Health Education NCEA LEVEL 2

Handbook for teachers

NZHEA
NZ HEALTH EDUCATION ASSOCIATION

NEX
NETWORKS OF EXPERTISE

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Health Education NCEA LEVEL 2: Handbook for teachers

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NZHEA website https://healtheducation.org.nz/

The materials in this resource are a (re)compilation of:
NZQA and Ministry of Education assessment materials, recent NZHEA newsletter articles, NZQA reports and updates, and various NZHEA planning and PLD materials (including the previous Year 12&13 NCEA guide from 2012, and the PLD PPTs from 2022).

Efforts will be made to update this resource annually if/where required.

Updates for 2026
- **RAMP** (Review and Maintenance Programme) *– No changes for 2026*
- **Moderation report** – guidance on AS91236 (managing change)
- Note that the changes to the new Year 0-10 HPE curriculum have NO implications for these Achievement Standards which were developed from the NZC (2007). This will remain so until they expire and the Phase 5 Health Education curriculum and the new assessment system is implemented.

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Introduction

Scrolling though the NZHEA archive it was apparent that the last time NZHEA produced a guide for NCEA Levels 2&3 was 2012. Our resourcing focus in recent years has been to support the introduction of Level 1 Health Studies – *short life we now realise that 'subject' will have*.

While it feels like we've been constantly resourcing Health Education for Years 12&13 (and NCEA Levels 2&3) in various ways with our Networks of Expertise funding, we are reminded - on occasion - *that this material is spread across many different sources.*

These (separate) NCEA Level 2 and Level 3 Handbooks are a compilation of everything we have that is (still) current. As a compilation from multiple sources it is a little unevenly written and formatted and, as a resource with a short shelf life, we have not invested in any substantial editing – *which is by way of an apology for the odd typo.*

Please note that within each Achievement Standard section we have tried to keep a similar format, albeit that internal and external assessments require some different consideration. There is some repetition within sections where we have reproduced a newsletter article for example, but for coherence we have left these items intact and not deleted repeated material.

The introduction section is much the same for each volume, with only a few level-specific differences.

September 2025

Why produce this resource now?

With the announcement mid 2025 of a new senior secondary assessment system we know there are substantial changes ahead. These changes will affect both the senior curriculum as well as the current NCEA system. However, the current NCEA standards and Levels 6-8 of the New Zealand Curriculum (2007) that these standards draw from, still need to keep us going for another few years. The proposal is as follows:

Year level	Qualification	Year of implementation	At the time of revising this resource at the beginning of 2026, that means (including the current year) there is another …
Year 11	Foundational Award	2028	2 years of NCEA Level 1 Health Studies standards
Year 12	New Zealand Certificate of Education	2029	3 years of the Level 2 Health standards
Year 13	New Zealand Advanced Certificate of Education	2030	4 years of the Level 3 Health standards

… unless other changes are made in the interim!

So the answer to *why now* is simply that we still need to keep breathing life into standards which will be close on 30 years old by the time they are replaced by a new qualification, noting that with few changes to the HPE learning area between the 1999 and 2007 curriculum statements, many of the original Achievement Standards from the early 2000s had little change with the alignment of standards to the NZC 2007. Most are that old!

Periodically the RAMP (Review and Maintenance Programme) has made minor changes to the standards and although regular submissions are made about further possible changes, it is not expected than anything substantial (if anything) will be changed at this time, unless anything is deemed no longer fit for purpose.

Purpose of this handbook is to provide some reminders and common messaging around the:

- Ways the NZC 2007 underlying concepts are still essential for framing and 'levelling' NCEA standards
- NCEA related information common across all standards
- Principles of internal and external assessment marking
- Importance of literacy

For each Achievement Standard there is:

- An overview of the deliberate acts of teaching needed to develop essential knowledge
- Pointers about the standards to aid understanding and intent
- [*For internally assessed standards*] Pointers about the wording of assessment tasks
- An indication of useful sources of information and teaching materials
- Advice and guidance specific to the standard related to the above points, gleaned from several years of supporting teachers

For reference, the Level 2&3 Achievement Standards that Health Education will continue to use are as follows:

Level 2		Level 3	
AS91235	**2.1**	AS91461	**3.1**
Analyse an adolescent health issue.		Analyse a New Zealand health issue.	
5 credits	External	5 credits	Internal
AS91236	**2.2**	AS91462	**3.2**
Evaluate factors that influence people's ability to manage change.		Analyse an international health issue.	
5 credits	Internal	5 credits	External
AS91237	**2.3**	AS91463	**3.3**
Take action to enhance an aspect of people's well-being within the school or wider community.		Evaluate health practices currently used in New Zealand.	
5 credits	Internal	5 credits	Internal
AS91238	**2.4**	AS91464	**3.4**
Analyse an interpersonal issue(s) that places personal safety at risk.		Analyse a contemporary ethical issue in relation to well-being.	
4 credits	External	4 credits	Internal
AS91239	**2.5**	AS91465	**3.5**
Analyse issues related to sexuality and gender to develop strategies for addressing the issues.		Evaluate models for health promotion.	
5 credits	Internal	5 credits	External

1. The HPE Underlying Concepts

The following framework is originally from the NZHEA resource *Understanding the Underlying Concepts in Health Education: A New Zealand Health Education Association position statement to support teaching and learning in The New Zealand Curriculum* (2021).

	NZC Level 6 (NCEA Level 1)	NZC Level 7 (NCEA level 2)	NZC level 8 (NCEA Level 3)
	Year 11	Year 12	Year 13
Hauora	• Students are able to apply all dimensions of hauora and wellbeing, described by te whare tapa whā, to a wide range of different health and wellbeing contexts, and explain how these dimensions are interconnected. They show clear understanding of the need for balance between and across the dimensions. *NB. The spiritual wellbeing dimension is now well understood and students can confidently express ideas related to this dimension.*	• The progression to levels 7&8 of the curriculum is shown through a holistic understanding of hauora and this is evident in all student learning artefacts. While students may still unpack and explore health and wellbeing contexts in relation to the dimensions and the inter-relatedness of these, for assessment purposes and when making judgements about level of achievement, the expectation is that a holistic understanding of wellbeing can be 'read' into student learning artefacts, without them explicitly stating it like they have at lower levels of the NZC. • Students may also be exploring other theoretical, indigenous and cultural models of health and wellbeing to variously compare and contrast the features of each, evaluating their relevance and application to particular wellbeing contexts, and for specific populations.	
Socioecological perspective (SEP) See further discussion following	• Most focus is on detailed understanding of the personal and interpersonal considerations of health and wellbeing issues with a basic understanding of the way community/societal factors are implicated or feature in wellbeing issues (e.g. media, culture, laws, helping agencies, community resources).	• The learning focus is an overall view of the inter-relatedness of the personal/individual, interpersonal, and community/ societal aspects of an issue. • Some evidence is used to support these ideas. It may not be the most critical data related to the issue but achievement shows these ideas are in development.	• Most focus and emphasis is on the broader societal consideration of issues. Any considerations of interpersonal/others and individual/personal are in relation to those broader societal understandings. Where relevant to the topic, consideration of the social determinants of health feature. A strong (critical) evidence base using quantitative and quantitative data adds to these SEP understandings.
Health Promotion (HP)	• Health promoting actions suggested for a range of issues reflect the SEP understanding noted above. Students can name skills used for promoting wellbeing at a personal and interpersonal level, and identify community/society structures and organisations that could support wellbeing in a range of contexts. • Individually students are able to use data to decide a personal wellbeing goal and design an action plan to achieve this goal, implement the plan and evaluate the process and impact of their actions.	• Health promoting actions suggested for a range of issues reflect the SEP and show basic understanding of how these actions need to target the factors that caused or influenced the issue in the first place. • Working in groups students use data to decide a (school) community wellbeing goal and design an action plan to achieve this goal, implement the plan and evaluate the process and impact of their actions.	• Students learn about models of health promotion (e.g. charters framed around sets of principles, models developed from academic theory and research, and indigenous models) as way to understand the approaches to health promotion that are more effective, and more applicable to particular contexts. They learn to analyse current health promotion campaigns and design health promotion approaches for their (school) community in consideration of these models. See the AS91465 (Health 3.5) section for more details.
Attitudes and values (A&V)	• Most focus on attitudes and values is around ideas to do with respect, and care and concern for self and others, and community/society.	• Ideas to do with respect, and care and concern for self and others are embedded across all learning.	• The values of social justice are embedded across all learning. • Most focus is given to attitudes and values linked with ideas about inequity and how and

	• Ideas about fairness feature in relevant contexts as do ideas about inclusiveness.	• The values of social justice become a key focus for learning especially those values related to inclusiveness and non-discrimination. These are explicit among the health promoting actions recommended for addressing issues studied.	why some people do not have the same experience of health and wellbeing as others. These ideas are most visible when explaining the factors that influence health and wellbeing issues, and the actions needed to achieve more equitable health and wellbeing outcomes for all people. • Students also show an introductory understanding of thinking ethically and using ethical principles to explore different perspectives on issues.
OVERALL	• Students are learning about issues that have relevance for them as adolescents. They may not have personal experience of the issues integral to the topics studied, but they are issues relevant for people their age, in their community, and in New Zealand. • They are able to think critically about all topic material studied using the structure and direction provided by learning activities. They can respond to critical thinking questions like: who is advantaged (who benefits) and who is disadvantaged, or what is fair and unfair about situations and why? What can be done to improve wellbeing in this situation?	• Students are considering issues that have relevance for them as well as issues beyond what is immediately familiar, but still applicable to school-aged adolescents - both locally and nationally. • They are able to think critically and more independently about all topic material studied which is shown in their ability to apply the underlying concepts in valid and relevant ways. They are able to respond meaningfully to a range of critical thinking questions to analyse situations, and to consider in more depth why or how wellbeing situations arise, what sustains them, and what can be done to improve wellbeing. • Across all learning there is clear evidence that they have an understanding of the four underlying concepts.	• Students are considering issues beyond what is immediately familiar to them - both nationally and internationally. • They are able to think critically and independently about all topic material studied which is shown in their ability to see issues from multiple perspectives, use ethical principles to illustrate how people think and understand issues differently, and critically analyse and evaluate situations. • Across all learning there is clear evidence that all four underlying concepts have come together and that these are being used to frame and shape their learning about health and wellbeing topics.

With the socioecological perspective being all-important for NCEA assessments, the following pages provide a more detailed explanation of this concept, and how/ where consideration of the (social) determinants of health feature.

- The socioecological perspective (SEP) as a foundation concept
- The determinants of health (DoH) as a general idea
- The social determinants of health (as an all-encompassing idea interconnected) NCEA Levels 1-3

Socioecological perspective (SEP)

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

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

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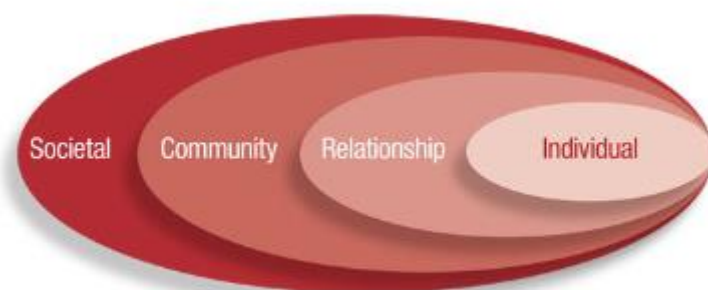

Figure 1.2. The Social-Ecological Model: A Framework for Prevention

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

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

NCEA Level 1	NCEA Level 2	NCEA Level 3
A basic understanding of the SEP and the way personal, interpersonal and societal aspects of a situation (the influences or the strategies) is required. Also required are some basic examples of how P-IP-S factors might interconnect – how one helps another, or how several factors together may compound a situation – for better or worse. That something is P-IP or S should be self-evident to the person reading a student response, and students should be able to identify examples of P-IP-S in a sample of text or video. Societal factors need only relate to obvious and Year 11 familiar ideas like media, advertising, cultural views, laws (for example).	The SEP dominates level 2 understanding of health contexts. There should be a balance of ideas across P-IP-S. There should be some consideration of the evidence (ie examples) to support claims to something being P-IP-S. The basic determinants of health political, economic cultural/social norms and social environment (physical environment doesn't feature in many Level 2 context) **can be introduced but there is no specific requirements for this**. Avoid forcing the DoH to fit where it doesn't. It's more important that students have a good understanding of the SEP and can apply that to influences and strategies and see how it all connects.	The SEP still features in various ways across most Level 3 standards, although it may have other ideas added to give it more focus – the determinants of health being one such example. Think of the DoH as providing a sort of evidence base for the SEP. For 3.1 the shift to 'factors' is simply intended to give more scope for topics and issues where the DoH are not a neat fit, and where issues of economic inequity in particular are not really a feature e.g. some gender issues, social media etc. which are dominated by culture/social norms and perhaps legislation that does or does not regulate the situation, and a range of other social factors. Although it is still expected that most Level 3 factors will be dominated by societal factors of some sort, it is most important that students base their ideas on **what the evidence shows** so it's not a matter of forcing something like the DoH onto an issue, but looking at the evidence and asking what are the main P-IP and (especially) S factors at play here? Some may incidentally be related to DoH ideas but whether they are or aren't, is not the point.
Ideas for classroom teaching and learning Once a basic understanding of what is meant by P-IP-S is established, provide plenty of practice recognising P-IP-S influences in written text, photos and video. Learn about P-IP strategies and what to apply is which situation and include some consideration of how P and IP skills can be used to help create healthy and safe communities, as well as strategies communities/society' can use to help individuals.	**Ideas for classroom teaching and learning** As for level 1 with more emphasis on evidence - drawn from the source material - and how things interconnect. Optional – develop a basic understanding of the DoH list and then using images and short pieces of video or short news articles, identify which DoH might be present and why.	**Ideas for classroom teaching and learning** Reiterate Level 1-2 SEP understanding and then .... See DoH ....

