

New Zealand Health Education Association

Newsletter

October 2024

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Tēnā koutou katoa

The frequency with which education has been in the news this year would seem indicative of the challenging times we are all working in. Whether it’s about curriculum or NCEA, changes to the way we teach literacy or low levels of literacy and numeracy achievement, problems with school buildings and funding for rebuilds, reduced funding for some initiatives and increased funds for new, loss of ministry jobs, or problematic student behaviour, education is seldom out of the news. Our various communications with many of you would echo the sentiment that it’s been a hard year.

We know curriculum rewriting is now underway for most learning areas although with HPE being last on the list along with Learning Languages our time is yet to come. We’ll let you know when we hear work is getting underway – sooner rather than later we believe.

We were wanting to get a term 4 newsletter out as soon as possible – noting this would be before any reporting from NZQA about the new Level 1 internal assessments. However, we have managed to include mention of changes for 2025 notified during the first week back. NZQA published a range of minor changes to Level 1 on Monday 14th October and then on Wednesday 16th, changes for Level 2 and 3 standards for some subjects and some standards only were also made available. For Health Studies there are some very minor changes for clarification purposes only in the AS92008 (1.1) Explanatory Notes, and AS91461 (3.1), AS91463 (3.3) and AS91465 (3.5) also have minor changes to the Explanatory Notes. See details following in ‘News and Updates’. Although the implications for all levels of health are negligible, we’ve included the information about support for teachers related to these changes provided to us by the Ministry so that you know what is happening across all subjects.

Our term three NZHEA news:

- NZHEA accepted Rachael Dixon’s resignation from the NZHEA executive. Rachael is stepping back from association work to focus on her full-time academic career. On behalf of the membership we would like to thank Rachael for her many years of service to NZHEA and the Health Education community. We wish her the best for her academic work and look forward to reading about her research in future. Rachael remains a Life Member of NZHEA.
- We also had notification from the Ministry of Education that the Networks of Expertise (NEX) fund will be continued for another 15 months. The end of this period coincides with the planned completion of all curriculum rewriting, and we foresee a new PLD model for subject areas emerging at this time. The NEX fund pays for Leigh Morgan’s Kaikōtuitui Arataki Oranga role, and PLD facilitation by other members of the NZHEA exec, as well as the workshops, clusters and resourcing NZHEA provides for primary and secondary health education teachers at no cost. You can read more about this in Leigh’s term three summary.
- Schools were also notified that any Level 1 external report submissions would become examinations in 2025.

In this newsletter:

- As always, Leigh Morgan the NZHEA Kaikōtuitui Arataki Oranga provides a summary of the PLD work she has done during Term 3 and updating us on her news.
- We include a copy of the annual report from the AGM held in September. Note that one of the resolutions from this meeting was to approve an annual membership fee increase from \$80 to \$115. In addition to NEX funded PLD and resourcing NZHEA still needs to maintain some association functions that can continue irrespective of any funding like NEX, such as administration of the association and maintenance of an Executive, and resources like practice exams. As we've not increased this fee in many years, the reasons for this change in the current climate should be self-evident.
- Some suggestions for evaluating and reviewing your Health Education programmes are provided.
- Reflections on Level 1 Health Studies – what we've learned from your moderation feedback and where we need to tighten up our interpretation of the new 1.1 and 1.2 standards.
- The NZHEA position statement on Relationships and Sexuality Education that we contributed to the ERO review of RSE.
- A summary of NCEA health education data from 2023.
- And in the absence of much that is new for Health Education resourcing (while the curriculum rewrite is pending), we've recommended some more children's book titles with Health Education themes, and some professional readings/webinars you might like to investigate.

Finally, regarding our website. The fact we take a minimalist and a very basic-functions-only, inexpensive approach to our NZHEA website is self-evident. With significant curriculum and assessment changes afoot we've been reluctant to invest in expensive website redesign at the present time. Almost all traffic is to the resource's pages and the newsletters. We are endeavouring to make some minor changes to our existing website over the coming months – much of it just cleaning out old material and reconsidering how we curate our online resources, and how/where to store/give access to the likes of the Google folders where we've filed a lot of the NCEA support materials. We will keep you posted about any changes that have implications for you finding and accessing our NZHEA materials!

Ngā mihi

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

RAMP - Review and Maintenance programme changes to NCEA for 2025

The Ministry of Education have notified us of the following changes to the Health Studies and Health Level 3 Achievement Standards for 2025

<p>AS1.1 92008 Demonstrate understanding of hauora in a health-related context through the application of a model of health</p>	<ul style="list-style-type: none"> Revised Explanatory Note 1 Achievement and Merit criteria for clarity. Revised Explanatory Note 3 for clarity. Revised Explanatory Note 4 for clarity.
<p>AS3.1 91461 Analyse a New Zealand health issue</p>	<ul style="list-style-type: none"> Changed the wording from ‘major determinants of health’ to ‘major factors’ to be more consistent with Levels 1 and 2. Added the word ‘relevant’ to underlying health concepts so students only discuss the ones relevant to the issue rather than all 4.
<p>AS3.3 91463 Evaluate health practices currently used in New Zealand</p>	<ul style="list-style-type: none"> Changed the requirement from considering 3 health practices to 2. One from Western Scientific Medicine (WSM) and the other from either Complementary Alternative Medicine (CAM) or Traditional Medicine (TM). <i>[Note that CAM has shifted to being called Complementary and Integrated Medicine. See notes below about WSM]</i> Added the word ‘significant’ to advantages and disadvantages.
<p>AS3.5 91465 Evaluate models for health promotion</p>	<p>Updated Explanatory Note 3 to remove outdated links.</p> <p>This reference was to the <i>Making Meaning Making a Difference</i> (2004) resource, now out of print and no longer available online.</p>

Notes

AS3.1 91461 Analyse a New Zealand health issue

This reflects what already happens in practice. Although some topics like child poverty in New Zealand relate well to the (social) determinants of health, because of the inherent social and economic inequities leading to and sustaining poverty, other topics do not. For issues like resilience and some sexuality and gender issues (for example) the factors tend to be dominated by those related to social norms (‘cultural’ factors) or policy decisions - without the whole SDH picture being apparent. For topics like these it is preferable that students do a thorough job of applying the socio-ecological perspective with particular focus on how the wider societal factors are influencing anything that may be impacting at relationships or individual levels. In other words, to really show the interconnectedness of the SEP. Importantly, this needs to be backed up by evidence and what the evidence is saying are the most important factors influencing the situation. Also, a Level 3 topic is based on a significant population group in NZ based on demographic data like age, region (e.g. urban vs rural), ethnic group, or other identity group.

AS3.3 91463 Evaluate health practices currently used in New Zealand

We are aware of the Eurocentric and dated assumptions being made by continuing to refer to contemporary scientised medicine currently practiced as ‘**Western scientific medicine**’ – a term coined for this standard many years ago rather than it being anything formally recognised - other references just use ‘Western medicine’. Internationally it is more acceptable to use the term ‘**conventional medicine**’ (also known as bio-medicine or allopathic medicine) especially when considering these practices in relation to **complementary and integrated medicine** (CIM – note the name change from ‘alternative’ medicine) and **traditional medicine** (TM) (see the World Health Organization statement and strategy around [Traditional Complementary and Integrative Medicine](#)). *Since the standards still uses CAM, we will need to be accept the use of both terms until this can be changed.*

Over time, the reference to medicine being ‘Western’ - in relation to its philosophy and underpinning principles, its presumed geographic origins or where it is practiced, or the culture and ethnicity of people

researching or practicing a form of scientised medicine - has become ever more problematic. For example, Western (as in European) cultures have their own traditional health practices that date back millennia, and Westernised nations with diverse populations have access to similarly diverse choices of traditional health practices. Although the term 'Western medicine' (without the 'scientised' added) is still seen in use, increasingly it is to acknowledge that this is what it was known in the past, and that other preferred terms (should have) superseded it. Also, the notion that anything scientised is inherently 'Western' is highly contested internationally and TM and CIM practices are increasingly being scientifically researched to have their health claims supported with evidence or refuted.

Unfortunately we have not been able to change the use of these terms at this time, although any renewed resourcing will endeavour to work with more inclusive and contemporary terms. We apologise for any offence this causes non-Western or non-westernised medical practitioners and medical scientists who have, and who continue to, contribute substantially to global population health and international knowledge about scientised medicine, as well as Western nation or Westernised practitioners of traditional or complementary and integrative medicine.

Review and Maintenance of NCEA

- Based on feedback, selected Achievement Standards and supporting materials have been amended for 2025 assessment, across NCEA Levels 1, 2 and 3
- **Not all subjects, standards or supporting materials are impacted Health Studies only has some very minor clarifications in the Explanatory Notes.**
- Most of the changes are very minor but are required to strengthen clarity and interpretation
- With the rephrasing of NCEA, there will be increasing maintenance for Levels 2 and 3 as we seek to ensure the standards remain fit for purpose. At this time it is unclear if there will be other changes for Health Education to come before the revised L2&3 standards are ready for use in 2028/2029.

Dates to be aware of

2024

October 14

- ALL affected NCEA L1, 2, 3 material including any updated achievement standards published on **NCEA website [NOT the NZQA website]** for planning purposes as pdfs
- [Prerecorded webinar](#) explaining RAMP available on NCEA website

November

- Online subject workshops hosted by NCEA Implementation Facilitators - *see further communications about these*

December 10

- Updated registered Achievement Standards published on NZQA website.

2025

January 24

- Existing NCEA L1, 2, 3 material replaced on NCEA website, pdf versions removed

February-March:

- Online subject workshops hosted by NCEA Implementation Facilitators

Using updated material in 2025

- All updated material will be hosted on the **NCEA.Education website [NOT THE NZQA website]** from October 14, 2024, to January 24, 2025. If you use any of these standards or materials, you must ensure you are using the updated versions for assessment in 2025.

