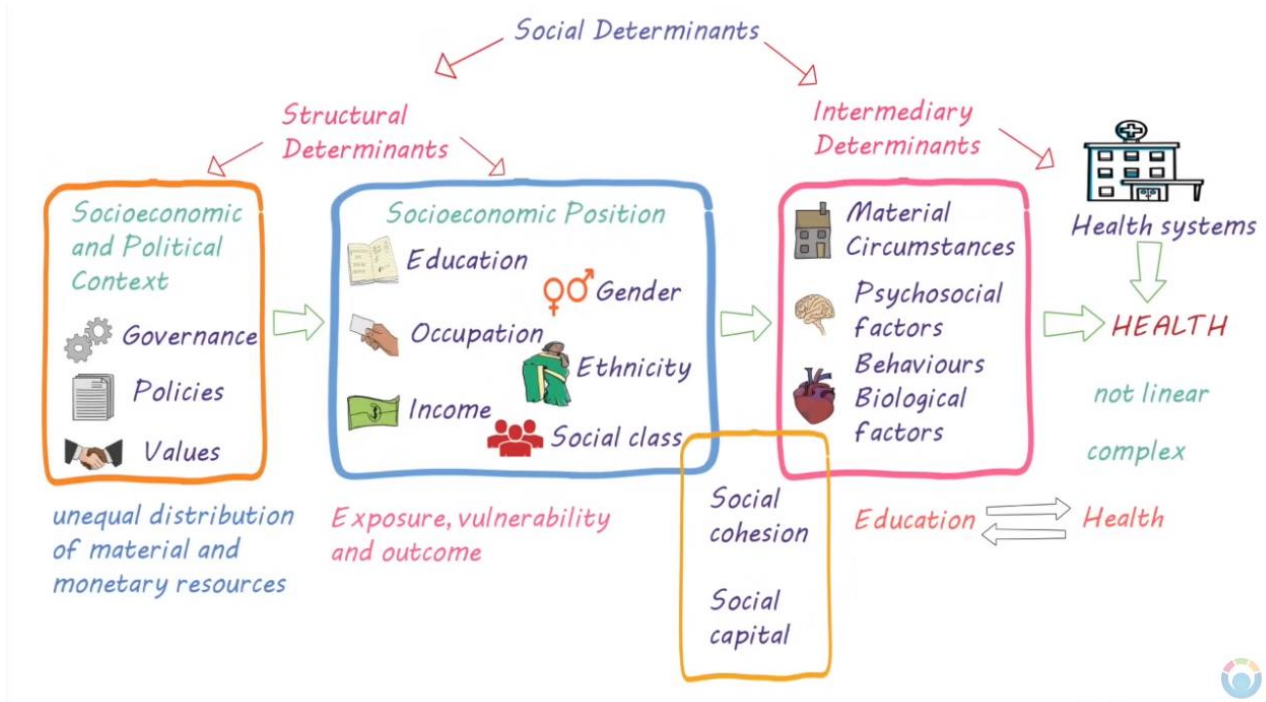
The other wording confusion is over ‘environmental’ determinants which, digging into the evidence, is specifically about the physical environment and whether people have clean water to drink, unpolluted air to breathe, and soil to grow crops in, etc. So to save confusion it pays to be specific about the ‘physical environment’ on this DoH list.

Social Determinants of Health (SDH)

‘The Social Determinants of Health’ then is more about showing how all these factors/determinants interconnect, especially to explain how and why social and economic inequities impact health.

The SDH only needs to be included as part of the learning when students are learning about the impact of poverty on health because we can’t understand what causes and sustains poverty without understanding how the unequal distribution of money, resources and power creates inequities and poor health (ie a combination of political, economic and cultural/social norm factors). Understanding the SDH is a challenge

because it's quite complex and we don't expect year 13 students to grasp it in full. But if learning about poverty they should at least be showing some basic understanding of the concept, mainly as a way to recognise how everything is interconnected.



Screenshot from the video by Let's Learn Public Health - [What Makes Us Healthy? Understanding the Social Determinants of Health](#)

When it comes to the assessment, students are only asked for a DoH type understanding in the AS91462 International health issue (3.2) exam. However, the step up to an in-depth or perceptive answer for merit and excellence is enhanced by understanding how the factors interconnect and how inequities in one area compound the effects of inequities resulting from other factors. If an examination should ever give students scope as to how they approach the determinants it still pays to approach the answer using those overarching ideas about the SDH that map onto the basic DoH list i.e. those ideas and determinants related to the (un)equal distribution of money, resources, and power, need to stay at the forefront of an examination response (the left-hand side of the framework shown above). In other words, students need to keep the focus on decisions made and actions taken at governance level about social and economic policy, and the values (social norms) that are integral to these.

In summary

- The HPE SEP concept is the all-encompassing, overarching concept that lies across all levels of learning from years 1-13.
- The (S)DoH adds the international evidence-base for learning at the most senior/upper levels of the curriculum (NZC Levels 7-8/NCEA Levels 2&3). The list of the DoH offers an entry point when students start learning about the concept of determinants (of health), and then adding the SDH only in situations where poverty (social and economic inequities) feature in the learning.

Useful links

- World Health Organization - [Social Determinants of Health](#) – website
- World Health Organization – [Determinants of Health](#) Q&A – website
- World Health Organization – [Social Determinants of Mental Health](#) – publication - really useful, easy read material highly applicable to Health Education
- Let's Learn Public Health - What Makes Us Healthy? [Understanding the Social Determinants of Health](#) (video) – a really useful 6 ½ minute video

Also check out the various online accessible social justice photo essays featured in our [December 2023](#) newsletter. These offer an extensive array of images for teaching about the DoH and SDH.

Professional readings and PLD presentation: Middle leadership

Providing PLD for HPE middle leaders (HOFs, HOLAs, LALs, HODs, etc) is problematic given the diverse schooling contexts represented across the 400+ secondary schools around the country.

Consequently, our PLD support tends to be responsive to the unique set of circumstance that every middle leader responds to in their school context.


We have been thinking about how we might offer middle leader support in a more coordinated way, noting that PENZ used to do this in various ways some years ago.


For now our PLD materials are a work in progress while we think about ways to do this (and with ongoing Networks of Expertise funding pending).


[In this folder](#) you will find a reshaped version of the workshop presented at Tuia ki Tawhiti, along with a curated collection of documents and articles (although these only span the period when we were last engaged in middle leader related study and/or PLD).


Our workshop focus was on middle leaders as pedagogical leaders (instructional leaders or leaders of learning), in preparation for the curriculum and NCEA changes that still lie ahead (and as distinct from the more 'management' aspects of a middle leader role).


If you are a middle leader seeking PLD ideas to develop your practice, but not in a position to engage in a Masters in Educational Leadership, or other similar course requiring a substantial commitment, this might offer a few ideas.


 1. PLD workshop and conference presentations

 2. Ministry leadership documents

 3. Academic journal articles NZ and overseas

 4. Maori educational leadership

 5. Pacific educational leadership

 6. Effective PLD (for change) articles

A book on educational leadership that comes highly recommended is Russell Bishop's ***Leading to the North-East Ensuring the fidelity of relationship-based learning (2023)***. Check out [NZCER](#) for purchasing details.

This is a companion volume to the 2019 book, ***Teaching to the North-East: Relationship-based learning in practice***.

LEADING
TO THE
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ENSURING THE FIDELITY OF
RELATIONSHIP-BASED LEARNING



RUSSELL BISHOP
author of *Teaching to the North-East*
Relationship-based learning in practice