***Factors** are just 'things' – which in a HEd context means *things* like, personal, interpersonal and societal influences or strategies. Factors may include specifically named DoH, or they may not.

NCEA progression

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

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

Determinants of Health (DoH)

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

Unfortunately our older Health Education resources that featured the DoH such as *Social Issues: Alcohol, Taking Action: Making Meaning Making a Difference*, and the ESA (later Learn Well) study guides and workbooks all contain material that has become dated in its approach.

As a first port of call for DoH understanding, the World Health Organization (WHO) website (see extract below) is recommended https://www.who.int/news-room/questions-and-answers/item/determinants-of-health but note there is a need to 'unpack' what they list *as the **social and economic environment*** to draw out ideas around the way polices and cultural norms all contribute to this. Note also that the terms 'determinants' and 'factors' tend to be used interchangeably in the literature.

The 'separate' determinants (or factors) – *not that they should be thought of separate but to help students develop their knowledge we need to start somewhere* are:	Implications for Health Education
a) Social and economic determinants • Economic factors • Political factors • Cultural factors (or social norms) • Social environment factors (or psychological or psychosocial environment)	**This is the main focus for health education** because these are the factors (the determinants) that can be changed through political and social action to being about improved health outcomes. Note that the **'social determinants of health'** overview below combines these *social and economic determinants* with the *personal determinants* below.
b) Physical environment determinants	These only have occasional relevance for health education when the topic for investigation or study includes consideration of safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. *Don't confuse this with the social environment.*
c) Personal determinants • Genetics and factors like age and biological sex • Lifestyle choices	These determinants can be mentioned in topic relevant ways, but they need to be understood as not being the most useful focus if looking for actions to improve the health of population groups because: • Things like genetics, age and biological sex cannot be changed so it is a matter of working with these and changing factors that can be changed ie the social and economic determinants. • People's lifestyle 'choices' are, often as not, determined by the broader social and economic factors above. That is, form many people and in many health-related situations, 'choices' have often been made for people based on their social and economic situation.

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

Where things have become a little confusing is around some of the more contemporary usage of terminology (compared to older resourcing from the early 2000s), especially around the term 'social determinants of health'. The older list of individual DoHs treated the 'social determinants' as one type of determinant on a list with others like political, economic, cultural and environmental factors.

However, more recently the term 'social determinants' has been used as the umbrella term for all determinants and to show how they all interconnect (see some diagrams following). **So it is suggested a term like 'social environment' is used if referring to individual determinants** as its not talking about the whole interconnected nature of the social determinants of health as an overarching framework. 'Social environment determinants' on the list of individual DoH is referring more to ideas like social inclusion, social cohesion, and the quality of social interactions between people in the workplace and in communities, how safe and supportive or how stressful the environment is.

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

NCEA Level 1	NCEA Level 2	NCEA Level 3
No requirement to teach DoH and no NCEA expectations.	Introduction of ideas is optional – but this is NOT a requirement and DoH understandings are not a requirement of Level 2 NCEA. Note that the 2.2 (changes/resilience) EN mentions it as an example of the way excellence may be shown but unless the change situation is impacted by something like poverty, the DoH do not apply here. Do not force the DoH to 'fit' learning for this standard.	Understanding the DoH is essential for **3.2 international health** issue because these situations require understanding the big picture. Realistically, students only need to respond with individual DoH in the exam. However, if the topic is something like poverty (as had been the case for several years), it helps to understanding how all the DoH fit together which is where the big picture and interconnected understanding of the DoH – as the social determinants of health - help (*or confuse – it is complex*)! For **3.1 NZ health issue** the DoH are optional – **they can still be used where the evidence shows they apply**, otherwise a broader understanding of SEP factors (which may mor may not reflect the wording used in a list of the DoH) can be used.
	Ideas for classroom teaching and learning Build on and extend L1 ideas in more focused topic specific ways. Introduce the DoH list as formal learning and use photos and short videos to identify DoH examples in general, mainly as a way to further illustrate the societal level of the SEP.	**Ideas for classroom teaching and learning** (Re)introduce and build on the DoH list as formal learning and use photos and short videos to identify DoH examples. Clarify what is and is not intended by each DoH – see below. Focus the learning on the topic/context for study and use a variety of source material to practice extracting information about the DoH as well as practice using evidence from the source material to back up claims as to why they say a [named] DoH is influencing the issue, and how it is affecting health of the population/group.

Clarifying the intent of the DoH

We need to shift toward more contemporary framing at some point **but** until we have a new curriculum and standards, there's little mechanism to shift and change this understanding - *at the moment*.

World Health Organization (2025) [with annotations in blue for Health Education purposes]

The determinants of health include:

- **the social and economic environment**, [Noting the economic environment is heavily shaped by the political environment and how that is responsible for economic policy, and the social environment is shaped extensively by cultural attitudes, values and beliefs ie 'social norms', as well as the way these values then feature in social policy – who is included and can participate in society, and who is marginalised or even excluded from society.]
- **the physical environment**, [see below] and
- **the person's individual characteristics and behaviours**. [Personal and lifestyle determinants – we can't change people's genetics so a focus on personal characteristics doesn't hold much hope for improving health outcomes without the technology (yet) to do that, and 'lifestyle choices' are often severely limited by a person's social and economic environment as the comment below indicates.]

The context of people's lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. **These determinants—or things that make people healthy or not—include the above factors, and many others** [thinking about the ways a combination of political, economic, and cultural factors in particular contribute to many of these, such as]:

- **Income and social status** - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- **Education** – low education levels are linked with poor health, more stress and lower self-confidence.
- **Physical environment** – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health.
- **Employment and working conditions** – people in employment are healthier, particularly those who have more control over their working conditions
- **Social support networks** – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- **Health services** - access and use of services that prevent and treat disease influences health
- **Gender** - Men and women suffer from different types of diseases at different ages. [Although this seems to be talking about differences in biological sex, not socially constructed gender, for example reproductive health is based on reproductive biology which is obviously different for people who are born male or female.]

https://www.who.int/news-room/questions-and-answers/item/determinants-of-health

Social Determinants of Health (SDH)

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

> **World Health Organization (2025)**
> Social determinants of health – **broadly defined as the conditions in which people are born, grow, live, work and age, and people's access to power, money and resources – have a powerful influence on health inequities.** These are the unfair and avoidable differences in health status seen within and between countries. [Which explains why we say to save the SDH only for health topics and issues where matters of poverty feature – ie social and economic inequity.]
>
> **At all levels of income, health and illness follow a social gradient:** the lower the socioeconomic position, the worse the health. People who have limited access to quality housing, education, social protection and job opportunities have a higher risk of illness and death. Research shows that these social determinants can outweigh genetic influences or healthcare access in terms of influencing health.
>
> Addressing the social determinants of health equity is fundamental for improving health and reducing longstanding inequities in health. It requires action by all parts of government, the private sector and civil society.
>
> https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

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

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

NCEA Level 1	NCEA Level 2	NCEA Level 3
No requirement to teach SDH and no NCEA expectations.	No requirement to teach SDH and no NCEA expectations.	**Include only if there is a need to explain the complexities of poverty-related issues** (ie social and economic inequities that lead to poor health) and even then, what students write about in their assessment – 3.1 NZ health issue where DoH/SDH are relevant (such as child poverty and health, impact of housing on health, the relationship between [named] disease and poverty), or 3.2 international health issue (such as the relationship between poverty and life expectancy, a named disease, or sexual and reproductive health) will likely reflect more the basic list understanding of the DoH – for Achievement at least. *Poverty is quite a hard topic in general, and especially when it is then applied to a specific health situation! It requires piecing many cause and effect ideas together to paint an overall picture – see diagram following.* For some health issues, the step up to an indepth or perceptive answer for merit and excellence is often enhanced by understanding how the factors interconnect and how inequities in one area compound the effects of inequities resulting from other factors.

| | | If an examination should ever give students scope as to how they approach the determinants it still pays to approach the answer using those overarching ideas about the SDH that map onto the basic DoH list ie those ideas related to the **(un)equal distribution of money, resources, and power**, need to stay at the forefront of an examination response (the left-hand side of the framework shown below). In other words, students need to keep the focus on decisions made and actions taken at governance (political) level about social and economic policy, and the values (social norms) that are integral to these. |
| | | **Ideas for classroom teaching and learning**

Map aspects of a SDH diagram or framework to a topic specific text, video or photograph.
Also, previous 3.2 exams from around 2020-2024 that had a poverty focus could be used as teaching resources. |

Think about how the health impacts of living in poverty and the cyclic nature of the causes and effects of poverty (shown in the poverty cycle diagram and noting there are many versions of this online) can be explained by the SDH, and vice versa.
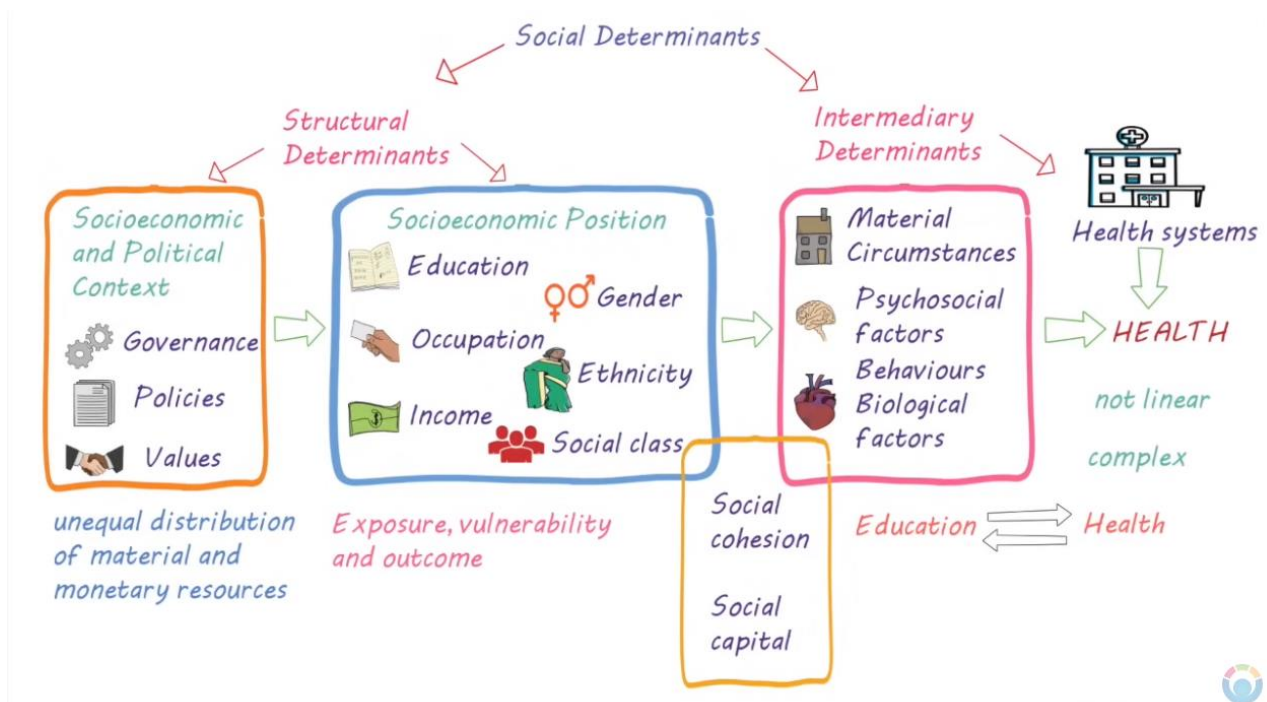