Updated material will be on the NCEA website **as a downloadable pdf for each subject:**

- For **Level 1:** [on each subject page](#)

- For **Levels 2 and 3**: under [NCEA Change Programme' > Reviewed materials for 2025](#)
- A **full list of changes for all levels and subjects** will also be posted on the landing page, under '[Recently Live](#)' and '[All News](#)'.
- As the current versions are still being used for assessment, the updated materials have been provided as pdf documents and will be marked '**for planning**'
- The 'for planning' pdfs are confirmed versions of all material, not drafts, and **will replace the current web versions by 24th January 2025** (ie on the NZQA website).

Also, we were notified in September about the removal of external reports and that these would be replaced by exam in 2025:

Understanding How NCEA Requirements Are Changing

If you use the Level 1 Health Studies Standards, please make sure you have noted this change for 2024.

Submitted reports to be discontinued as an external assessment method from 2025

From 2025, Health Studies 92011 (1.4) Demonstrate understanding of strategies that enhance hauora will be assessed as an exam.

Due to the administrative burden of submitted reports and concerns over authenticity, including the rapid advancement in AI tools, the Ministry and NZQA have decided to discontinue their use as a method of external assessment in NCEA Level 1 from 2025. The change in methods of assessment is intended to support schools and teachers in implementing NCEA Level 1 and address specific concerns over authenticity. Affected Achievement Standards will be assessed through either **examinations** or portfolios.

Source: [Understanding How NCEA Requirements Are Changing](#) – scroll down to the section *Submitted reports to be discontinued as an external assessment method from 2025*

Assessment Specifications for 2025

- **Level 1 Health Studies**
- **Level 2&3 Health**
- **HPE Scholarship**

The Assessment Specifications for all external assessments were published on the 16th October, much earlier than in previous years thanks to renewed procedures about the timing of these materials. [Find all materials at this link](#) - note that you need to scroll down the page to get to the Health specifications.

There are no great surprises and only one notable change (apart from the shift of 1.4 from a report to an exam as previously notified – and see above) and that is for **3.2 (international health issue)**.

The topic selection has changed, and students will need to be familiar with health issues related to:

- sexual and reproductive health [*as in previous years*]
- culture and gender. **[NEW]**

That is, the overarching focus on poverty has been removed and students will need opportunity to learn something about both topics so that they can carry out an analysis of similar and related materials provided in the examination. Note that this does NOT require teaching topic specific content that can be reproduced in the examination.

NZHEA will endeavour to provide guidance and some additional resourcing to support the addition of the culture and gender topic.

From the Kaikōtuitui Arataki Oranga - Leigh Morgan

Kia ora koutou katoa,

I hope everyone managed to schedule in some down time, whatever that may look like, over the recent two-week break. I still clearly remember term 4 as a teacher; hectic, but always hoping to see a light at the end of the tunnel after a very long year! Senior exams, planning, prizegiving's (with lolly lei!), classroom clean outs and day light savings is what comes to mind!

A lot of what I wanted to communicate to members is included in my NZHEA chairpersons report for the 2024 AGM held on the 25th of September which has been included in this newsletter. However, I do want to highlight a few other key points.

- Since the AGM, I completed an application to reregister NZHEA under the new Incorporated Societies Act 2022 and the good news is we have been approved! A significant part of this procedure included updating our Constitution. I would like to thank the NZHEA executive for their valued input throughout the process.
- Also in term 3, several teachers shared their Level 1 Health Studies external moderation reports and assessments with us. We really appreciate the opportunity to view these to spot the trends, identify what NZQA are specifically looking for, and then share this information with all members. Please don't take the feedback personally if it was not what you were hoping for, especially in the first year of full implementation. Most tasks I saw only required minimal changes and a bit more understanding of the explanatory notes (further explanation has been included in this newsletter).
- Some of you may have already heard that the Networks of Expertise (NEX) contract with the Ministry of Education has been extended until December 2025. As a result, I will be able to remain in my Kaikōtuitui Arataki Oranga role for one more year. What an honour!
- Continuing in the NZHEA role consequently means my two-year secondment has officially ended, and after 14 fulfilling years I have resigned from Ōtāhuhu College. My time at this kura has been incredibly rewarding and humbling. I will cherish the experiences and relationships I have formed and will miss the amazing ākonga. I would like to formally express my gratitude to the College for their support. My secondment has been a transformative experience that allowed me to grow both professionally and personally. I would also like to thank the members of the Health and Physical Education department who made the school a special place to work. Kia Tamatane!

Looking ahead, I will see many of you at the various clusters and other hui already booked in between weeks four and six of this term.

Please remember to email kaiarahi@healtheducation.org.nz if you require any professional learning and development support.

Ngā mihi nui
Leigh Morgan

Leigh's email contact:

If you are used to communicating with Leigh through her Ōtāhuhu College email, can we please ask you to transition over to the kaiārahi email above.

Chairperson’s report from the NZHEA AGM (September)

As I write this report and reflect on the last 12 months, it would be remiss if I did not acknowledge the uncertainty that wider political and social influences are having on subject associations, kura, kaiako, and ultimately ākonga. One obvious implication is having to continue with the current (dated) level 2 and 3 health education standards, with implementation of the new NCEA standards (yet to be developed) being extended to 2028 and 2029 respectively, as well as an emphasis on literacy and numeracy across all subject areas. The revision of the Health and Physical Education curriculum, due by the end of 2025 will provide our learning area with more structure and guidance.

Extensions to the Network of Expertise (NEX) funding from the Ministry of Education has enabled the NZHEA executive to continue to provide resourcing and PLD for members. Having a second year of the Kaikōtuitui Arataki Oranga role has helped maintain and strengthen networks across the country. Because teachers have generously continued to share their level 1 health studies student work with us (pre and post moderation), we have been able to monitor trends and communicate them with the health education community – thank you!!

However, at the time of preparing this annual report we are still uncertain about the future of the Networks of Expertise fund which makes it challenging for planning and preparing NZHEA activities and events for next year and beyond.

A significant milestone this year was the first Health Education, Outdoor Education & Physical Education combined biennial conference under the name Tuia ki Tawhiti, hosted at Cashmere High School in Ōtautahi on the 8th and 9th of July. The conference theme was 'Teachers Helping Teachers' and had over 350 registrations and 55 workshops. In 2026 Tuia ki Tawhiti will be held in Tāmaki Makaurau Auckland.

On administration matters, NZHEA has until 5 April 2026 to reregister under the 2022 Act to remain as an Incorporated Society. This requires revising and adopting a range of compliance requirements in our constitution. Some key changes include documenting procedures for managing internal disputes, holding the AGM within 6 months of the society’s balance date, filing financial statements with the registrar within 6 months of the society’s balance date and keeping and maintaining an interests register where executive members have a duty to disclose any actual, perceived, or potential conflicts of interest. Members will be asked to approve and accept the changes to our constitution at the AGM. [\[These changes were approved.\]](#)

Additionally, to ensure ongoing viability for core NZHEA business irrespective of NEX funding (i.e. annual practice exams, funds for termly executive meetings, a part time administrator, newsletters, honorarium for the chair, and representation on the biennial conference committee and other key subject specific events), we are seeking approval of the membership to increase the annual membership fee from \$80 to \$100 starting in 2025. Please note most of our current memberships are school, not individuals. This will be the first increase in many years and is being done in consideration of rising costs in recent years. [\[The meeting agreed to a membership fee increase and after discussion the amount of \\$115 was approved.\]](#)

In August, Rachael Dixon, Life member of NZHEA, indicated she would be stepping down from the executive committee. On behalf of the remaining executive committee, and the membership, we extend our deepest thanks to Rachael for her significant contribution and service to NZHEA.

The current executive membership is as follows:

Leigh Morgan <i>Chair</i>	Tāmaki Makaurau Auckland
Jenny Robertson <i>Life member</i>	Tāmaki Makaurau Auckland
Annie Macfarlane	Ahuriri Napier
Vicki Nicolson	Ōtepoti Dunedin
Shelley Hunt	Tūranganui-a-Kiwa Gisborne

A summary of our main activities over the past year follows, noting that most of this has only been possible with the extension of the Networks of Expertise funding:

- Developing and maintaining a suite of free access level 1 health studies materials to assist kaiako with bigger picture planning as well as standard specific teaching resources.
- Establishing clusters and regular hui with kaiako in South Auckland, West Auckland, Lower Northland, Nelson, Queenstown, Christchurch and New Plymouth (Napier was founded previously).
- Developing resources as areas of need are identified:
- NZHEA HPE scholarship material.
- Member only resources including practice exams for NCEA level courses.
- Responding to identified kaiako PLD needs: Providing face to face hui/workshops and online support via email, zoom, phone calls, and feedback on the NZHEA Secondary Facebook page.
- Invited by HETTANZ to present a level 1 health studies workshop at the TESAC conference in Ōtautahi Christchurch in the April school holidays.
- Representing NZHEA at the Teacher Development Agency Networks of Expertise, and the PPTA Subject Association conferences in Wellington.
- Connecting with a range of stakeholders to work on shared interests and to advocate for Health Education and health teachers in New Zealand schools. For example, The New Zealand Drug Foundation (Tūturu), Sexual Wellbeing Aotearoa, Sparklers.
- Liaising with the Ministry of Education on matters relating to health education including the Level 1 Health Studies Student Learning Outcomes and webinars for kaiako associated with these in term 1 2024.
- One-on-one support for kura and kaiako around community consultation.
- Support for Kāhui Ako in provincial areas with a focus on supporting primary schools.
- Presenting workshops for Healthy Active Learning staff and teachers (with a focus on primary), and primary teacher workshops in conjunction with PENZ.