SDH screenshot from the video by Let's Learn Public Health - *What Makes Us Healthy? Understanding the Social Determinants of Health*

Poverty diagram source: Community Health of Children and Adolescents in Sub-Saharan Africa June 2023 European Journal of Medical and Health Sciences 5(3):22-31, Victoria Bell Cídia Rosália Pinho Guina Silva José Augusto Guina Tito Horácio Fernandes,

https://www.researchgate.net/publication/371284499_Community_Health_of_Children_and_Adolescents_in_Sub-Saharan_Africa
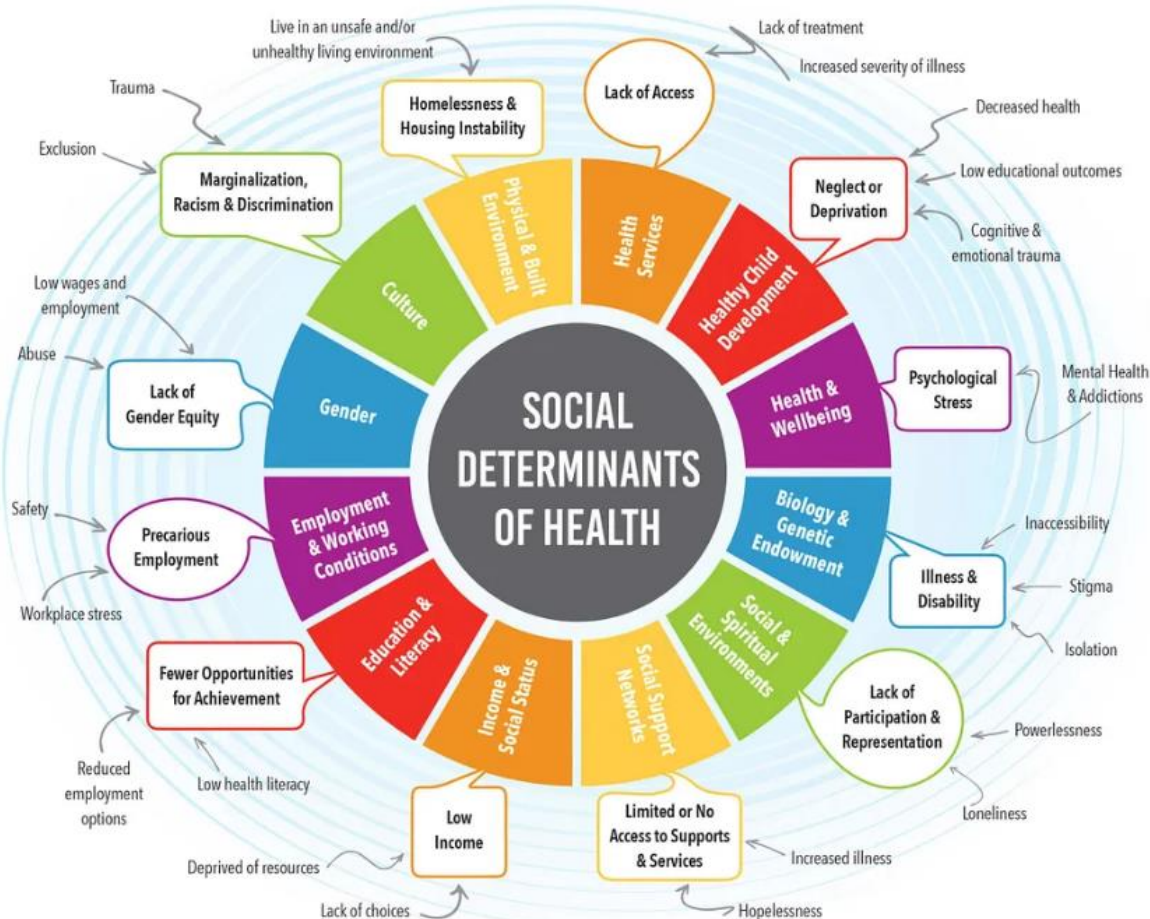
Source: Image https://medium.com/@dominiquedcr3/the-real-trickle-down-effect-200f546404c2
There are many different versions of this diagram online from different agencies.

Useful links

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

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

2. NCEA essentials

It is assumed teachers have a basic understanding of the NCEA requirements and generic material is not reproduced here. If further information is required see https://www2.nzqa.govt.nz/ncea/

The focus here is on the Health Level 2 and 3 materials.

Navigate to all the Health Achievement Standards information from this page. Screenshot below from September 2025 https://www2.nzqa.govt.nz/ncea/subjects/select-subject/health/

Health standards

Level 2 standards

Health achievement standards

Find Level 2 standards →

Level 3 standards

Health achievement standards

Find Level 3 standards →

NZ Scholarship standard

Find NZ Scholarship standard →

Exemplars, reports, past exams and assessment schedules

Level 2

Past exams, exemplars, assessment schedule and reports

Level 2 →

Level 3

Past exams, exemplars, assessment schedule and reports

Level 3 →

New Zealand Scholarship

Past exams, exemplars and assessment schedule

NZ Scholarship →

Cut scores
Past scores for exams for all levels

[Get cut scores]

Past digital assessments
Access digital exams

[Find past assessments]

Assessment specifications

Level 2
Get the latest assessment specifications

Level 2 →

Level 3
Get the latest assessment specifications

Level 3 →

New Zealand Scholarship
Get the latest assessment specifications

NZ Scholarship →

Useful exam information

Exam timetable

Candidate information sheet [PDF, 250 KB]

Internal assessment resources

Internal exemplars
See exemplars for internally assessed Health standards

[Go to exemplars]

National moderator's report
Annual reports on issues and trends in assessment

[View moderator's report]

Clarifications
Updates on assessment and moderations

[Find Health clarifications]

Request clarification form
Teachers can request clarification of a standard with this form

[Request clarification]

Remote assessment matrix
Guidance for teachers if learning and assessment needs to be completed remotely

[Download matrix [PDF, 194KB]]

Alternative evidence gathering templates
Templates for student results when direct assessment is not possible

[Get templates]

Note that a recurrent point of contention is the status of the **Assessment clarifications** for the internally assessed standards. **They are only clarifications, not the default standard**. They have not been updated for many years. NZQA only updates clarifications when they have seen recurrent issues through moderation. Although some L3 standards had minor updates for 2025, the clarifications where not updated *and won't be* unless NZQA see issues that need to be addressed ie the clarifications - to all intents and purposes - are out of date for these revised standards, *except that the aspects not affected by the changes are still current*. It is also worth checking the most recent National Moderator's reports, as these can contain updated information. *It is noted that this is not ideal situation*.

It is possible to go straight to the internal assessment tasks. These are still located in one of the remaining sections of Te Kete Ipurangi. It is not envisaged this site will be redeveloped before the end of NCEA.

See https://ncea.tki.org.nz/Resources-for-internally-assessed-achievement-standards/Health-and-physical-education/Health-education

NZQA approved assessment resources

Standards	Assessment resources	Vocational Pathway assessment resources
Health 2.2 (AS91236)	Health 2.2A v2 (Word 2007, 81 KB) Health 2.2B v2 (Word 2007, 82 KB) Health 2.2C (Word 2007, 123 KB)	PI Farming support systems v2 (Word 2007, 213 KB) SI Financial support systems v2 (Word 2007, 211 KB) SCS Strong support systems v2 (Word 2007, 210 KB)
Health 2.3 (AS91237)	Health 2.3A v2 (Word 2007, 70 KB) Health 2.3B v2 (Word 2007, 91 KB) Health 2.3C (Word 2007, 125 KB)	SI We're all in this together v2 (Word 2007, 208 KB) SCS Care for the carers v2 (Word 2007, 210 KB)
Health 2.5 (AS91239)	Health 2.5A v2 (Word 2007, 89 KB) Health 2.5B v2 (Word 2007, 89 KB)	SCS Raising awareness v2 (Word 2007, 208 KB)

https://ncea.tki.org.nz/Resources-for-internally-assessed-achievement-standards/Health-and-physical-education/Health-education/Level-2-Health-education

The implications of this notice with the internal assessment tasks will be noted with each standard where it has relevance.

> **These resources are guides to effective assessment and should not be used as actual assessment.**
>
> These are publicly available resources so you (education providers, teachers and schools) must modify them to ensure that student work is authentic.
>
> You will need to set a different context or topic to be investigated, identify different texts to read or perform, or change figures, measurements or data sources to ensure that students can demonstrate what they know and can do.

3. The principles of internal and external assessment marking

NZQA notification: Marking approach – top-down or bottom-up?
NZQA shared this communication with the sector at the end of July 2025.

Teachers have sought guidance from NZQA about differing approaches to making assessment judgements against standards. NZQA uses two distinct approaches for internally and externally assessed standards. This document explains the reasons behind these differences and provides guidelines for teachers assessing internally assessed standards.

Why are there two approaches?
The distinction between NZQA's approaches arises from differences in the design and delivery of internal and external assessments:
- Internally assessed standards are flexible and allow for varied forms of evidence, tailored to classroom contexts.
- External assessments are standardised and centrally marked, requiring consistent application across all candidates.

These differences need different marking strategies to ensure fairness, reliability, and consistency.

Key Differences in NZQA's Roles:
- *Internal Assessment*: NZQA moderates teacher judgments for internally assessed standards and provides feedback based on moderation outcomes.
- *External Assessment*: NZQA appoints and manages markers for externally assessed standards.

Internal Assessment – Bottom-Up Approach:
- *Moderation*: NZQA moderators review school-based assessment materials and student evidence, providing feedback to teachers and schools.
- *Standard and Assessment Design*: Internally assessed standards allow for different forms of evidence. A bottom-up approach ensures all requirements of the standard are met, including evidence of the subject knowledge underpinning the standard, starting with Achievement, then Merit, and finally, Excellence.

External Assessment – Top-Down Approach:
- **Assessment Design:** Tasks are designed to allow candidates to meet requirements of standards at any level of achievement, starting with Excellence.
- *Assessment Schedules*: These unpack achievement criteria in the context of the task. Higher levels of achievement are qualitative, but Grade Score Marking introduces quantitative distinctions within grades.
- *Marker Training*: Markers start by looking for evidence of Excellence. If insufficient, they then look for Merit, and finally, Achievement. NZQA trains markers to apply the top-down approach consistently.

Guidance for Teachers – assessing against internally assessed standards
- Use a bottom-up approach to ensure all standard requirements are met.
- Confirm that students demonstrate the subject knowledge required at the Achievement level before awarding merit, and that the merit requirements are met before awarding excellence.
- Avoid using a top-down approach for internal assessments, as it may result in awarding higher grades without sufficient foundational evidence.

Marking internal assessments 'holistically'

The NZQA website does not reveal much in the way of a definition of holistic marking, much less what actually happens in practice. Various subjects acknowledge the use of it but there's little consideration as to what to consider and keep in mind when marking holistically. The notion of 'holistic marking' is bit of a slippery, especially in a subject where the very nature of the knowledge requires contexts shaped in relation to four mutually defining underlying concepts - and there's no textbook full of fixed and known content knowledge.

As an observation, what holistic marking comes to mean in practice appears to vary from subject to subject, which may be necessary and OK given the very different nature of the knowledge of the different learning areas. I'm not sure if there are two distinct types of practice, or a continuum of practice, as I only have experience of using criterion-based assessment in one subject area. To explain:

It may be more appropriate to call the process making an on-balance judgement, rather than holistic marking.

Holistic judgments must be made in the knowledge of what is required by the achievement standard criteria and the explanatory notes.

The **assessment schedule** for an assessment task **provides a guide** (not 'the answer') as to what is expected performance in response to an assessment task. ***Note that assessment exemplars can be as problematic as they are useful if teachers get distracted by specific content rather than seeing the exemplar as an illustration of the quality of a student response.***

However, some students provide evidence in a way that might not match the assessment schedule but can demonstrate understanding of the standard.

Don't expect to make a 'holistic' or 'on-balance' judgment on every piece of work marked. Some/most student work tends to fall out into N, A, M or E quite cleanly. *(If teachers find themselves having to repeatedly make holistic judgements, it may mean there's something in the teaching and learning programme and/or the assessment task, or even the standard, that needs attending to).*

When confronted with a piece of work that doesn't cleanly fit A, M or E, consider a combination of the following:

- Has the student provided some sort of evidence of the big idea or the key understanding that the standard (criterion and explanatory notes) says is essential for achievement? A teacher cannot make a holistic judgement when the required information is simply missing or when the attempt made is simply wrong in all parts of the assessment. A strong performance elsewhere does not compensate for essential and required evidence that is outrightly missing or wrong.
- It *tends to be easier* to use holistic judgements for Achievement than for Merit level achievement and Excellence level. "Achievement" performance includes a wide range of possible responses – especially when adopting an on-balance judgement approach. However, a student achieving with Merit, and especially Excellence (by the very nature of being 'excellent'), presents a reasonably clean and concise account of the analysis or evaluation and teachers should have to make much of an on-balance judgement. An Excellence student should show a level of coherence in their response that doesn't require much of an on-balance judgment. If a teacher has to think too holistically whether the evidence presented is at Excellence level ... it is probably not a convincing Excellence assessment.
- For holistic/on-balance judgements at Achievement level: when confronted with an assessment that requires the student to cover aspects of personal, interpersonal and societal, across influences, consequences/implications and recommendations/strategies (for example), expect to see a basic understanding of each of these aspects *somewhere* across the whole paper. The nature of Health Education knowledge means students cannot afford to omit any parts of the essential picture. However, if their answer to societal influences is really weak, but the personal and interpersonal are OK for

achievement level, look to the societal aspects of the consequences and especially the strategies to see if they can give an OK understanding of what 'societal' refers to. If other 'societal' answers are convincing, Achievement may be warranted. BUT be guided by the specific requirements of the criteria and ENs.

- However, if having to repeat this way of finding evidence to make an on-balance judgement for either the personal or the interpersonal (much less both) question whether this student is working at Achievement level. If a piece of student work is so lean on detail that the teacher is having to make on-balance judgement about every indicator that says they are working at L2 or L3 it's suggesting they have not reached that level of achievement The thing to also keep in mind would be, *'if I had to defend my judgement to someone else, what would I point to say this student has got the 'big idea' here?'*

To make confident and defensible assessor judgments, teachers need to be confident in their own knowledge of the underlying concepts, how these are applied to the context or issue around which the assessed is based, how Health Education is levelled across NCEA Levels 1-3 and to know and understand what the essential indicators are for achieving the standard – use the Explanatory Notes for the essential features of this and the assessment schedule as a further guide.

At Level 3, experienced teachers who are confident in their knowledge of the NZC at Level 8 and the Level 3 standards may find it more useful when assessing student work to:
- position the assessment schedule very much as a 'guide' as to the sort of responses to expect, and more as a check on the (conceptual) quality of the response
- effectively ignore the scaffolding that the questions provide in the task (think of the questions as being more as an aid for students to organise their ideas and to ensure they cover all the requirements of the standard); and then .....
- read the student's work as a continuous piece of work to determine the coherence of it, how well each aspect is explained and backed up with examples, how the big ideas are attended to etc, and to all intents and purposes, assess directly against the standard.

The thought process of an experienced marker and previous moderator making a holistic assessment judgement about a piece of student work

Take into consideration <u>all the evidence</u> presented by the student and compare that with the <u>broad criteria stated in the achievement criteria</u> to establish the level at which the student has achieved.

Making a holistic judgement requires taking into account particular areas of strength across all the evidence *some of which* could be seen to compensate for other areas of relative weakness.

If I was to make a holistic judgement:
- *In the front of my mind is the achievement criteria and the Explanatory Notes that sit behind that (especially in relation to defining "explain" or defining "perceptively", for example).*
- *I weigh up the evidence in front of me – on balance, has the student "explained" or "explained in-depth"?*
- *I look to see if evidence towards a level of performance is found somewhere in the paper (somewhere that I wasn't expecting to find it)*
- *I always go back to the achievement criteria: What level is this student at?*
- *I consider the statements in the assessment schedule – Is my thinking consistent with what the schedule is saying (remembering that the schedule is just a guide).*

When is 'holistic' marking inappropriate?

Avoid using an 'averaging' system to work out an overall grade. The term 'holistic' does not mean 'median' of levels of achievement within a standard. All achievement criteria must be met at a particular level for that level to be awarded to a student.

For example if the assessment practice was to say:
- Achievement – gained at least ¾ Achieved or above
- Merit – gained at least ¾ Merit or above, or
- Excellence – gained at least ¾ Excellence.

Making a judgement in this (quantitative) way is flawed for several reasons:
- It does not consider the quality of the evidence in front of the marker
- It does not take into account which areas of the student's work were particularly strong or the areas which were weaker – were key components of the standard understood clearly, or were key components weak/missing?
- If ¼ of the aspects/tasks were Not Achieved then it is highly likely that key components of the standard have not been covered or completed sufficiently – overall, the student cannot achieve.

Marking practice exams using NZQA Grade Score Marking

See the NZQA statement at https://www2.nzqa.govt.nz/ncea/external-assessment/grade-score-marking/ - *extracts are reproduced below.*

Grade score marking
- We use grade score marking for all achievement standards.
- All external achievement standards have a single outcome. Markers can measure a candidate's performance by gathering assessment evidence from all parts of a paper.

How we mark questions

We award a single grade for each question in an NCEA paper:
- Not Achieved (N)
- Achieved (A)
- Merit (M)
- Excellence (E).

We use evidence from the assessment response
- We use the criteria from the standard to award this grade. We base the grade on the quality of evidence in the response.
- Markers are instructed to ensure a high-quality response is not marked down for a minor error.

We look for evidence of high performance first
- Marking is 'top down'.
- Markers must first look for evidence for Excellence, as described by the criterion for Excellence in the standard.
- If they don't find this evidence, markers then look for Merit evidence, and then down to Achievement.

Grades are based on the candidate's whole response
- The grade is based on the whole response to the question. It takes account of all evidence in the candidate's answer.
- Some questions may have parts or bullet points, but this does not stop markers giving a single holistic grade.

> **We identify if the assessment response is upper or lower within a grade**
> - Grade score marking also recognises the quality of evidence within each grade. Grades can show an upper and lower result in a grade.
> - For example, lower Merit is M5 and upper Merit is M6. Both 5 and 6 are Merit scores.
> - The scores indicate that the student has met the criterion for a Merit grade in the question.
>
> **Possible grade scores for a question**
>
> | Not Achieved | | | Achievement | | Merit | | Excellence | |
> |---|---|---|---|---|---|---|---|---|
> | NØ | N1 | N2 | A3 | A4 | M5 | M6 | E7 | E8 |

Health Education papers are a single question, and the sections of the exam **are not** scored separately. Therefore the practice used in some other subjects, where scores are given to each section and then totalled, and then a 'cut score' is used to delineate the N-A-M-E boundaries (which can change from year to year), DOES NOT apply in Health.

The use of Grade Score Marking for Health exams is more an aid for teams of markers of national exams to help them mark within agreed boundaries of N-A-M-E.

That is, grade score marking is more for markers who are marking hundreds of papers from schools across the country to help identify the boundary between N & A, A & M, and M & E. When additional quality and/or sufficiency information provided with the 'evidence' statement accompanying the assessment, it assists markers to make a (more) confident N-A-M-E judgement e.g. an exam paper might be a weak A but enough still for A, or a strong A but not yet M (etc) – *but it's still (just) an Achievement grade.*

Health exams do not use Cut Scores as such so the process is much simpler, because the single N0-E8 judgement is the final N-A-M-E grade. *Please DO NOT 'invent' a marking system that grades each section of a Health exam separately (as happens in other subjects) – it is a single answer with a single N0-E8 score.*

Whether a paper is a N0, N1 or N2; A3 or A4; M5 or M6; E7 or E8 *is less the issue* – NCEA Achievement Standards are only graded as N-A-M-E. **Whether something is E7 or E8 counts for nothing – it's still excellence - the more important consideration for the marker is more about is it M6 or E7 (etc)?** If it's an easy E8 then those are not the papers used to determine the M-E grade boundary.

Arguably, a teacher marking a single class of exams scripts shouldn't need to make any more than a N-A-M-E judgement because that's the grade that matters. However, like national markers, schools with multiple Level 2 or 3 classes and teachers may find this approach to marking useful to achieve consistency across markers.

That said, **and knowing the pressure and expectations in some schools to differentiate students to this level, the only guidance that can be offered is for teachers to PRACTICE marking.**

- READ the A-M-E **Assessment criteria** statements (these are closely aligned with the wording of the Explanatory Notes in the standard – perhaps with some added emphasis to link these to the current year's exam). This is 'the standard'.
- BROWSE the **Sample evidence** noting other responses are possible and as *sample* evidence students do not have to cover what is stated as such. This is helpful for helping to familiarise the marker with the different parts of the exam question and how the resource material - which provides the context (or topic) - might be used.

- READ the N0-E8 **Evidence** descriptors provided with the exam. Note the sufficiency information – 'some', 'consistently' etc.
- From that point on it's a matter of teachers having confident subject knowledge and being familiar with the material in the resource booklet to then know what this all means in relation to the AME statements. *To this end it is recommended that teachers write their own answer to the practice exam.*

For example: Health: Analyse an international health issue (91462) - 2024

Focus on the way the QUALITY of an AME response steps up. Highlight those key step-up terms if it helps.

Achievement	Achievement with Merit	Achievement with Excellence
The candidate analyses a significant health issue of international concern.		
Analyse involves a critical perspective through: • explaining with supporting evidence why the health issue is of international concern, and covering the implications for the well-being of people and society • explaining with supporting evidence how major determinants of health influence the named issue • recommending strategies to bring about more equitable outcomes in relation to the named health issue. The analysis is supported by evidence, which may include examples, quotations, and / or data from the resource booklet or other credible and current sources.	*Analyse, in depth involves a critical perspective through:* • explaining with detailed evidence why the health issue is of international concern, and covering the implications for the well-being of people and society • explaining with detailed evidence how major determinants of health influence the named issue • recommending strategies for addressing the health issue with detailed evidence in a way that considers the influence of the major determinants of health, and the impact of those determinants on well-being. The analysis is supported by detailed evidence, which may include examples, quotations, and / or data from the resource booklet or other credible and current sources.	*Analyse, perceptively involves a critical perspective through:* • explaining with detailed coherent and concise evidence why the health issue is of international concern, and covering the implications for the wellbeing of people and society • explaining with detailed coherent and concise evidence how major determinants of health influence the named issue • recommending strategies based on a coherent and concise evidenced explanation that connects the health issue and the influence of the major determinants of health on the issue to underlying health concepts (hauora, socio-ecological perspective, health promotion, and attitudes and values). The analysis is supported by coherent and concise evidence, which is logical and credible. This may include examples, quotations, and / or data from the resource booklet or other credible and current sources.

And then …. Look at the way the evidence statement focuses on sufficiency with words like 'some' or 'consistently' or 'throughout'. *What this is basically saying is that if there is some evidence there – as required for each of A-M-E - then it may be sufficient. If the evidence is absent or wrong, then it the student work cannot be judged to be at that A-M-E level.*

Evidence

N1	N2	A3	A4	M5	M6	E7	E8
Partial answer, but does not analyse the health issue.	Insufficient evidence to meet the requirements for Achievement.	The analysis generally meets the requirements for Achievement, but the quality may be inconsistent. Some supporting evidence is provided.	The analysis consistently meets the requirements for Achievement. Supporting evidence is provided.	The in-depth analysis meets the requirements for Merit, but some aspects of the response may be inconsistent. Some detailed supporting evidence is provided.	The in-depth analysis consistently meets the requirements for Merit. Detailed supporting evidence is provided.	The perceptive analysis meets the requirements for Excellence, but one aspect of the response may be inconsistent. Consistent and coherent evidence is provided.	The perceptive analysis meets the requirements for Excellence. Consistent and coherent evidence is provided throughout.

Cut Scores Not Achieved	Achievement	Achievement with Merit	Achievement with Excellence
0–2	3–4	5–6	7–8 NCEA

An assessment schedule is only ever a series of prompts for the marker and never a fully developed 'exemplar'. Exemplars are as distracting as they are useful given the multitude of ways a students can produce an A-M-E response. If teachers fixate unduly on the details of a single exemplar, and assume all students need to emulate this, they may not be giving due credit where students have actually met the standard with a different selection or expression of the evidence.