We have over 1600 members in our NZHEA Secondary Facebook Group, an increase of nearly 200 members compared with this time last year. The Secondary Facebook group continues to be a very active and supportive community, with many different members asking questions, sharing resources and offering advice to each other.

Membership information

As of September 2024, our membership is:

- 6 life members (Gillian Tasker, Barbara Bachelor, Barbara Ferguson, Lynne Aldridge, Jenny Robertson, Rachael Dixon).
- 312 paid members, mainly schools, but also organisations, individuals, and students. This is an increase of 7 members compared with this time last year, and 27 on the year before.

Leigh Morgan.

Evaluating and reviewing your Health Education teaching and learning programmes

Term four is inevitably the time for carrying out an evaluation and review of teaching and learning programmes with a view to making changes for the following year. In this discussion we focus on department or faculty (secondary) or whole school (primary) review rather than individual teacher review – although it is essential that individual teachers contribute to this process. Individual teachers should be reviewing their own programmes and practices in consideration of these wider expectations and accountabilities.

The Q&A approach of the following discussion is also an invitation to teachers and middle leaders to add further ideas, or adapt those provided, as part of individual, department/faculty, or school wide PLD discussions.

1. Review and/or evaluation?

Evaluation of the teaching and learning programme is a systematic and **objective** assessment, the outcomes of which play a key role in decision-making about changes to be made. It's when you assess whether what you have been doing is making the difference to student achievement that you intended it to. Evaluation requires data to judge the quality of your teaching and learning programmes. In other words, evaluation is based on evidence and makes use of education specific criteria to help understand what high quality and effective teaching and learning programmes are - in educational terms.

To **review** is to look at the results of an evaluation and decide what needs to change. A review generally refers to the act of (critically) examining, studying, or assessing something in a more general sense. It can involve providing an opinion or critique and is often based on personal experience or opinion or **subjective** judgement. That is, as leaders and teachers you still need to make sense of all the data, and use this as evidence, to decide what needs to change.

2. Why carry out a review of Health Education teaching and learning programme?

(a) It is an important feature and function of being a professional teacher and middle leader, and a response to Our Code Our Standards and other education sector policy. A professional teacher or middle leader is always reflecting on the effectiveness of their practice, and that of the department/faculty or school.

(b) In response to changes e.g.:

- Changes in the student cohort
- Changes in ministry or school level policy and practice
- Changes to staffing
- Changes to the nature of health and wellbeing issues in the community or nationally and what is useful and important for students to learn about

(c) As a contribution to school wide monitoring of systems and process related to the delivery of the school's curriculum, and the contribution Health Education makes to these.

What else would you add to this list?

3. What is it for?

- To check that the teaching and learning programme is meeting the needs of all learners.
- To show how Health Education contributes effectively to learning in the school curriculum.
- To check that teachers are delivering high quality Health Education consistent with local curriculum design and wider education and social sector policy and legislation – all of which can be reported to senior leadership and the board.
- Inform Health Education specific and other PLD for teachers and leaders.

What else would you add to this list?

4. Who is it for?

- For students – to ensure they are getting the best quality Health Education possible.
- For teachers to ensure they are teaching Health Education in a way that is effective for all learners and is safe and ethical.
- For middle leaders to help inform department/faculty or school wide decisions about the design of the Health Education teaching and learning programme.
- For senior leaders to help monitor progress toward annual and strategic goals.
- For boards to help monitor compliance with legislation and other governance priorities.
- For (parents and whānau - community) to inform them about the teaching and learning programme during biennial community consultation.

What else would you add to this list?

5. What data and information is used, and who provides it/where is it sourced?

High quality evaluation leading to review of the teaching and learning programme should use a range of data as the basis for deciding how effective the teaching and learning programme is, and what changes (if any) need to be made.

Data importantly – and ideally - includes:

- **Student progress and achievement data** – as determined from various forms of assessment that can judge students’ level of learning against HPE Achievement Objectives in the NZC. This also includes NCEA data at senior secondary levels. As stored on the School Management System (SMS).
- **Student voice** that provides insights about students learning and them as learners – who they are, how they (like to) learn, what they want to learn, what their planned learning and qualifications (NCEA or other) pathways are, etc. Other demographic and social data about students can be obtained from the SMS.

Other data could come from

- Teachers self-review of their teaching – what worked, what didn’t, issues arising with subject matter, usefulness of existing resources, use of external providers (or not).
- Teachers review of the teaching and learning programme – using a set of criteria derived from national and local school curriculum expectations, national and local school priorities, policy statements specific to Health Education contexts, quality and relevance of resources, assurance of a sound evidence-base for the content knowledge, quality of the learning progression across units and across the year, adequacy of learning preparation for higher levels, etc
- Feedback from the biennial community consultation process. See the [NZHEA resource](#) or the [Tūturu resources](#) for this.
- Feedback and data from school wide priorities around literacy and numeracy achievement, a focus on digital literacy and citizenship, etc.

What other forms of data would you add to this list?

What evaluation tools (templates etc) does your department/faculty or school use for collecting and recording data in systematic ways?

How familiar are all your staff using the multiple functions of the school SMS for exploring data about students at individual, class and year level cohort?

6. What do you actually ‘review’? What questions do you need to ‘ask’ of your evaluation data? What decisions need to be made?

Evaluation processes that draw on a range of data – and often a large amount of it – still need to be interpreted for what it is all saying about:

- How well are students achieving and what is the learning progress they are making in Health Education? What evidence shows this?
- How well is the Health Education programme meeting the students’ diverse social, cultural, identity, UDL, and other needs? What evidence shows this?

- How well is the Health Education programme meeting their learning pathways and qualifications needs? What evidence shows this?
- What are we not doing so well? What evidence shows this? And what does the evidence show needs to change – *what exactly is it we need to do differently?*

What else would you add to this list?

Drawing conclusions and making decisions about the changes to be made based on all these data sources – especially systems level or whole cohort level changes (rather than specific class by class, teacher by teacher changes) can be assisted with the use of evaluation and review tools. These typically feature lists of evaluation criteria that require leaders and teachers to work collaboratively to draw conclusions from across a range of data and make a type of overall judgement based on all available evidence.

These tools often feature some form of ratings or performance scale which, after discussion, departments/faculties or schools come to rate their performance against. Where performance does not meet expectations, this signals areas to focus on for making changes. Where performance does meet expectations – or exceeds these, this would indicate areas not needing attention at the present time.

Resources

There are many education and evaluation tools around and despite being a few years old, the ERO [School Evaluation Indicators](#) from 2016 still contain a range of evaluation principles and ideas that have weathered changes to education policy.

Also, the more specifically focused ERO [Wellbeing for success: a resource for schools](#) also from 2016, contains extensive lists of evaluation indicators – seek out those specific to curriculum.



July 2016



Projects like Mitey (primary) and Tūturu (secondary) have their own whole school evaluation and review tools, aspects of which relate to curriculum delivery. Think also about using these if your school is engaged in such a project.

7. How are the results used and what is the end product of the evaluation and review?

- Newly revised or developed teaching and learning programmes for Health Education that respond to the learning needs of all students.
- Revised assessment methods and ways of recording assessment data, and clarity of expectations around this.
- New resources developed or purchased, and unsuitable resources removed and discarded.
- Revised ideas for teacher practice – clarity around how to teach particular Health Education content, *and not only what to teach in Health Education.*
- PLD opportunities sourced external to school or created in school.
- Decisions made about external providers – to use or not to use; and if used clarification of how to use and expectations when they are present in the school.
- Assurance that teachers are delivering safe and ethical and policy-compliant Health Education.

What else would you add to this list?

Does your school require you to formally document and submit (aspects of) your evaluation and review? If so, what and when? Do you need to use a common reporting template to document your process and outcomes?

8. Who is responsible for actioning changes to the following year's programme?

- Middle leaders e.g. documenting and communicating changes to teachers teaching Health Education, and senior leadership where applicable.
- Middle leaders having oversight of the changes to be made/ being made.
- Teachers collaboratively contributing to changes in learning programme (re)design.
- Individual teachers implementing changes in their learning programmes, undertaking personal PLD (professional reading and inquiry) where necessary.

What else would you add to this list?

9. What support is there for new middle leaders not yet familiar with systems level evaluation and review expectations?

- A senior leader who has line management responsibilities for the middle leader will have oversight of school wide systems and expectations. Arrange to meet with your line manager on a regular basis.
- HOFs, HOLA, HODs, lead teachers - consider teaming up with other middle leaders in a local cluster to share ideas about how you go about your review processes – what helps and hinders, processes and tools used, ways of presenting data, how decisions are made based on evaluation data, examples of changes you have made as a result of evaluation and review, etc.
- NZHEA can also provide individualised support for middle leaders wanting to develop their capacity and capability for evaluation and review.

What else would you add to this list?

Reflections on Level 1 Health Studies – internal assessments

There are two parts to our reflections at this time:

- **Part 1** is from Leigh Morgan in her NEX Kaikōtuitui Oranga role summarising observations and findings from her engagement with many teachers using the Level 1 Health Studies standards.
- **Part 2** is from Jenny Robertson in her NEX Project Management role analysing where there seems to be persistent misunderstanding about the interpretation and intent of the standards – as *Health Studies* standards derived from the NZC. Part of this confusion lies with the wording of the standards and/or inconsistencies with the sample assessment tasks, *none of which we can change in the short term*.

But also there is still a need in some cases to make those fundamental shifts in practice related to how we write tasks and assess evidence presented by students given the way these new standards are written. For Level 1 where there are now distinct and different requirements for each of AME (whereas the old standards had one requirement that was assessed for different levels of quality).

And, as often happens when we undergo systems level curriculum and assessment changes, it reveals an ongoing need to develop and deepen our individual and collective understanding about the very nature of the Health Education concepts and contexts (ie the key areas of learning) that makes Health Studies an NZC subject.

Disclaimer: Please note that this is our NZHEA interpretation of the NZQA feedback and other materials we are seeing. If formal reporting from NZQA about the Level 1 Health Studies Achievement Standards challenges the interpretation presented here, or if any minor changes are made to the standards themselves (*this is sounding unlikely at this time*) we will notify you about this with urgency.

At this time **we are focusing only on the internal standards**. We can revisit these standards early next year since information is yet to come from the external assessment processes.

Part 1.

Teachers have generously continued to share their level 1 Health Studies student work with us (pre and post moderation). With this evidence we have been able to monitor trends and communicate these to the health education community – *thank you!*

1. 1.1 Explanatory Note 5

An activity refers to an action or experience that can result in a change to the hauora of an individual, community, or society. A model of health can be applied to reflect on the changes for those involved. Ākongā may refer to an activity that they have participated in, or they may refer to an activity that others have experienced. The activity and the reflection can relate to one or more Key Areas of Learning.

Please **note the ‘OR’, not ‘and’**. Students answers must be related to themselves OR others, but NOT both. NZQA feedback we have seen highlighted the importance of this.

It is noted that there are some inconsistencies between this wording of the standard and the sample assessments on the NCEA website. **NZQA moderates against the standard**, not the sample assessments. *To date this inconsistency has not been rectified.*

2. NZQA feedback

Below we have provided an explanation of the external moderation consistency statements you may receive. **Please don't take the feedback personally, especially in your first year of implementation.** If you require additional support correcting issues or further PLD around the standard, please email kaiarahi@healtheducation.org.nz

(a) Consistency statements (use the link for the formal NZQA statement)

Consistent:

This means there are no significant issues with assessment judgements for this standard.

- Assessor's decisions show a clear and accurate understanding of the standard.
- Any misunderstandings are minor and can be easily addressed by following the feedback contained in the moderation report.
- This indicates that the moderator considers that the assessor decisions are nationally consistent.

Not yet consistent:

This means that while there may be some issues with assessment judgements the school should be capable of correcting any issues themselves, based upon feedback given in the moderation report.

- Assessor's decisions generally show a clear and accurate understanding of the requirements of the standard.
- The assessor should be able to adequately address any identified misunderstandings by following the feedback contained in the moderation report and using clarification documents, exemplars, or professional learning opportunities.
- This may also indicate that the moderator considers that the assessor has not always recognized the requirements of certain grades or is not always consistent with their assessment decisions.

Not consistent:

This means that assessor decisions are not consistent with the requirements of the standard.

- This may also indicate that the moderator considers that the assessor has not recognised the requirements of certain grades and the results are not nationally consistent. An action plan is needed to provide support.

(b) **Assessment material statements**

This report relates to learner evidence and associated assessment decisions only

This means that the assessment materials were not moderated.

- This is because there are no issues with the assessor judgements that are linked to the assessment materials.

The assessment materials meet the national standard

This means that the only issues identified in the assessment material are very minor.

- Any comments in the report are phrased as recommendations.
- The material covers the outcomes of the standard and the explanatory notes have been addressed. Range statement requirements and evidence requirements have also been appropriately covered.

The assessment materials require modification

This means that the assessment materials require revision or some specific redevelopment.

- The issues identified are ones that can easily be addressed by following the feedback in the moderation report.
- The critical outcomes are covered and the explanatory notes have been addressed.
- There are only minor omissions in the assessment materials or schedule (evidence, judgement statements or model answers), and/or incomplete coverage of the range statement or evidence requirements.

The assessment materials do not meet the national standard

This means that the assessment materials require complete redevelopment before the assessment activity can be used again.

- The issues are widespread within the materials. While only the most critical examples will be noted in the moderation report, a full check of the materials against the standard needs to occur as part of any review.
- A significant number of outcomes and/or explanatory notes have not been addressed. There may be serious omissions in the assessment materials, schedule, and/or a significant number of the range statements or evidence requirements have not been covered.
- It may also mean that there may be equity issues associated with the design of the assessment activity where not all students will be able to achieve at all levels of the standard.

(c) Appeal

If you strongly disagree with the moderation feedback, you may query or appeal moderation decisions up to 30 working days after the report is provisionally published.

Once the report is final it can no longer be appealed or queried.

Invitation to teachers to share examples of Level 1 Health Studies materials that have been deemed consistent and meet the standard in response to the NZQA moderation process:

NZHEA is keen to compile a selection of Level 1 Health Studies materials to illustrate assessment tasks that meet the standard, along with examples of Achievement, Merit, and Excellence responses prepared by students – and as verified by NZQA.

1.1 and 1.2 assessment tasks that you have developed that show for example:

- How have you instructed students around the use of the health-related context based on an experience (an 'activity') and the selection of a health model in 1.1?
- (How) have you added any (minor) scaffolding to the basic assessment instructions (questions) in ways that benefited your learners?
- How did you design assessments for students whose assessment was not based on their own experiences but that of others e.g. as observed in a video?
- What scenario(s) have you used for decision-making in 1.2?
- What instructions did you give students to move them on from simply reproducing the contents of a decision-making template in the 1.2 assessment and to ensure they responded to the demands of the AME criteria?
- How did you frame the 1.2 Excellence requirement – given the scope for this?

Teachers sharing assessment tasks will have the option to identify themselves by their name and school or remain anonymous.

1.1 and 1.2 samples of student work

We are keen to compile examples across all levels of Achievement to show what A, M and E evidence looks like. You don't need to share one at each level achievement - even if you only have one example at one level of achievement that you think is useful for demonstrating the standard at that level, we would be very pleased to have access to it.

All student work will remain completely anonymous. Any identifying information will be removed from the script.

Note that sharing student work needs student permission. If you think you would be able to share materials, please contact us so that we can discuss the details. kaiarahi@healtheducation.org.nz

Part 2.

In this discussion we highlight where we're seeing persistent misunderstandings or misinterpretations of the standard. Key to this discussion is to recognise the importance of the **AME criteria** AND the corresponding **Explanatory Notes** in combination, and the implications this has for the **wording of assessments**.

The main problems with 1.1 (AS92008) Demonstrate understanding of hauora in a health-related context through the application of a model of health

1. The inconsistencies around the use of 'health-related context' in the title criteria, and then swapping to 'activity' in EN1, and EN5 has resulted in a LOT of (non-Health Studies) misunderstandings over the intention of 'activity'.
 - **We would recommend removing all reference to an 'activity' in an assessment** to talk instead of a health/wellbeing related 'experience' or 'situation' where students are basing their assessment on **something they have participated in** OR the assessment clearly **names the health-related context**.
 - **The experience must clearly and explicitly come from a health-related context** – that is from **mental health (MHEd), relationships and sexuality (RSE), or a food and nutrition (F&N) context (EN2)**. Although we have tried to be accommodating of physical activities (PA) that were not about the PA as such, but part of a mental health promotion approach, we've seen very few examples that have navigated this successfully. In these situations many students simply default to talking about the PA which overlaps with PE1.3 and of itself is NOT MHEd, RSE or F&N.
 - Similarly, an overtly 'cultural' experience that has not been carefully framed in context of MHEd promotion, or food and nutrition, tended to make the context a quasi-social studies or quasi-arts exercise with hauora and wellbeing the afterthought, rather than hauora and wellbeing the central focus - as is required for it to be **Health** Studies.

Please discard any assessment materials you are still using from the piloting periods across 2022-2023.

At this time, we are strongly discouraging the use of a physical activity, or a dominantly 'cultural' activity, as the context for assessment. It is quite a sophisticated task for students to maintain a focus on the intended MHEd, RSE or F&N purpose for the assessment when the main activity the health model is being applied to is not of itself an obvious health context.

By all means include PA or cultural activities in the learning programme, but for assessment, make sure the health-related context is clearly a MHEd, RSE or a F&N context or 'topic'.

Bear in mind that a health model can be applied to pretty much any life context – *but that doesn't make it Health Education (Studies) for curriculum teaching and learning purposes.*

The confusion over 'hauora' as a concept (as it appears in the 1.1 standard title and criteria) and hauora as a synonym for health and wellbeing (as it appears whenever there is mention of hauora being 'affected') is really clunky and confusing for students. **In 1.1, hauora applies to a person's wellbeing in a specific context as well as being used conceptually in relation to the application of a health model. Confusingly, it is then used in 1.3 and 1.4 as a synonym for health where hauora is influenced (1.3) or enhanced (1.4).**

Note that from 1997 until this Level 1 redevelopment, hauora has only ever been the name of a concept in the curriculum, NOT a synonym for health and wellbeing. When the 2007 curriculum was being developed, guidance from Māori educators writing Te Marautanga o Aotearoa were adamant the NZC use 'hauora' only to name a concept, as had been the case since the 1999 curriculum statement – albeit not well adhered to. This point was not understood early in the development of the Level 1 Health Studies standards and this confusing concept and synonym use of the term has persisted. The HPE curriculum rewrite will need to revisit use of the term hauora making it difficult to resolve this grammatical inconsistency at this time.

Revisions notified 14th October 2024 ready for use in 2025:

- Revised Explanatory Note 1 Achievement and Merit criteria for clarity.
- Revised Explanatory Note 3 for clarity.
- Revised Explanatory Note 4 for clarity.