Question	Sample evidence (other responses possible)
(a)	*Possible evidence of why tuberculosis (TB) in Mozambique is a health issue of international concern.* TB impacts many people in Mozambique. Poverty, environmental disasters, and poor access to healthcare mean people are more likely to develop TB and need access to life-saving treatment. For communities, this means people are employed for less time and are less able to contribute to productivity, resulting in increased poverty rates in local communities. People being unable to work but still needing access to medical services contributes to marginalisation and negative well-being, and this has an ongoing socio-economic impact.
(b)	*Possible evidence explaining how two major determinants of health influence the TB epidemic in Mozambique.* Major determinants: Economic, political, environmental Major determinants of health: Economic Low-income individuals and low GDP impacts on access to healthcare facilities and treatments. Diagnosis and treatment for TB can be difficult to obtain for people affected by poverty or low income in Mozambique. Economic instability threatens healthcare through extreme poverty and other issues, such as overcrowding in housing, lack of access to transport, and / or lack of access to health services caused by poverty. Major determinants of health: Political A determinant of health impacting TB in Mozambique is political. Mozambique still feels the impact of civil war, which ended in 1992. There are high levels of illiteracy, as the country is unable to prioritise education. Policy does not ensure access to healthcare with half the population living without reasonable access to healthcare.
(c)	*Possible evidence explaining how TB affects the well-being of people and society in Mozambique.* Examples are linked to the major determinants in (b), they could be supported by other determinants: cultural, social, lifestyle. Economic determinants impact the well-being of people in Mozambique. Due to insufficient access to healthcare and testing, they may unknowingly contract TB, thus impacting their physical, mental, and emotional well-being as they suffer from the disease. There are also societal implications, as it is challenging for a country with limited economic resources to support a large population with low incomes. The well-being of the people of Mozambique is impacted by political determinants of health, through a lack of education and public health policy, meaning they are unable to move out of poverty or have access to health resources. This in turn impacts society as a skilled workforce is not developed, resulting in low personal and national income. Political determinants of health impact the well-being of people as a large part of the population lack access to reasonable healthcare. Many people with TB symptoms do not have the ability to seek or receive medical attention in time to deal with the disease. This leads to untreated TB cases allowing the disease to spread unchecked and increases the prevalence of TB within Mozambique.
(d)	*Possible evidence recommending a local and international strategy to address the determinants of health and the implications on well-being.* An international strategy to address the economic and political determinants of health to improve the well-being of people living with TB in Mozambique and decrease the burden on communities and society is a holistic international campaign, such as the 'End TB' Strategy in Resource E. Through this campaign, a focus on TB prevention through political policy could help to address inequity and poverty, and provide access to healthcare within a reasonable distance of all people. International funding can be provided to support current strategies, such as the WHO's End TB Strategy. Alongside providing free TB care within an accessible distance, international aid can fund and provide education for those in areas affected by TB in regard to the symptoms, spread, and treatment of the disease. A local strategy would be to extend education into local community events to reach more people. Community leaders from schools, churches, and groups could be provided with information about the symptoms of TB, and how to access the free local TB care centres. This will address the economic and political determinants of health, as it will decrease the effects of current health policy on local communities and mitigate economic impacts of a lack of access to healthcare facilities.
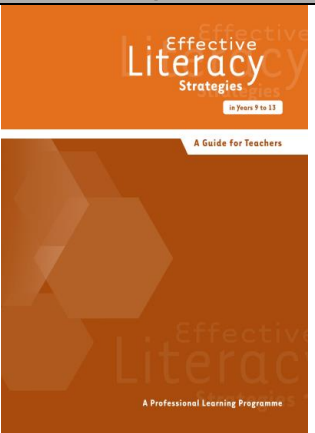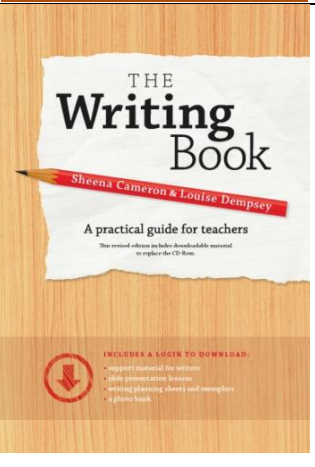
When students' work is assessed against a standard the question is: have they, and to what extent have they met the standard? Assessing against criteria this way does not compare one student with another, so this is NOT a system to judge 'the best' exam response.

NOTE: If it is useful or important for you at your school to provide this level of judgement, pair up with a teacher within your school or a neighbouring school to practice using the N0-E8 evidence statements along with the assessment criteria and sample assessment evidence.

4. Looking after literacy

Success in Health Education NCEA assessment is highly contingent upon students' literacy skills. Ensure topic learning and preparation for assessment contains plenty of opportunities for developing student's reading comprehension, writing and critical multiliteracies.

Extracts from the NZHEA resource *Supporting student literacy and developing critical multiliteracies in Health Education* (2025).

Publication details	Image (for reference)
Effective Literacy Strategies in Years 9–13 – A Guide for Teachers (2004) Ministry of Education [Download a digital copy](#), or all schools should have print copies of this resource. For consistency of approach and literacy activity terminology, this Health Education resource makes extensive use of this publication.	
The Writing Book: A Practical Guide for Teachers Sheena Cameron & Louise Dempsey (2013) Multiple online sales options. Check in school for copies. This resource contains many useful templates to guide writing. Although much of the focus is for teaching writing in primary schools, the fundamentals of this text also apply at secondary level and are very useful for use in time-limited junior secondary Health Education classes. For consistency of approach and literacy activity terminology, this Health Education resource makes use of this publication.	
See also the Australian resource [Writing in Health and Physical Education](#): **Highlighting the use of simple, compound and complex sentences in student writin**g Australian Education Research Organisation (2023)	
[NCEA Literacy and Numeracy resources for kaiako](#) These are generic, and some have been developed as Health Education activities for this resource. Many of these activities derive from the *Effective Literacy Strategies in Years 9–13 – A Guide for Teachers* (2004) above	

Critical multiliteracies

"... critical multiliteracies emphasise a literacy pedagogy **that supports students to develop an array of practices to break the codes, make meaning, and use, construct, and critically analyse** a wide range of texts across a variety of contexts."
Source: Sandretto & Tilson (2014)

With these foundation principles in mind, Sandretto & Tilson (2014) developed the four resources model for the New Zealand context (lefthand column). The unpacking of what could be taught and learned in relation to this model is summarised by McKenzie (middle column). The diverse understanding of 'texts' through which the learning can be developed are listed in the righthand column.

From Sandretto and Tilson, 2016); Harris, McKenzie, Fitzsimmons and Turbill (2003) building on the work of Freebody and Luke (1990,1999).

Four resources model Sandretto and Tilson	What might be taught and learnt? McKenzie webinar	Types of semiotic* systems or 'texts' Adapted from Sandretto and Tilson
Code breaking Essentially, how do I crack the code of this text?	**Code breaking skills - decoding 'texts'** • Letter/sound combinations • Word/sentence structure • Grammar and syntax • Spelling, punctuation and handwriting/keyboard skills • Conventions of language vocabulary • Text type/genres • Academic discourse • Text design and layout	**Linguistic:** Oral and written language (vocabulary, structure, punctuation, grammar, paragraphing). **Visual:** Still image (photo, diagram, picture) and moving images (video, film, TV) (colour, imagery depicted, foreground, background, viewpoint). **Gestural:** Facial expressions and body language (movement, speed, stillness, body position). **Audio:** Music and sound effects (volume, pitch, rhythm, silence, pause). **Spatial:** Layout and organisation of objects and space (proximity, direction, position in space).
Meaning making Essentially, what does this text mean to me?	**Comprehension strategies:** • Connecting to prior knowledge • Visualising • Predicting • Making connection with self, others and society and the wider world • Monitoring and understanding • Questioning • Inferring • Summarising and synthesising	
Text user Essentially, what do I do to use this text purposefully?	**Genres and text types:** • Genres- imaginative, informative, descriptive, persuasive • Text types (examples of discourse) • Letters, speeches, essays, reports, emails, web pages, short stories, articles • Awareness of the language structures and features and stylistic structures and features of each genre	
Text analyst Essentially, how might I be shaped through engagement with this text?	**Critical thinking skills:** • Text analysis and evaluation • Authors bias • Credibility of claims • Facts and opinions	

• Hidden agendas • Issues • Interrogating multiple perspectives consideration of social, cultural, political, economic and historic contexts • Social justice and social action • Questioning of texts • Awareness of purpose and audience • How the text positions the audience	

*Semiotic = relating to signs and symbols. In semiotics (the study of sign processes and the communication of meaning), a sign is defined as anything that communicates intentional and unintentional meaning or feelings to the sign's interpreter. For Health Education purposes a **'text'** is *anything* that can convey some form of meaning and have 'meaning' interpreted from it by the viewer/reader/user – as listed in the right-hand column above.

Consider the many learning experiences that can be used to develop aspects of the critical multiliteracies (green section) indicated in the following framework.

What is critical thinking as a process for learning?

- **Critical thinking is a process.** Critical thinking is an essential **process** for learning in HPE.
- To be able to complete a critical analysis or evaluation students need to be able to think critically.

Understand that critical thinking is not an end in itself. It's the **process** that enables students to make sense of and understand selected information, in order to then communicate meaning. Simply answering a series of critical thinking questions does not result in a critical analysis or evaluation.

For critical thinking to be meaningful in its learning area or subject context requires the selection of questions that support students to synthesise their own knowledge and collected information with academic knowledge (the HPE underlying concepts for example).

There are many frameworks for thinking critically available online. The table below introduces some general purpose questions for describing (what, who, when, and where), analysing (how and why), and evaluating (so what, now what).

	Critical thinking questions could include:	Comment
Describe *What?* *When?* *Who?*	• What is my selected topic about? • What is the context or situation – what's the issue or what is cause for concern? • What is the main point? • Who is involved? • Whose wellbeing is affected – positively and/or negatively? • Where does it take place?	Some description is necessary in the introductory section of your critical evaluation so that the reader knows 'what' your topic is about. However, reports submitted for Scholarship that provide consideration only of the 'what' questions (that simply describe a situation), are not a critical evaluation.
Analyse *Why?* *How?*	• How did this situation occur? • How does one factor affect another in relation to this issue? Why is this?	An analysis is part of an evaluation because it helps to break the topic or issue into its constituent parts and develop understanding of these.

	• What if another factor were added or removed? • How do the parts fit into the whole picture of the issue? • Why did this issue occur? • What are the alternative solutions? • What has been done to improve the situation? Why not something else?	When analysing your health-related information you need to look in depth at your selected materials and use your HPE knowledge to identify evidence that helps you to judge the **value,** quality or importance of it well as how the various parts of the situation or issue interrelate. Thinking analytically about your topic, and the information you are using for your report requires a certain level of detachment ('stepping back from it)'.
Reflection	• *What happened?* • *What did I notice or realise?* • *What was most important for me?* • *What have I learnt?* • *What would I do differently or the same next time?*	*Note that your topic selection will determine whether or not information from reflection is included in your report. See the statement on reflection at this end of this section of the resource.*
Evaluate What if? So what?	• What does this mean in consideration of the issue or topic? • Why is this significant or important? • Is it convincing - why/why not? • What are the implications? • Is it successful - why/why not?	Evaluating requires asking the analytical 'why' and 'how' questions (above) to be able to get to the 'so what' and 'what next' questions. Carrying out a critical evaluation requires critical thinking. Critical thinking is a detailed process; the basics for which appear in the left hand column of this table. *(See also the detailed critical thinking framework following.)*
Critically evaluate	• How does it reflect HPE knowledge? • What can I deduce from the information I have gathered? • What next? Is it transferable to other situations, and if so, how and where else can it be applied? • What can be learnt from it? • What needs to be done now?	A critical evaluation also requires demonstrating some ethical, cultural, social, and political values relevant to HPE. The basis for these values comes from the HPE underlying concepts (and the NZC values statement see NZC page 10) as well as other subject or topic specific concepts and NZ policy and legislation like the Human Rights Act and other laws that protect the rights and safety of children, young people and adults.

However, these may not provide enough scope for showing deep insight into your topic and more detailed, HPE-specific questions might be needed (see framework following).

Critical thinking framework

Test the suitability of your topic and a sample of topic-related information with these critical thinking questions. If you cannot answer several of these in relation to your chosen topic, you may need to rethink your topic selection, or reframe your evaluative question in a way that allows you to make a judgement about the value, quality or importance of your topic or issue.

- What do you know about this issue or situation?
- How did you come to know this?
- How do you feel about this issue or situation?
- What is the evidence for this knowledge?
- What are your beliefs about this knowledge? Why do you believe this?
- What information is missing from this picture?