HEALTH STUDIES 1.1 AS92008, Demonstrate understanding of hauora in a health-related context through the application of a model of health		
Achievement	Achievement with merit	Achievement with excellence
<p>Demonstrate understanding of hauora in a health-related context through the application of a model of health</p>	<p>Explain hauora in a health-related context through the application of a model of health</p>	<p>Evaluate hauora in a health-related context through the application of a model of health</p>
<p>EN1. <i>Demonstrate understanding of hauora in a health-related context through the application of a model of health involves:</i></p> <ul style="list-style-type: none"> • describing how hauora is affected by an activity, using a model of health, including supporting evidence • describing how the different parts of the model interconnect in relation to the activity. <p>Comment: For consistency with the standard title and the criteria ‘activity’ should be read as being an experience in a health-related context. Think of the ‘activity’ as an ‘experience’. ‘Activity’ seems to invite physical activity-only understandings which is NOT the intent in Health Studies.</p>	<p>EN1. <i>Explain hauora in a health-related context through the application of a model of health involves:</i></p> <ul style="list-style-type: none"> • explaining why hauora is affected by an activity, using a model of health, including supporting evidence • explaining why the different parts of the model interconnect in relation to the activity. 	<p>EN1. <i>Evaluate hauora in a health-related context through the application of a model of health involves:</i></p> <ul style="list-style-type: none"> • drawing conclusions about how hauora is affected by an activity in the short and long-term, with reference to a model of health, including supporting evidence. <p>Comment: ‘Evaluating hauora’ either as a concept or a synonym for health makes no sense. This verb needs replacing or the focus for the evaluation needs to be changed. BUT this is not currently possible.</p> <p>The short- and long-term focus is not a particularly discriminating requirement for excellence requiring very little higher-level thinking. This needs reconsideration bringing it back to the conceptual understanding of hauora and the use of a model to explain hauora in a context BUT for now, if requires evidence of student thinking that extends beyond what they have already written for their A and M responses</p>
<p>Explanatory Note 2</p> <p>The application of a model of health must occur in any of [health related contexts derived from] the Key Areas of Learning: Food and Nutrition; Mental Health; Relationships and Sexuality.</p> <p>Comment: The KALs provide the basis for the health-related context. All too often the selection of an ‘activity’ has failed to connect with the health-related context derived from one of these KALs - which is essential to justify it as a HEALTH Studies assessment – see EN 5. This problem is illustrated in Assessment task 1.1B.</p>		
<p>Explanatory Note 3</p> <p>For the purpose of this achievement standard, the explanation of the effects of an activity on hauora must use a model of health. Here <i>hauora is being used as a synonym for health and wellbeing.</i> Hauora is a Māori philosophy of holistic wellbeing grounded in bodies of mātauranga unique to Aotearoa New Zealand. Here <i>hauora is being used to name a concept.</i></p>		

Explanatory Note 4

A model of health is a guide to understanding **hauora** according to aspects or dimensions of the model. Examples include: Te Wheke, Te Whare Tapa Whā, Fonua, Fonofale.

Here hauora is being used as a concept as we generally use a model explain a concept, but when the model of health is then applied to a health-related situation, the focus shifts to hauora being a synonym for health and wellbeing.

Explanatory Note 5

An **activity** refers to **an action or experience** that can result in a change to the **hauora** of an individual, community, or society. A model of health can be applied to reflect on the changes for those involved. Ākongā may refer to an **activity** that they have participated in, **or** they may refer to an **activity** that others have experienced. The activity and the reflection can relate to one or more Key Areas of Learning.

Here hauora is being used as a synonym for health and wellbeing.

Sample assessment tasks on the NCEA website

Note that these each present their own set of issues.

- **1.1A Matariki Ahunga Nui** –teachers will need to add an aspect of mental and emotional wellbeing such as the way engaging in cultural activities supports identity or social wellbeing, or add in a definite focus around nutrition to take it beyond being only a cultural activity this task covers requirements.
- **1.1B Hauora and the Pacific** – presented as a Pacific cultural activity this task fails to position the activity in MHEd, RSE or F&N – as required by EN2. This needs revision to show how cultural activities are sites for supporting identity or promoting social connection or a sense of belonging and connectedness - ie as a mental health ‘activity’ or experience.
- **1.1C Personal action and hauora** – this is the most straight forward of the sample assessment tasks as the framing locates the ‘activity’ in a mental health context (goal setting) right from the start. Note that if using this assessment much as is, students still need to work through a goal setting process in their learning programme (like in the old 1.1 standard) – and preferably in a MHEd or F&N context (NOT a physical activity context as this runs into the same problem mentioned above). The assessment then is the application of a model to the overall goal setting process to reflect on how working through the process impacted hauora and wellbeing. It is not the process of goal setting and implementation that is assessed as it used to be.

Recommendation for writing assessment tasks

Use the basic structure of the online assessment tasks to ensure the task instructions clearly relate to the wording of the AME criteria and ENs – but change ‘activity’ to ‘experience’ (especially for participatory based assessment) or name the health-related situation or context the students are applying the health model to.

- Make sure the health-related context is clearly named and identified in the task
- Give clear direction to the selection of a suitable health model
- Describe a variety of effects that the experience has had on your hauora (OR another person in the situation), using the model of health to guide your observations. Give examples from the experience to illustrate your points. (A)
- Explain why the experience affected your hauora (OR another person in the situation). Refer to a range of aspects (dimensions) of hauora and provide evidence to support your explanation. (M)
- Describe interconnections you have observed from the experience between the different dimensions of hauora and in relation to the model of health. (A)
- Explain why different parts in the model of health interconnected, in relation to the experience. (M)
- Draw conclusions about how hauora would be impacted in the short-term and also in the long-term because of the experience. Use evidence to support your ideas. (E)
-

The main problems with 1.2 (AS92009) Demonstrate understanding of decision-making in a health-related situation

- Trying to stretch a whole standard out of one isolated skill that then ends up partly reassessing hauora as a concept (1.1), the socioecological perspective (1.3), and decision making as a strategy (1.4) has been an ongoing frustration - with the most narrowly focused standard seemingly requiring the most explanation.
 - We shouldn't* be reassessing conceptual understanding of hauora in 1.2 by expecting all dimensions to be covered – *because that's assessed in 1.1*. Any mention of specific dimensions only needs to be relevant to the context/situation, and wellbeing can be talked to holistically.
 - We shouldn't* be reassessing conceptual understanding of the socio-ecological perspective – *because that's assessed in 1.3*. But a better-quality answer comes from covering at least two, if not all three of personal, interpersonal and societal factors impacting the decision. It helps students if they are prompted to cover P-IP-S in the task (and not just one of each but multiple examples of each – as relevant to the situation) but an assessment judgement cannot insist upon it.
- The confusion around the way 'hauora' is added into the EN1 statements is in effect duplicating ideas about health/hauora already inherent in the 'health-related situation' and the 'consequences' (for wellbeing). **Here hauora is being used as a concept of holistic health and wellbeing.**
- Lack of guidance around the scope and intent of 'significance' for M&E.
- The excellence task in online assessment samples does not adequately reflect the EN descriptor missing the point of the evaluation that needs to be 'drawing conclusions'.
- Key to success in this standard is that students need to have deep understanding of the many factors impacting the health situation that the decision-making focuses on. This goes well beyond simply teaching decision-making as a skill, but also teaching in depth about the MHEd, RSE or F&N topic.

HEALTH STUDIES 1.2 AS92099, Demonstrate understanding of decision-making in a health-related situation		
Achievement	Achievement with merit	Achievement with excellence
Demonstrate understanding of decision-making in a health-related situation	Explain decision-making in a health-related situation	Evaluate decision-making in a health-related situation
<p><i>Demonstrate understanding of decision-making in a health-related situation involves:</i></p> <ul style="list-style-type: none"> describing a proposed decision in response to the health-related situation, in relation to hauora, with reference to the factors and anticipated consequences of the decision. describing factors relevant to decision-making and possible consequences of a health-related situation 	<p><i>Explain decision-making in a health-related situation involves:</i></p> <ul style="list-style-type: none"> discussing why the factors and anticipated consequences are significant to the proposed decision Comment: if this is not well set up in the assessment task with the Achievement level response there is little to work with for Merit explaining how the factors and anticipated consequences interrelate to influence the proposed decision, in relation to hauora. 	<p><i>Evaluate decision-making in a health-related situation involves:</i></p> <ul style="list-style-type: none"> drawing conclusions about the significance of the decision-making in response to the health-related situation, in relation to hauora. <p>Comment: This is reasonable but it needs unpacking and prompting so students are not left guessing what is expected of them around the notion of 'significance' for both M&E.</p>
<p>Comment: The factors and consequences languaging across A&M get really convoluted. While this is a reasonable expectation in context of d-m, the wording of the criteria is problematic - <i>although it makes more sense if students map out some ideas in a d-m grid as a preparatory exercise before answering the</i></p>		

assessment task. Also, the factors and consequences ideas can become repetitive if students are writing about them overall, and then (re)selecting the ones specific to the proposed decision.

Explanatory Note 2

A health-related situation refers to a circumstance or a dilemma that requires a decision which can affect hauora. It can be addressed through the application of a decision-making process.

The health-related situation must occur in any of the Key Areas of Learning: Food and Nutrition, Mental Health, Relationships and Sexuality.

Explanatory Note 3

For the purpose of this achievement standard, a factor is a relevant circumstance, fact, or influence that is considered as part of the decision-making. Factors can be personal, interpersonal, and societal. ~~The nature of factors can be economic, social, cultural, lifestyle-related, political, or environmental.~~

Examples include:

- knowledge, beliefs, and values
- whānau relationships, vā, and peer pressure
- laws, iwi structures*, cultural norms, and media.
- economic, social, cultural, lifestyle-related, political, or environmental factors.

Comment: This EN is not well written given the way these ideas are used as part of understanding a socioecological perspective. *To date, no explanation of the intended meaning of 'iwi structures' has offered, or how this idea can be applied to MHEd, RSE or F&N. *The changes here are NOT official but may help with intended meaning.*

Explanatory Note 4

Consequences are the [health and wellbeing] outcomes and wider impacts of a decision. Consequences for health and wellbeing can be personal, interpersonal, and societal.

Comment: In context of d-m in Health Education 'consequences' are all about impacts on health and wellbeing.

Explanatory Note 5

For the purpose of this achievement standard, decision-making is a process that involves identifying and considering different factors and anticipated consequences to inform a proposed decision [that aims to enhance wellbeing].

Assessment tasks

2.1A A decision for Rawiri, 2.1B A fresh opportunity, 2.1C Relationship decisions

The familiarity of the d-m process means that many teachers are confident enough to develop their own scenarios for this assessment and it would appear few have used the sample tasks provided. **This is fine.** What is problematic is attempts to reword the task in ways that serve only to reproduce a decision-making model and not move students beyond this to make connections between the ideas presented in a d-m template. Students who only fill in a d-m grid or only reproduce the ideas in the grid in their answers often do not Achieve because the connections required between the factors and consequences were lost when these were left as separate and unconnected ideas lacking description or explanation.

Although we still think filling out a d-m template is a useful **preparatory exercise** to unpack the scenario provided with the assessment, and to help consider a range of ideas that **MAY be used** in the assessment, students need to be clear that they are **NOT simply reproducing all of the content in the template as their answer to the assessment.**

For example, **they do NOT need to give three options and the factors and consequences for those three options** (as is typical in a d-m template) – there is NO requirement in the standard to do this. To step up to M&E MOST focus needs to go on the factors leading to the decision made. What is also helpful for students to understand here – and this is where the Level 1 assessment rises above the level of simply filling in the template - is that the factors that are influencing the options NOT selected, can be reframed to endorse and support the factors leading to the decision that is made.

Overall there is a repeated lack of understanding that students are being asked to *describe factors relevant to decision-making and possible consequences of a health-related situation* – **NOT what are the options** in this situation.

What may help is requiring the students to put the decision to be made up front in the assessment (the 2nd bullet under achievement). So if they have worked through a d-m grid to map out some ideas to reach a decision, the way they answer the assessment then give most focus to the factors and consequences for that decision. They may still draw on factors and consequences that led to the decisions *not* made, but mainly to endorse the final decision that was made.

Also the idea of ‘significance’ needs deliberate teaching prior to assessment, and a prompt as a reminder to what is meant. That is that they need show deep understanding of the topic/situation based on evidence – that is the many P-IP and/or S factors that impact decision making **in this situation** and what is known about the consequences of actions. Significance is about the most relevant, the most important, the most influential, the most impactful etc and a deep understanding of the realities of the situation.

Also note that the excellence level task in these assessments is not a good reflection of the criterion – see [extended discussion below](#).

For excellence all the ideas below need to come together in a coherent statement. This may require some additional prompting, in addition to the overarching task instruction that is worded similar to the EN1 Ex bullet ‘drawing conclusions about the significance of the decision-making in response to the health-related situation, in relation to hauora’. Please do not separate these ideas into individual, disconnected tasks.

(1 st) drawing conclusions	<p>Think of ‘drawing conclusions’ as one or more of these ideas:</p> <ul style="list-style-type: none"> the insights gained from working through the decision-making process (in the particular content in the scenario) making a judgement(s) that consider the ‘facts’ (or evidence) of the situation and make claims about what is health promoting in this specific situation using the ‘facts’ (or the evidence) presented across the A and M responses to and make a logical summation about the health promoting purpose or nature of the decision making summing up making a statement up about what was learned from the decision-making process as a way to promote health and wellbeing (hauora)
(2 nd) ... about the significance	<p>Think of ‘significance’ as being what is most important in this specific context or situation and what is most relevant for promoting health/hauora?</p> <p>For example, if the context for decision making is substance use (alcohol or vaping etc), a bullying/harassment situation, an aspect of sexual decision making, or making healthier food choices (etc), students should be thinking about the broader health promotion messaging related to this specific topic/context. This is where some consideration of P-IP-S factors across A&M may provide depth and substance to what is ‘significant’.</p>
(3 rd) ... in response to the health-related situation	<p>.....and then obviously the decision being made needs to consider the specific context. Students need to show they understand something of the health context (topic) they are talking about, and they are drawing on learning in Health Education/Studies related to the context in the scenario.</p>
(4 th) and (finally – and obviously) hauora/wellbeing	<p>That the student is talking about hauora, <i>ie promoting health and wellbeing through making health-enhancing decisions</i>, should be self-evident. Hauora can be referred to holistically and/or in relation to specific dimensions. As already noted, this standard is not reassessing 1.1 (<i>hauora as a concept through the application of a health model</i>). A task cannot require all dimensions to be covered. A task that simply asks for or a response that (re)states how all dimensions are impacted misses the point.</p>

Recommendation for writing assessment tasks

Use the basic structure of the online assessment tasks but with some minor additions to attend to the issues highlighted above.

Ensure students know they *do not* need to give 3 options and cover factors and consequence for all options.

Also, give greater guidance around the idea of what is 'significant' and what to cover for excellence.

- describe the factors that you believe are relevant to [making a decision] the health-related situation, and the possible consequences that these factors present (A)
- describe the decision you believe should be made in the situation, with reference to the factors and anticipated consequences of the decision (A)
- discuss why the factors and anticipated consequences of your proposed decision are significant (M)
- explain how these factors and anticipated consequences interrelate to influence the decision (M)
- evaluate the extent to which the decision-making will affect hauora by looking broadly at the situation. You might think about short-term, long-term, personal, interpersonal, and/or societal impacts. (E)

NZHEA position statement - Relationships and Sexuality Education (RSE)

Thank you to all teachers, leaders, and students who responded to the national RSE surveys that the Education Review Office invited the sector to respond to. We expect to hear some initial findings and overall feedback about this RSE review from ERO before the end of the year.

NZHEA was one of many stakeholder organisations interviewed as part of the data gathering and review process. As we have (arguably) the strongest **curriculum teaching and learning** focus of all stakeholder groups and organisations (other than teachers and leaders actually delivering RSE in schools), we prepared an update of our RSE position statement to reflect what we represent and submitted the following to ERO.

New Zealand Health Education Association (NZHEA)

Position statement on Relationships and Sexuality Education in The New Zealand Curriculum

September 2024



Sexuality: *The World Health Organization defines sexuality as “a central aspect of being human throughout life [which] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”*

World Health Organization (2006) and referenced in the Ministry of Education Relationships and Sexuality Education Guide (2020)

NZHEA asserts that all students engaged in NZC-based learning from the HPE Learning Area have the right to learning about RSE that:

- Reflects and endorses the principles of the New Zealand Bill of Rights Act (1990) and the Human Rights Act (1993).
- Is grounded in evidence-based RSE-related topic matter that is relevant to the lives of the students, people in their communities that they may live, work and interact with, as well as people nationwide and worldwide.
- Is age appropriate and learning development appropriate and considers essential capabilities for learning such as literacy levels and the development of the capacity for critical thinking.
- Is grounded in critical constructivist approaches to teaching, not didactic transmission of fixed and prescribed knowledge (e.g. of one-size fits all messages – but noting the values-based nature of RSE learning indicated below).
- Recognises that all students who can engage in the process of learning can achieve in RSE in the NZC and that learning progress and achievement is not a judgement of their personal life circumstances, their behaviours, or their health and wellbeing status.

NZHEA recognises that the foundations for high quality RSE lie in Mental Health Education-related learning, particularly those contexts (or topics) related to: understanding the nature of hauora and wellbeing, identity, friendships and relationships and barriers to these, personal/self-management and interpersonal communication skills, and skills for contributing to collective/social action.

To support a critical understanding of RSE as a major context for learning in Health Education (as a NZC subject) students learn about RSE from a:

- **holistic wellbeing perspective** ie RSE is more than just sexual health, it is more than just relationships (etc) and considers an inter-related combination of ideas covering physical, social, mental and emotional and spiritual wellbeing (noting spiritual in this case is given a broad and secular meaning reflecting the secular nature of the NZC and New Zealand state sector schooling).
- **socio-ecological perspective** ie RSE considers the interrelatedness of self, others and society.
- **values-based perspective** ie RSE is grounded in the values of social justice and being fair and inclusive and respectful of diverse experiences of sex, sexuality and gender. RSE challenges values, attitudes, beliefs and behaviours that discriminate against others on the basis of biological sex, sexuality and gender.
- **critical action (health promotion) perspective** ie RSE learning includes developing students' capabilities (knowledge and skills) for taking action to promote the wellbeing of self, others and communities.

Topics covered in RSE in year level, age, and developmentally appropriate ways include:

RSE topics	Primary Years 1-8	Secondary Years 9-10
Sexual and reproductive health	<ul style="list-style-type: none"> • Naming body parts • Pubertal changes • Looking after the body 	<ul style="list-style-type: none"> • Revisiting pubertal changes (e.g. further information on menstruation and managing ongoing body changes for teenagers) • Conception and contraception • STI prevention
Healthy relationships	<p><i>[Mental Health]</i></p> <ul style="list-style-type: none"> • Friendships and wellbeing • Personal self-management and interpersonal communications skills • Treating others fairly • Consent – what others can do to us/what they can't and how to give or not give permission 	<ul style="list-style-type: none"> • The nature of healthy romantic or sexual relationships and how these contribute to wellbeing • Personal self-management and interpersonal communications skills • Sexual consent • Rights and responsibilities in relationships
Gender roles and stereotypes	<ul style="list-style-type: none"> • Challenging social norms about gender binary ideas 	<ul style="list-style-type: none"> • Challenging social norms related to gender and wellbeing • Media influences (advertising, social media) on sexuality and gender
Sex, sexuality and gender identity	<ul style="list-style-type: none"> • Diverse family structures • Being inclusive of everyone whether they are similar or different to us 	<ul style="list-style-type: none"> • Recognising a diversity of sex, sexuality and gender identities • Addressing homophobia, transphobia and other similar forms of discrimination
Cybersafety	<ul style="list-style-type: none"> • Being safe when using devices e.g. what to do if you see something online that is troubling. 	<ul style="list-style-type: none"> • (As related to) Being safe online and not giving away personal information, being socially responsible online (not cyberbullying); sending nudes; pornography; cybersafety legislation
Intersection of RSE with Mental Health topics	<i>Noted above</i>	<p>Connections of RSE with:</p> <ul style="list-style-type: none"> • Alcohol and other drugs • Body image

Notes: Secondary schools generally allow a maximum of one hour per week (or equivalent of this) for all Health Education teaching and learning across years 9&10. Many schools have less than this. As noted in

previous (R)SE guides a focus on sexual abuse needs to be taught outside the wellbeing focused approach to RSE.