- Why is this information missing?
- Have the social, cultural, economic, political, and/or ethical aspects of this situation been considered?
- Whose voice is heard in this writing, article, or classroom activity?
- Whose interests are being served? Who has the power in this situation?
- Who is being advantaged?
- Who is not being heard or served?
- Who is being disadvantaged?
- What are the inequalities that exist in this situation?
- What needs to change?
- How can you contribute to this change?

Original source: *The Curriculum in Action: Making Meaning Making a Difference Years 11-13* (Ministry of Education, 2004, p.27, based on Brookfield, 1995, and Smyth, 1992). Now online here.

For a more detailed account of critical thinking and a greater range of questions see the **Foundation for Critical Thinking** website https://www.criticalthinking.org/pages/high-school-teachers/807 .

Literacy
Literacy is the ability to identify, understand, interpret, create, communicate and compute, using printed and written materials associated with varying contexts. Literacy involves a continuum of learning in enabling individuals to achieve their goals, to develop their knowledge and potential, and to participate fully in their community and wider society. UNESCO

Disciplinary (or subject specific) literacy
Disciplinary literacy … is an emphasis on the knowledge and abilities possessed by those who create, communicate, and use knowledge within the disciplines. The difference is that content literacy emphasizes techniques that a novice might use to make sense of a disciplinary text (such as how to study a history book for an examination), whereas disciplinary literacy emphasizes the unique tools that the experts in a discipline use to engage in the work of that discipline. Shanahan & Shanahan (2012)

Critical health literacy
Critical Health Literacy (CHL) is … the ability to reflect upon health determining factors and processes and to apply the results of the reflection into individual or collective actions for health in any given context. *Reflection* is a critical attitude towards socio-cultural realities that shape lives. *Action* is the ability to change these realities. Able & Benkert (2022)

(Critical) Multiliteracies for 21st century learning						Health and wellbeing-related literacies These literacies are more the focus for health and wellbeing promotion and have most application for **public health interventions**.			
Visual literacy	**Media literacy**	**Cultural literacy**	**Information literacy**	**Digital literacy**	**Science literacy**	**Health literacy**			**Emotional literacy**
… how a person understands and evaluates information presented through images like pictures, photographs, symbols, graphics, infographics, and videos. Globally Taught	… a framework to access, analyse, evaluate and create messages in a variety of forms – from print to video to the Internet. Media Studies	… understanding and appreciating cultural differences and diverse perspectives The Oxford Review	… knowing how to find, evaluate, and use information effectively and ethically. UNESCO	… being discerning and critical; able to locate, understand, organise, evaluate, and adapt digital content. Enabling e-learning: Digital fluency	… actively participating in informed discussions about science, sustainability and technology to guide decision-making and action. OECD	… the ability of individuals to "gain access to, understand and use information in ways which promote and maintain good health" for themselves, their families and their communities World Health Organization			… the ability of a person to understand their emotions, the ability to listen to others and empathise with their emotions, and the ability to express emotions productively. Steiner (1997)
						Digital Health literacy	**Nutritional literacy**	**Food literacy**	
						… the ability to find, understand and use information and services from electronic sources to make health decisions and take appropriate actions Physiopedia	*Nutritional literacy* is the level to which people can acquire, process, and comprehend the fundamental nutritional data and services that they need to make correct dietary decisions. Silva, Araújo, Lopes, & Ray	*Food literacy* is to have knowledge, skills, and behaviours that are interrelated and that are necessary to decide, handle, choose, cook, and eat food … Silva, Araújo, Lopes, & Ray	

For teaching and learning in the curriculum, it is these (critical) literacies that feature cognitive skills such as critical thinking that have greater application.	As health (outcomes) and behaviour focused literacies, Health Education may make some incidental and topic specific contribution to these multiliteracies e.g. skill-based learning. Or students may *learn about* these approaches as a form of health promotion. In isolation they risk being dominated by healthism approaches (see Crawford 1980).

5. Using evidence

Sources of quality information and data

There are many easily accessed print and digital (online) sources of information relevant to HPE. These include:

- Reports from government ministries e.g. education, health, social development, justice
- Reports and information non-government organisations (there are many of these) e.g. Mental Health Foundation, Drug Foundation, Health Promotion Forum, Te Whatu Ora, Sexual Wellbeing Aotearoa, and others.
- Reports from health and wellbeing research projects produced by universities and other education or research organisations e.g. Youth 2000 series, NZCER (NZ Council for Educational Research), ERO (Education Review Office), sports and recreation organisations.
- News and current affairs items from reputable news agencies.
- For international issues, organisations like WHO, World Bank, United Nations including UNESCO, OECD, UNICEF.

It is not expected that teachers or secondary school students will have access to university level texts and journals although quite a number are now open access. These materials are written for an audience beyond students at secondary school.

Potentially, all information can be used as a source of data, but note that the **difference between data and evidence**:

- **Data** is the raw information – qualitative (related to the quality – where data are expressed in words and ideas, images etc), and quantitative (numerical data).
- **Evidence** is the data that is selected to justify a claim or make a case.

If quantitative (statistical) data is part of the information being used to support a critical analysis or evaluation, make it part of the learning process to helps students understand what the statistics are saying. It is not expected that all students have done a year 12 or 13 statistics course. Stick with the basic descriptive statistics, and then, only where these are relevant to the topic to either explain the purpose or implications. It becomes apparent to the reader of a student's assessment whether or not they know what these statistical terms mean, or if the information has been copied for effect and to give the appearance of sophisticated thinking and understanding.

Data and information from popular sources

- Ideas for many Health education topics may, in the first instance, come from popular sources such as news items, social media, film, TV, and internet, as well as personal experiences of the world. Information from these sources is fine to help define a topic or issue, but once the critical thinking process to deeply understand the topic is underway, access to high quality information to support the analysis or evaluation will be needed. Keep references to popular sources like news articles, YouTube video (etc) to an absolute minimum – these materials help give context but are not 'reliable' sources.
- Also use 'primary' sources of data and information – that is, where the information came from in the first place. Wikipedia is a 'secondary' source of data where people put information that was first published in other places. The quality of information on Wikipedia is highly variable as what goes online is moderated by other interested people who may or may not be experts in on the matter.
- *See also part 2 about being a critical user of digital information.*

Data and information from own Health Education investigations and learning

Sources of information for critical analysis or evaluation can include data that has come from students' own investigations – where this is safe, appropriate and ethical to do so e.g. a whole school investigation about student wellbeing. These forms of information still need to be supported with a range of other high-quality information like that listed above. For example:

- School survey of opinions, experiences, attitudes and values of students, teachers and leaders, or parents.
- Interviews with peers at school, or teachers and leaders, or others outside of the school about matters related to your topic.
- Feedback collected ethically from special interest (arts and culture) or support groups in school.
- Information sourced ethically through social media – which is systematically collected and analysed.
- Student analysis of a media source for a particular purpose e.g. roles of females in music videos, or males in TV situation comedies.
- Student reporting of health promoting actions carried out in the school or community which already contains an analysis and evaluation.
- Artefacts (posters, video, blogs, presentations, etc) produced by students' peers during learning activities in class.
- Participation in whole school events that contribute to wellbeing.
- Students' own performance or contribution to a school event – cultural, health promotion etc. To make sources of data like this useful for your critical evaluation, you make need to carry out a critical reflection. *See the section on critical reflection in Part 2.*

Being a critical user of digital information

With so much HPE-related information available on the internet students need to apply understanding of **information and digitally literacy** to be able to locate, access, select, and use information relevant to your topic. **The critical thinking process is essential for developing digitally fluency.**

Digital fluency encompasses:
- **digital capabilities** – being digitally adept and innovative; able to confidently choose and use digital tools to learn, create, and share
- **digital principles** – demonstrating values when working digitally; being an ethical, respectful, and responsible digital citizen
- **digital literacies** – being discerning and critical; able to locate, understand, organise, evaluate, and adapt digital content.

See also the Netsafe **Digital citizenship material.**

How to know whether an information source is authoritative, reputable, credible, and reliable, relevant and useful for a topic

When students (or teachers) find something on the internet that they think might be useful, as a first step consider:

- Why does this website exist? What is their 'business' or purpose? Who is the intended audience? Who are they aiming to support or inform? Why do might be useful for an analysis or evaluation?
- Is the website content **objective or subjective**? What information tells me this?

- - Objectivity relates to being without bias or prejudice, even-handed, fair, open-minded, equitable, neutral, or impartial or detached.
  - Subjectivity relates to being influenced or shaped by personal likes and tastes, feelings, opinions, conjecture, where information may be biased, opinionated, prejudiced, and where only narrow meaning is given to a situation and without other perspectives, where views from those with the loudest voices dominate.
- How do I know if the information on this website is **accurate** e.g. the result of sound investigation and research? In an age of false or fake news and misinformation, how do I trust that what I am reading is true?
- What **authority** does this website have? For example, does the domain name suggest it comes from a reliable and informed source such as:
  - .org – e.g. recognised non-government organisations;
  - .govt for NZ (or .gov – overseas) for official government websites; or
  - .ac or .edu which are usually university or other tertiary and education-based sites?
- How **up to date** is the information (try and find a date that shows when the site was last updated).

Also, use the **TRAAP model** - *Timeliness, Relevance, Authority, Accuracy, and Purpose* (or CRAAP where C = Currency) or the **Rauru Whakarare Evaluation Framework** to help evaluate the relevance and quality of your information. Use an online search for these frameworks and select one of the New Zealand university sites for further information (there are many).

Using generative AI (Artificial Intelligence) applications
Refer to school policy on this matter.
It can be tempting to use AI applications to help write an assessment. Although AI can be a useful tool for generating ideas, the use of it in NCEA assessment is not permissible.

The need to synthesise a range of material related to the selected strategy statement, apply HPE underlying concepts, and use own and locally sourced content all in a unique way, as well as provide extensive referencing for materials, is not something AI does well. AI is often not a good tool for providing a unique perspective – because it draws its learning from across a wide and known range of international knowledge.

It is also limited in its ability to produce a critical and evaluative piece of persuasive writing. AI has a tendency to be a people pleaser and tell the user what it appears they want to hear and can have trouble taking a particular position to argue a case. Overall, AI tends to provide accounts of descriptive writing, not critical or persuasive writing about a topic.

Referencing sources of evidence

Students often ask, 'how many references (items of information) should I have?; to which teachers (and university lecturers) usually reply '*how long is a piece of string*?' which is basically saying there is no magic number as it's all about **relevance and quality** of the selected information.

Note that no criteria or ENs in the Health Achievement Standard require referencing as part of the assessment evidence although the instruction to include referencing may appear in the assessment task. It is useful (and good habit to develop) that students include references to aid the teacher (as marker) to understand where the information has come from should there be a need to follow up on anything. **An NCEA Health assessment cannot fail due to an absence of referencing.** Assessments require evidence of the situation as part of an analysis or evaluation, but not a reference list as such.

Most of information should be New Zealand based unless the topic and the standard (like 3.2) has a particular international aspect to it.

On the matter of evidence needing to be within the past 5 years

- *'EN 4 Generally, current research means data or theories published within the last five years.'* **This appears ONLY in AS91461 (3.1 New Zealand Health issue) and AS91462 (3.2 international health issue).**

- AS91463 (3.3 health practices) and AS91464 (3.4 ethical dilemmas) are about what is **contemporary and current**, and older information can still be part of what is 'current' practice or 'current' debate.

If your moderation is indicating this 5-year limit for any other standards, can you please let us know as we need to remedy this misunderstanding.

However, we are also aware of the issue that the health priorities during the Covid years put a serious dent in the collection of health data, and for many issues there isn't good (published) population level data since before Covid – but there is other evidence that the issue remains.

Take the Youth 19 study for example - noting some of this is still being written up in papers that put a later date on the article than when the research occurred, or sexual violence prevention where the data that provides the basis *for the still current* Te Aorerekura - Sexual Violence Prevention strategy is older than five years.

Where there is limited (or no) suitable updated data since Covid that is publicly accessible, that is the available data is slightly older (late 2010s) then we need to lean of the wording of EN4 which states *'generally'* the data will be from within the past 5 years. Data may exist but if it's not being made available or published, we cannot expect school students to navigate that situation. It is recommended that if you find the issue being investigated is lacking recent population level data, it is permissible to use slightly older evidence, as long as other newer pieces of evidence show the issue continues, and to note that new population level data is needed but not yet available.

But please check carefully for available data before you lean on the *'generally' current research means data or theories published within the last five years*. While reasonable flexibility can be applied – *the emphasis is on reasonable* - overuse of this little bit of flexibility will not be acceptable.