Those students extending their learning about RSE (as listed above) at senior secondary level, in a specialised Health Education NCEA assessed course, may also learn about:

- The way the social determinants of health (the combination of political factors such as laws and who holds the power to make decisions, economic and social policy, and cultural/values-based factors) can explain sexual and reproductive health inequities, and what actions are needed to achieve more equitable health outcomes both in New Zealand and internationally.
- Power imbalances in relationships and the factors that perpetuate sexual harassment, abuse and violence, as well as the legalisation that can be used to protect and support people.
- A diversity of cultural factors that influence people's sexuality and gender identity and ideas about RSE (where 'cultural' factors covers any of ethnicity, religious, identity and interest groups, etc).
- Sex or gender specific health issues e.g. menstruation stigma and poverty, sexual health for males.
- Ethical questions and issues related to sexuality and gender e.g. reproductive technologies, trans athletes.
- Ways of promoting inclusive communities and models of practice or approaches needed to develop and sustain these.

Ideally, *senior students not taking NCEA Health Education* will have access to one-off classes or short courses covering key aspects of RSE content similar to years 9-10, but with 15–18-year-old application, and participate in whole school events that support and promote healthy relationships and inclusiveness of diverse identities.

NCEA data from 2023

NZQA annually publish data from the previous year's NCEA assessments in the form of **Secondary statistics consolidated data files** – the various versions of these files can be found at [this link](#).

The Standard Attainment data files can be downloaded as csv or Excel files. **Data provided is by standard only**. Note that this does NOT indicate *number of schools* offering Level 1-3 Health Education and Health Studies standards, nor does it indicate *how many standards were completed by each student*.

Using the **National data** the following summary is provided about the rates of AME achievement for each of the Health and Health Studies Achievement Standards. Data is also available by gender, ethnicity, region and equity index if teachers require a further breakdown of the data for comparison with their school.

Health Studies 2023 – noting this was the second year of piloting and represents about 13 schools

Standard	Health	Mode of assessment	Credits	Not Achieved	Achieved	Merit	Excellence	Cohort (N)
92008	1.1	Internally Assessed	5	16%	32%	31%	21%	266
92009	1.2	Internally Assessed	5	18%	22%	38%	22%	272
92010	1.3	Externally Assessed	5	7%	28%	41%	23%	216
92011	1.4	Externally Assessed	5	15%	19%	51%	14%	258

Health Education Level 1 (old standards – last year of use in 2023)

Standard	Health	Mode of assessment	Credits	Not Achieved	Achieved	Merit	Excellence	Cohort (N)
90971	1.1	Internally Assessed	3	14%	22%	41%	23%	5226
90972	1.2	Externally Assessed	4	12%	23%	33%	31%	913
90973	1.3	Internally Assessed	5	12%	27%	35%	26%	2735
90974	1.4	Internally Assessed	4	18%	29%	37%	17%	4261
90975	1.5	Externally Assessed	4	9%	28%	37%	26%	2711
91097	1.6	Internally Assessed	4	15%	23%	46%	17%	4577

Health Education Level 2

Standard	Health	Mode of assessment	Credits	Not Achieved	Achieved	Merit	Excellence	Cohort (N)
91235	2.1	Externally Assessed	5	6%	16%	46%	32%	2434
91236	2.2	Internally Assessed	5	19%	23%	38%	21%	4275
91237	2.3	Internally Assessed	5	19%	20%	36%	25%	3806
91238	2.4	Externally Assessed	4	10%	22%	45%	24%	607
91239	2.5	Internally Assessed	5	22%	22%	33%	24%	3825

Health Education Level 3

Standard	Health	Mode of assessment	Credits	Not Achieved	Achieved	Merit	Excellence	Cohort (N)
91461	3.1	Internally Assessed	5	22%	21%	36%	22%	3967
91462	3.2	Externally Assessed	5	5%	24%	38%	33%	1837
91463	3.3	Internally Assessed	5	23%	23%	35%	19%	4041
91464	3.4	Internally Assessed	4	23%	21%	33%	22%	3842
91465	3.5	Externally Assessed	5	9%	31%	35%	25%	255

If interested, data in these files is available for 2014-2023 and for all NCEA subjects, as well as many NZQA unit standards. It is a HUGE file!

Ways of using these data:


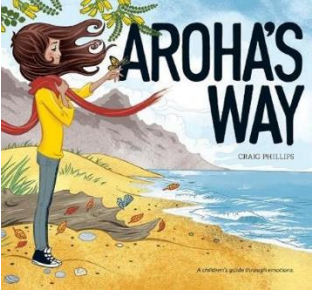
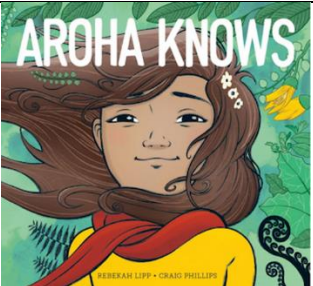
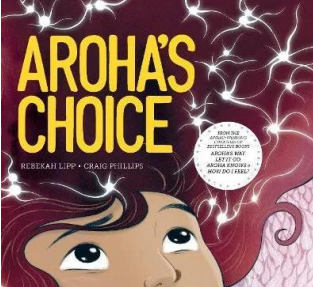
- If your school is invested in making national comparisons to get a sense of how well your students are doing in their NCEA achievements, this type of data useful for that process. *Note that you can use your school's login to access the NZQA database and make many different sorts of comparisons with other schools and NCEA datasets.*
- Additionally, your school may require you to set annual achievement goals or targets. Working out what is realistic can be a challenge so national data may provide guidance around what is reasonable when considering the cohort of students at your school.
- Producing your own department/faculty tables of data like this may also be useful (or a requirement) for your annual reporting to the principal and board.

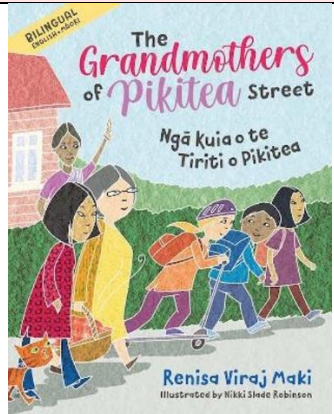
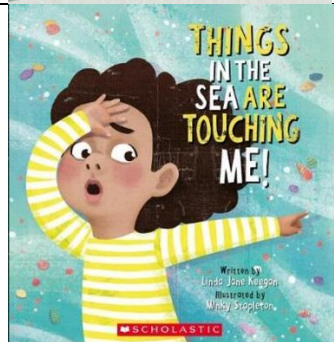
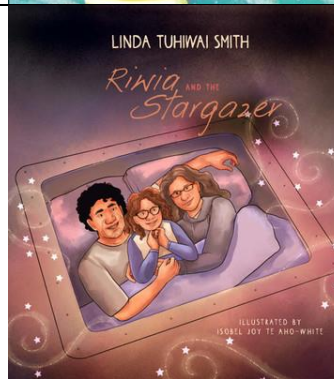

More health and wellbeing themed books for primary schools – which are also good for secondary students

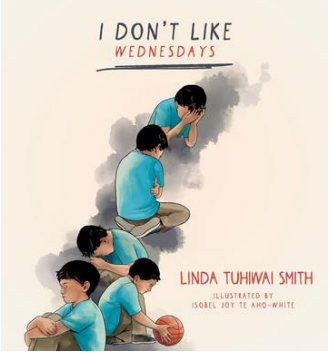

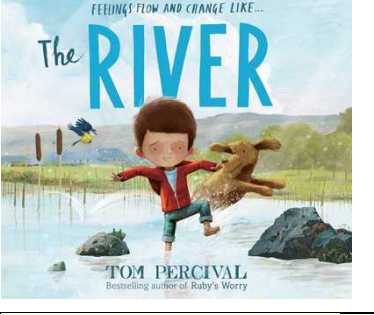
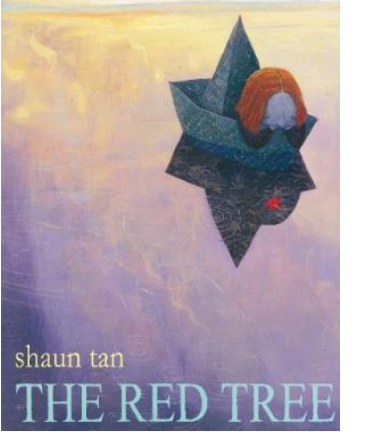
There are MANY children’s books with health and wellbeing themes written for children and teenagers.