6. Year 12 / Level 2 overall planning considerations

These materials were originally produced as a planning document for 2021-2023.

Thinking about level 2 planning

Who are your learners?	Which NCEA Achievement Standards do you plan to use to assess your programme this year?	Previous planning	School wide planning – assessment calendar etc

What do you know about their:
• Previous NCEA achievement?
• Their literacy levels?
• The HPE underlying concepts?
• Who they are as people (within what is ethical for a teacher to know)?
• How they are culturally located?
• Their learning goals for this year?
	• Why these ones?
	• What does past experience tell you about:
	  ○ The ordering of these assessments – and therefore the overall shape of the learning programme?
	  ○ Student engagement and success with these standards
	  ○ Connections with other health ed (and other subject) learning?
	  ○ Usefulness for a health education NCEA pathway?
		• What planning materials can (in effect) be 'recycled' from the past couple of years – albeit with a slight shift in emphasis?
		Resources/information – existing
		• Which teaching and learning resources and information –based materials will still be relevant?
		Resources/information – to be located or updated
		• Keep an eye out for new health reports being published
			• What are the opportunities and constraints of the **school's assessment calendar** for the placement of assessments and the implications of this for planning and teaching?
			• What other school related events might be able to be incorporated with the learning – or alternatively times of known disruption to work around?

Topic or context selection • Will you select one main topic OR **a series of 2-3 topics with less content detail (suggested), for each of 2.1 and 2.4?** See the AS explanatory notes list for details, BUT do not be limited by these topics – 2.1 especially is ONLY a suggested list. As long as the 'topic' matter is clearly a NZ adolescent issue for 2.1 and clearly the result of a power imbalance in relationships for 2.4, the big idea and underlying concepts learning across these is universal. (See following)	**Introductory unit – the all-important underlying concepts – continue to deepen understanding of this over time.** Make sure students' can: • Identify the impact on health and wellbeing in relation to all dimensions of hauora in relation to an issue, understand the inter-relatedness of these – so they can use the concept of **hauora** holistically (and not need to refer back to individual dimensions unless called upon to do so. • The **SEP** – the inter-relatedness of personal, interpersonal and societal factors. • Individual and collective actions for **health promotion.** • How **A&V** are woven across the various aspects of issues. (See the NZHEA resource on understanding the underlying concepts, 2021)	**Other 'big ideas'** The most recurrent 'big idea' at Level 2 (which is spelt out in the explanatory notes) is connecting the underlying concepts together and that is done through developing understanding of the: • Influences on an issue • Impacts on wellbeing and • Strategies or actions for improving health and wellbeing.	**AS91325 & AS91328 connections (and points of difference)** Students will need practice at extracting underlying concepts and big ideas information from a range of materials which strongly suggests there needs to be far less learning of issue-specific content that can be reproduced in an exam, and far more extracting information about issues from a range of source/across a variety of topics. **Give some focus to the main point of difference:** • 2.1 needs to focus on an evidence-based adolescent health (or wellbeing) issue in NZ – there needs to be data that backs it up and evidence that explains the factors contributing to the issue • 2.4 needs to focus on the nature of power imbalances in relationships (in situations of bullying, harassment, discrimination etc), and laws related to these

Potential links with AS91326 (2.2) change and building resilience	**Potential links with AS91326 (2.3) health promotion**	**Potential links with AS91326 (2.5) sexuality and gender**	**Teachable moments**
• How can the planned approach for learning leading to 2.2 be used to support learning for 2.1 and 2.4 – how are the same (or similar) big ideas and application of the underlying concepts also apparent in 2.2? (See the NZHEA resource *Mental health & resilience* – revised for 2021)	• Does any of the material studied for 2.1 or 2.4 lend itself to being developed into a HP focus for 2.3?	• How could aspects of the learning for 2.1 and/or 2.4 lead on from situations or issues investigated for 2.5? e.g ideas arising from looking at sexual health (STI prevention or unplanned pregnancy), or gender-related aspects of power imbalances in relationships.	• Without the need to develop detailed topic specific content knowledge that can be reproduced, there should be time in learning programmes to use some lessons to respond to what is topic in the news – events that have taken place or new research. Teach students to 'read' these materials in a way that they can extract meaning related to the underlying concepts and other big ideas.

Health promotion events and awareness raising weeks for named issues

Search for an online health promotion and related events calendar or known NGO and other sites to check for awareness raising/health promotion weeks for various issues. Consider how these may be incorporated in the learning programme.

- Pink shirt (anti-bullying) (BullyingFreeNZ)
- Mental Health Awareness week (Mental Health Foundation)

(See various online sites)

Variety of teaching and learning activities and approaches
Do your student's (and does your school's approach to curriculum design) require learning that is:
- Carefully considered, scaffolded, developed over time, continually responding to learning needs as these emerge AND/OR
- Based on inquiry or project-based approaches that require high levels of student capability and capacity for leading their own learning (with close teacher supervision)?

Whatever the approach, don't lose sight of the importance of interactive (in person) activities in health education for developing student's critical thinking and hearing others perspectives e.g. values continuums, debates, think-pair-share, group discussions using a talking frame/scenario, student in-role, etc (*ie many of the activities used with junior student's but with contexts/ examples stepped up for senior learners*).

EMPHASISE
Stress the importance of understanding how the underlying concepts feature across the issue for each of 2.1 and 2.4

	P	IP	S
Impacts on health and wellbeing – what's the wellbeing issue?			
Influences on the issue (which include A&V)			
Strategies for improving wellbeing (that show respect, care and concern and values of social justice)			

Assessment preparation
- Past exams (see NZQA health education materials)
- NZHEA practice exams (see NZHEA members resources)

Support students to extract information from unfamiliar scenarios and resource material and organise it in relation to the scaffolding/prompts/questions provided in an examination paper.
Teach student's NOT to get distracted by topic matter they may not have learned about, but to focus on extracting ideas related to the UCs and big ideas.

For now the Achievement Standards still require students to be able to discuss **influences** on the issue, **consequences** for well-being, and <u>health enhancing</u> **strategies** <u>that promote well-being</u> in relation to the issue and offer an explanation of the <u>personal, interpersonal and societal aspects</u> of the issue. Think about the ways all of this learning applies to both 2.1 and 2.4 – and also 2.2 and 2.5.

As far as possible, make the learning of the big ideas for one context, transferable to other contexts. For 2.1 choose contexts that are clearly NZ adolescent health and wellbeing issues – the Youth19 data will be *one useful source* of ideas and data. For 2.4 choose contexts that feature power imbalances in relationships with the recommendation students look at 2-3 quite different behaviours (e.g. bullying, harassment, discrimination) - bearing in mind that while these behaviours are named differently and there's some differences in the details of the acts that are defined by these, and the laws related to them, <u>the P-IP-S factors that influence these power imbalances in relationships are fairly universal</u>.	**Avoid trying to second-guess the examiner and predict the topics for 2.1 and 2.4 – THIS IS NOT THE POINT. The point is that students are taught to extract meaning from a wide range of sources and from a range of contexts (topics) to populate a framework like this ...** <table><tr><td></td><td>**Personal**</td><td>**Interpersonal**</td><td>**Societal**</td></tr><tr><td>Impacts on health and wellbeing</td><td></td><td></td><td></td></tr><tr><td>Influences on the issue</td><td></td><td></td><td></td></tr><tr><td>Strategies* for improving wellbeing</td><td></td><td></td><td></td></tr></table> Remember that a resource-based examination will need to include any 'must-know' content knowledge with the resources as it can't be assumed students will have learned exact content. **Teach students how to extract P-IP-S, and wellbeing-Influences-strategies* information from sources** **See the following framework of ideas – this can be added to. There are also some topic specific applications of these ideas in the Achievement Standard sections.**	***Strategies** Strategies information can sometimes be the 'missing' information from a lot of found resource material. With the use of a generic list of possible strategies (see later in this document), help students to **work out what strategies would be most applicable for promoting wellbeing given the situation presented**. That said, there may be existing information about strategies associated with health promotion campaigns and examples of successful actions already taken. For 2.4 also include some **definitions** about the different forms of behaviours where there is a power imbalance (e.g. bullying, harassment, discrimination etc) as well as the **laws** related to these – but noting they don't need to learn these 'off-by-heart' as the resources provided in the exam will need to cover any 'must-have' content knowledge. Instead teach them how to 'read' this law and policy related material as an integral part of understanding strategies for wellbeing.	The fundamental (topic and big ideas) learning hasn't changed – because the standards haven't changed as yet – it's just the learning that is emphasised and way it is assessed that has *shifted*. You can still use the previous year's planning frameworks for planning ideas related to 2.1 and 2.4 (the 2020 versions of these have been reattached to this document) as well as material prepared for units you have developed and used before. **Make the emphasis in your learning programme more about recognising and applying the big ideas, than learning and reproducing content knowledge.** **Don't forget to check on and continue to strengthen students' digital fluency and** <u>literacy skills</u> **as you do this!**

This summary table is reorganised on subsequent pages to illustrate how a different of the table may be useful to consider. It is then expanded on with specific Achievement standards

V1	Influences on wellbeing What factors are contributing to the health and wellbeing issue for adolescents? What's the evidence for this?	Consequences for wellbeing How does the issue impact the health and wellbeing of adolescents? What's the evidence for this?	Strategies for promoting and supporting wellbeing What actions can be taken to reduce the negative impacts of the issue on adolescent health and on wellbeing for those directly impacted and promote health and wellbeing for all – as relevant of the issue? *NB. High quality actions or strategies reflecting a critical Level 2 response need to go beyond generic approaches. Actions and strategies need to relate specifically to the factors that contributed to the issue in the first place and focus on what needs to change to prevent the problem happening again – not just manage it once the problem has occurred.*
Personal	- Level of knowledge about the issue - Level of knowledge and skills to regulate own behaviours (e.g. non-use, safe use) - Personal dispositions and attributes - Previous experience - Capacity for critical thinking and other skills to interpret situations and recognise the impacts on wellbeing. - Health status – e.g. existing physical or mental health, and social wellbeing issues - Attitudes, values and beliefs about the issue	**For individuals** Think about impacts on - the dimensions of wellbeing mostly implicated by the issue - the remaining dimensions - the inter-relatedness of the dimensions This revisits NZC Level 6/NCEA Level 1 learning	**Prevention or promotion of health and wellbeing issue:** Learn new knowledge and skills (these are many): - Effective and respectful communication - Positive self-talk (positive thinking) and other ways of thinking rationally and realistically - Range of skills for building resilience – critical thinking, problem solving, decision making, goal setting etc - Developing a sense of self-belief, self-worth, self-confidence - Digital literacy, digital fluency, and digital citizenship - Developing ways of defining oneself - Self-awareness and recognising when factors are having a negative impact on own wellbeing **Interventions – responding to the situation once health and wellbeing has been negatively impacted:** - Know where to seek help and how to communicate needs.

Interpersonal	• Quality of relationships with others – supportive with respectful communication vs disrespectful communication and conflict etc
	• In intimate/close relationships with family, friends or partners as relevant to the issue
	• Pressure from peers and friends (direct or indirect) to do/belong/conform/be part of something
	• Behaviours or actions of people that impacts others
		For people in relationships (close or distant)
		   • How does the quality of an interpersonal relationships - between the people implicated in the issue - impact not only their social wellbeing, but all other dimensions as well (taking it back to personal wellbeing above)?
			Promotion, prevention, and intervention
			Using interpersonal skills appropriate to situations to support the wellbeing of the other person and/or support the relationship between people, such as:
			   • Using respectful and effective communication, effective listening, negotiation and compromise, using 'I' statements, assertiveness, problem solving, giving constructive feedback
			   • Supporting and caring
			   • Showing empathy
			   • Valuing others - respecting the diversity of others.