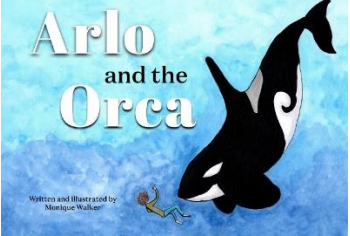
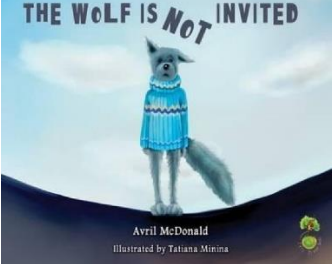
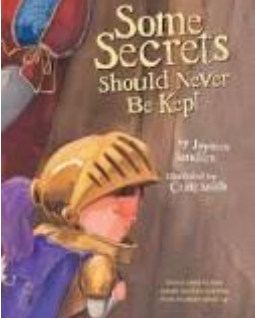
- With ever more focus on literacy at **primary** levels, think of the way health and wellbeing themed books could feature in a literacy-focused learning programme.
- Children’s book titles can still be used at **secondary** level as discussion starters around wellbeing issues and contexts, or as a source of inspiration for ways to create learning artefacts (ie a type of book) to show learning. Also think about keeping a small collection of children’s book titles in your Health Education library (or ask the school librarian if this can be done in the school library) as quick-read offerings for students who may benefit from some simple but impactful messaging around health education-related issues.

Some of these titles have featured in past newsletters but it’s always good to be reminded of the standouts. A mixture of New Zealand and international titles is provided.

<p>Oat the Goat</p> <p>Link to all digital materials (includes reading of the book) at BullyingfreeNZ</p>	<p><i>“Oat the Goat is an online digital animated story book which helps children see the surprising power of kindness. Oat the Goat helps you talk to the children in your classroom about the choices they have when they see someone being bullied – Should they laugh? Ignore them? Or include and be kind to them? Oat the Goat shows that being kind always wins in the end. It’s designed for 4–7-year-olds but may suit other age groups.”</i></p>	
<p>Aroha’s way - A Children's Guide through Emotions</p> <p>By Rebekah Lipp and Craig Phillips See the Wilding Books website</p>	<p><i>“This beautiful picture books takes children on a journey through emotions associated with anxiety and shows simple yet effective ways to help manage them. Aroha shows children a tool that she uses for each emotion which includes movement or exercise, belly breathing or diaphragmatic breathing, mindfulness and connecting with others and sharing our worries.”</i></p>	
<p>Aroha Knows</p> <p>By Rebekah Lipp and Craig Phillips</p>	<p><i>“A story about the power of nature. Aroha knows that nature is there for you and for me. Spending time out in nature makes her feel all kinds of wonderful emotions. Throughout Aroha Knows, Aroha and her friends experience our amazing world, and this picture book explores how it can benefit our wellbeing.”</i></p>	
<p>Aroha’s Choice</p> <p>By Rebekah Lipp and Craig Phillips</p>	<p><i>“Our brains are like supercomputers that help us make sense of the world we live in. They help us think, learn, and do all sorts of amazing things. In this story, Aroha learns that she can create pathways in her brain to lead her to different outcomes. It is all about what thoughts she chooses to focus on. The more we practise noticing our thoughts and ensuring we have plenty of good ones, the stronger these pathways will become. Pathways that we create using good thoughts will lead us to a happier and more content life.”</i></p>	

<p>The Grandmothers of Pikitea Street</p> <p>By Renisa Viraj Maki, Nikki Slade Robinson, and Kanapu Rangitauira</p>	<p><i>“Scents of lemongrass, baking and smoked meat drifted down the street as the children’s grandmothers made food for their lunchboxes. Māori, Ethiopian, Samoan, NZ European, Indian and Chinese grandmothers share traditional stories and recipes with their grandkids.”</i></p>	
<p>Things in the sea are touching me!</p> <p>By Linda Jane Keegan Illustrated by Minky Stapleton</p>	<p><i>“It is a diverse and inclusive picture book of a family with two mothers, covering themes such as diversity, ocean ecosystems, holidays, and fear of the unknown.”</i></p> <p>See various YouTube readings of this title and NZ specific teaching and learning materials at this link.</p>	
<p>Riwia and the Stargazer</p> <p>By Linda Tuhiwai Smith</p> <p>Linda is known in academic circles as one of New Zealand’s leading Māori academics. These stories are inspired by her research.</p> <p>See also see other titles below by this author.</p>	<p><i>“Since he was born, Riwia’s baby brother, Tawa, has been in Auckland Hospital, and his family has come to stay in Auckland. While Riwia goes to school and Dad works as a cook, Mum stays with Tawa. Their Aunty Sue’s house is full, and renting is expensive, so Riwia and her parents live in a van, the Stargazer, in the park. Sometimes it’s scary at night when people shout at them in the park, but the weekend is good when they go to Aunty Sue’s and Dad cooks a boil-up and they all have a shower. But Tawa is getting sicker, and he dies. The family travels back to Te Teko, taking Tawa to the marae for his tangi and burial. Riwia learns about the journey Tawa’s spirit will make to farewell Aotearoa and join the waka of stars that gathers the spirits of the dead. And at Matariki, the family remembers Tawa and gathers to see his spirit burning brightly as a star.”</i></p> <p>You can read about or listen to a 2023 RNZ interview with the author about this book series.</p>	
<p>I Am a Little Voice</p> <p>By Linda Tuhiwai Smith</p>	<p><i>“A little boy experiences family violence and physical abuse, and he turns inwards and is unable to express his feelings and sadness. Gradually, through the help of his nan, his cousin, uncle and a child psychologist he rebuilds his self-esteem and begins to find happiness again and regains a sense of who he is and where he belongs. As he feels people’s love and their belief in him, his inner light warms and grows. He finds he can do things, feel joy again and connect with people.”</i></p>	

<p>I Don't Like Wednesdays</p> <p>By Linda Tuhiwai Smith</p>	<p><i>"I Don't Like Wednesdays is about a young boy learning to cope with his grief after his older brother, Apa, dies on a Wednesday. The boy was very close with Apa, and his death leaves the boy with a mix of feelings and lots of questions. With the help of his community, family and school, the boy begins to understand his brother's suicide, and his own emotions. The story gently explores the challenging situation in an understated manner, with simple language and from the boy's perspective in a way that children will understand. It shows how relationships and connections to those around us support us and can help us find ways to manage difficult times."</i></p>	
<p>Te Wai, Tama and the Moon</p> <p>By Linda Tuhiwai Smith</p>	<p><i>"Te Wai's mum is seriously ill, and Tama's mum struggles to make ends meet, but Te Wai's got a big imagination and is determined to make the day better. The friends plan a trip to the moon, and they wait at the bus stop for the spaceship. Each time the bus arrives, someone they know gets off, and they share something to eat with the children while they wait, and Tama and Te Wai help them with the steps and heavy bags. That evening, Aunty Cherrie takes them in her little red 'spaceship' car to look at the stars and tells them how people's spirits become stars when they die. Te Wai understands this will not be long for her mum. Some days later, her tangi takes place, and Te Wai is surrounded by the caring support of her whānau, her community and Tama."</i></p>	
<p>The River</p> <p>By Tom Percival</p>	<p><i>"An exquisite, thought-provoking book to help children understand the idea of ever-changing emotions. Rowan loves the river; it's just like he is. On some days, it's quiet and calm, on others it's light and playful, and then there are the days when it roars along, wild and angry. But when Rowan goes through a particularly difficult winter, the river freezes – just like Rowan. Can Rowan find a way to release his frozen feelings, and allow the river to flow freely once more?"</i></p>	
<p>The Red Tree</p> <p>Written and illustrated by Shaun Tan</p> <p>See images from the book on the authors website</p>	<p><i>"The Red Tree is a story presented as a series of distinct imaginary worlds, self-contained images which invite readers to draw their own meaning in the absence of any explanatory narrative. As a concept, the book is inspired by the impulse of children and adults alike to describe feelings using metaphor - monsters, storms, sunshine, rainbows and so on. Moving beyond cliché, I wanted to paint images that would further explore the expressive possibilities of this kind of shared imagination, which could be at once strange and familiar. A nameless young girl appears in every picture, a stand-in for ourselves; she passes helplessly through many dark moments, yet ultimately finds something hopeful at the end of her journey."</i></p>	

<p>Arlo and the Orca</p> <p>Written and illustrated by Monique Walker</p>	<p>This is a Mental Health Foundation recommendation: <i>“A children’s picture book that tells the story of a young boy named Arlo and his journey to understanding grief. Inspired by the author’s own experience of grief, Arlo and the Orca is the story of Arlo, who is struggling to understand his grief after the passing of his grandfather. While it is not explicitly stated, it is implied that Arlo’s grandfather has died by suicide, but the details of his death are not discussed.”</i></p>	
<p>The wolf is not invited</p> <p>Avril McDonald, Illustrated by Tatiana Minina</p>	<p>This is another Mental Health Foundation recommendation: <i>“These are a series of illustrated children's picture books, aimed at 4-7-year-olds, designed to help children deal with confidence issues, change, loss and grief, managing anxiety and fears, bullying and worries.”</i></p>	
<p>Jayneen Sanders</p> <p>Illustrated by Craig Smith (Australian)</p>	<p><i>“Sir Alfred has a terrible secret. A secret that should never ever be kept. But who will poor Arthur tell? Who can he trust? ... This book was written to provide children with essential skills in self-protection, and to encourage them to always speak up.”</i></p>	

Suggested professional readings and webinars

From The Education Hub

Professional readings and webinars – note you need a paid membership of \$60 to access webinars – check if your school has a subscription or think about using your department funds to purchase an annual membership.

- [Prioritising wellbeing in schools](#) by Dr Chris Jenson
- [Using cognitive load theory to inform teaching and learning](#) Dr Greg Ashman – note that this is an aspect of the Science of Learning that features with the government’s education priorities.
- [Unschooling and self-directed education](#) by Dr Naomi Fisher
- [Gender affirmation and why it is important for all students](#) Dr Ampersand Pasley
- And given the popularity of Professor Russell Bishop’s books *Teaching to the Northeast* and *Leading to the Northeast* a reminder about the webinar [Teaching and leading to the north-east](#).