Societal	• Political factors – laws and policies that contribute to wellbeing, especially social policy and economic policy
	• Economic factors and the way money and resources are distributed and who has access to these
	• Cultural factors or social norms – the values and beliefs of groups or communities and societies and how these are factored into policy, community priorities and events, etc
	• Social environment factors and how cohesive and connected communities are: social support services, how inclusive communities are, how well young children are cared for, etc
		For communities (or all of society)
		   • How is community wellbeing a feature of this issue – and what is the nature of this 'community wellbeing'? – Social connections, cohesiveness, a community where people belong etc
			Prevention or promotion of awareness of existing health and wellbeing issues:
			   ○ Advocacy – letter writing, petitioning, campaigning for changes to laws, policies and practices
			   ○ Group processes for identifying issues, e.g. questioning, surveying, interviewing
			   ○ Goal setting, action planning, implementing, reflecting, and evaluating (ACLP used for collective action)
			   ○ Critical thinking to understand situations – e.g. who is advantaged/ disadvantaged, seeing different perspectives and using these understandings to make decisions about actions
			   ○ Campaigning, presenting, advertising - where possible, make use of ideas from health promotion actions that already exist
			
			Interventions – responding to the situation once health and wellbeing has been negatively impacted:
			   • Community provision of services to support people experiencing health and wellbeing issues

V2	Personal factors that influence wellbeing include things like a person's own:	Interpersonal factors that influence wellbeing include things like:	Societal factors that influence wellbeing include things like:
Influences on wellbeing	- Values and beliefs about the situation – and whether or not these support their wellbeing - Feelings of self-worth, self-belief, self-confidence, etc - State of mind – self-esteem, etc - State of health – whether the person is physically or mentally well or not well - Knowledge – *do they have knowledge to know how to deal with this situation?* - Skills like …. being able to manage self (time management, set goals, plan, various stress management strategies and techniques, etc), communicate effectively (use I statements, give and receive feedback, listen effectively), be assertive, make decisions, problem solve, think critically and rationally … noting some of these become interpersonal skills when they are used but in a person has to have their own knowledge of these skills (and confidence/ability to use them) in the first place - Life experiences – do they have experience of managing situations like this before – do they know what to do? - Circumstances – what financial resources they have, where they live, how stable is their family life, do they have friends, hobbies, interests, etc.	- The quality of people's relationships with their friends, family and peers, and relationships with romantic/sexual partners - The quality of communication between people - The capabilities of people in relationships to communicate effectively – has everyone in the relationship got effective communications skills and other skills like problem solving and negotiation, etc - The fact that a person has quality relationships with others - How supportive and equal their relationships are – or if there is a power imbalance in the relationship. - The values and beliefs of people about their relationships and how these are shown in their interactions - Whether or not a people are being pressured or mistreated by those that they know (e.g. bullied, cyberbullied, harassed, abused intimidated, victimised, assaulted).	- Cultural attitudes and values that are shown and impact people through things like: - Media – news, film & TV, social media, music, etc - Community events - Social organisations (like schools) - The provision of services in communities – what's valued and available - and what isn't - Who communities 'include' (and celebrate or embrace) and who they 'exclude' (and discriminate against or marginalise) - Globalisation (through multinational companies marketing of their goods, social media, internet, etc) - The practices and traditions of ethnic and other cultural groups, or subcultures - Political factors – how well laws and policies operate at national and local/community level (including school policy) - People's access to resources – financial and other (usually what money buys or needs money to pay for it so it can be provided), e.g. access to opportunities like education, health services and other community-based facilities, access to recreational opportunities and community events, opportunities for meaningful employment etc.

	Personal actions include having knowledge and skills for:	Interpersonal actions include using interpersonal skills appropriate to situations to support the wellbeing of the other person and/or support the relationship between people, such as:	Collective actions that contribute to local community or nationwide ('societal') health promotion include using knowledge and skills when working collectively to take action such as:
Strategies to support and promote wellbeing	- Self-management e.g. stress management, time management, self-nurturing - Positive self-talk (rational thinking) - Expressing feelings appropriately - Effective interpersonal communication (*see the list of interpersonal actions below*) - Decision making - taking personal responsibility for acting in ways that promote wellbeing - Asking for help from trusted others - Help seeking - accessing and using systems and agencies (e.g. at school or in community) that support wellbeing - Personal goal setting, action planning, implanting, reflecting and evaluating (ACLP used for personal action)	- Effective communication, effective listening, negotiation and compromise, using I statements, assertiveness, problem solving, giving constructive feedback - Respectful communication - Supporting and caring - Showing empathy - Valuing others - respecting the diversity of others – being inclusive *In other words, NOT to bully, harass, intimidate, abuse or discriminate against people*	- Advocacy – letter writing, petitioning, protesting, campaigning for change - Group processes for identifying issues to know where to target actions, e.g. questioning, surveying, interviewing ... ... Critical thinking to understand situations – e.g. who is advantaged/ disadvantaged, seeing different perspectives and using these understandings to make decisions about actions .... Goal setting, action planning, implanting, reflecting and evaluating (ACLP used for collective action) - Campaigning, presenting, advertising – making people aware of issues and what they can do about them - Implementing existing laws, policies or other guidelines at local community level and more widely

Health 91235 (2.1)

Analyse an adolescent health issue

5 credit external

Essential learning requiring deliberate acts of teaching for this standard include:

- **The socio-ecological perspective – a balance of personal, interpersonal and societal ideas applied to:**
  - **Factors that influence or impact health in relation to an issue**
  - **Strategies for addressing health issues that focus on changing the influencing factors**
- **Investigation of a small selection of adolescent health issues**
- **How to use data as evidence to explain the nature of a health issue**

What learning is this standard assessing?

Students apply the socio-ecological perspective to a known adolescent health or wellbeing issue. The SEP (personal, interpersonal and societal aspects) are applied in a balanced way to explain the factors influencing an issue (which may or may not include specific consideration of the determinants of health – see the front of this resource - section 2), impact on people's wellbeing, and strategies for improving wellbeing – and the connections between all of these ideas.

They are also developing skills to use data to justify points being made.

Why is this learning important for young people?

As adolescents build capacity for perspective taking, they become more aware of themselves and their place in the world and matters that impact their wellbeing.

In this standard they are learning about a familiar population group – people their own age – even if the topic or issue itself is not an immediate or current feature of the students own lives.

With a developmental increase in capacity for abstract thinking and carrying out cognitive tasks such as analysis and evaluation, students are more capable of using evidence to support points or claims they are making about a health or wellbeing issue.

This requirement is not about writing more but ensuring that understanding of the underlying concepts comes through consistently and in valid ways. A critical understanding of the SEP here requires consistent application of personal, interpersonal, and societal perspectives across the influences-consequences-strategies.

Application of the underlying concepts to AS91235

- **Hauora** - Implicit within any mention of health and wellbeing is a holistic understanding of hauora. Hauora and te whare tapa whā have been thoroughly assessed at Level 1 so in the step up to Level 2 student can expect that anyone viewing their work can 'read' when they are talking holistically about (any/all dimensions of) health and wellbeing ie students don't need to keep spelling out their understandings of the dimensions (in assessments at least) – they may still do this in a learning activity as they explore the impact of an issue on adolescent health and wellbeing.
- **SEP** - there is understanding of the SEP – with a balance of ideas across personal, interpersonal and societal aspects
- **HP** - the recommended strategies tend to be a mixture of (named or described) actions, as well as some explanation of strategies/ approaches
- **A&V** - the A&V implicated within any actions or strategies show understanding of what is fair and inclusive

Suitable contexts – topics and themes

Note that the list of possible topics is a bit tired and could do with some revision but it's not enough to warrant a change to the ENs if this proves to be problematic.

With a shift to resource-based assessments it means the learning contexts are wide open.

EN4 An adolescent health issue is one affecting the well-being of adolescents and which is a matter of public concern. Examples of adolescent health issues include stress management, adolescent alcohol use and misuse, enhancement of relationships, influences of body image, cannabis or other drug use, food related issues, maintenance of sexual/reproductive health.

Consider adding more contemporary adolescent issues such as pornography, social media use, cybersafety, vaping, etc.

Please note that this is NOT an exhaustive list of possible contexts, themes and topics.

Contexts for learning - topics or themes AS91325	Sources of evidence and other information to show this is a known adolescent health issue – search for these and check for the latest material
Sexual and reproductive health • STIs • Unplanned pregnancy • Endometriosis	Youth'19 data Sexual Wellbeing Aotearoa NZ statistics Ministry of Health Endometriosis NZ
Food related issues • Veganism • Sugary drinks • Poverty related food issues for teens (food security issues) • Overconsumption and (related) malnutrition	Ministry of Health national health surveys Heart Foundation
Substance use • Alcohol use • Cannabis or other drug use • Vaping •	Youth'19 data Ministry of Health ASH NZ Drug Foundation Amohia te Waiora – previously alcohol.org Vaping facts Protect Your Breath
Mental health and wellbeing • Body image (but not eating disorders as a main focus – see notes above) • Social media use • Stress and anxiety (e.g. as a result over concerns about environmental issues, hopes for the future, pressure to succeed/unrealistic expectations, etc) • Depression and anxiety disorders (but not suicide – see notes with the standard below)	Youth'19 data Mental Health Foundation – various resources
Relationships • Impact of pornography on relationships	Classification Office reports: NZ Youth and Porn (2018), Breaking Down Porn (2019), Growing up with Porn (2020) The Light Project
Themes could include a combination of the topic ideas above in relation to:	A number of the research reports above contain data about rangatahi Māori and Pacific youth (see particularly the Youth19 data)

• Adolescent wellbeing at our school / our community (e.g. with a city or rural focus) • Mātauranga Māori or Pacific perspectives on adolescent health and wellbeing • Health and wellbeing for adolescents with disabilities • Adolescent health and wellbeing in a changing world	

Useful teaching resources

Due to the wide range of possible topics for this standard, useful resources are many and diverse.

- Select reports from NZ research like the Youth 2000 series for example – with Youth19 being the most recent of these https://www.youth19.ac.nz/ or Stats NZ https://www.stats.govt.nz/
- For many topics there will be an NGO or government ministry with a vested interest e.g. Mental Health Foundation, Family Planning, Inside Out, Ministry of Social Development, Ministry of Health etc
- For mental health related topics, Mental Health and Resilience (NZHEA, 2021) may offer a range of activity ideas and see also Alcohol and Other Drugs years 7-13 (2021) https://healtheducation.org.nz/resources/
- As well as materials from news items and popular sources to help give context and highlight the current public focus on the issue.
- A wide range of educational videos can be sourced online about many topics.

Planning considerations

- As an external assessment the teaching and learning often comes mid-later in the year. 'Reuse' and build on learning about the HPE concepts from previous units as much as possible.
- Support students to locate and use data and evidence from reliable national studies and how to use data as evidence to back up a claim or argument.
- Support students to align and connect their ideas – across the P-IP-S aspects as well as the influences, consequences and strategies.
- Introduce basic understanding of the Determinants of Health where the topic matter lends itself to being understood in relation to the DoH (e.g. when the issue is the result of social and economic inequties). **Avoid forcing the DoH to fit wellbeing issues where a good understanding of the SEP (P-IP-S) is more appropriate**. See Section 2 at the front of this resource.

See the planning framework following. It is a series of prompts of possible learning that could be included in classroom activities. Although it is in context of alcohol use, consider how much of this can be transferred to other health issues.

Teacher pedagogy

- Engage students in activities where there is a deliberate and purposeful use of critical thinking questions. https://hpe.tki.org.nz/professional-learning-support/teaching-approaches/critical-thinking-and-critical-action/
- Use writing frames to organise ideas (see following). Provide opportunities for students to practice writing concise accounts of their ideas about the factors that influence the issue, impacts on people's health, and the recommendations for action.
- Support students to extract ideas about P-IP-S contributing factors, implications for wellbeing, and strategies, from source material.

Planning framework for AS91235:

Influences of alcohol use and impacts on - *adapt for use with other topics or themes*

If the personal influence on a person's alcohol use is …	… Possible data sources that MIGHT provide evidence to support the claim that this is an influence on the use of alcohol?	Why or how does this influence lead to an adolescent's use of alcohol, and therefore, affect their wellbeing?
Lack of knowledge about the effects of alcohol		
Lack of personal confidence in social situations		
Feeling down and depressed		
Doesn't know how to be assertive		
Doesn't know they have the right to say 'no'		
Lack of experience to know what they are getting into		
Low self-esteem or feelings of self-worth		
Think it will make them popular		
Think it will make them cool (and fit in)		
They are grieving after a major loss		
Personal beliefs about wellbeing		
Feelings of dissatisfaction or inadequacy about the appearance of their body		
(add your own ideas)		
If the interpersonal influence on a person's alcohol use is ….	… What source of evidence MIGHT support the claim that this is an influence on the use of alcohol?	Why or how does this influence lead to an adolescent's use of alcohol, and therefore, affect their wellbeing?
Peer pressure to use alcohol		
Regular use of alcohol by close family members		
Parents provide alcohol		
All their close friends use alcohol		
Everyone expects you to use alcohol		
Alcohol is provided by a coach, parent's friend or other adult		
Pressure from coach or teammates (to use performance enhancing drugs specifically)		
(add your own ideas)		

If the societal influence on an adolescent's alcohol use is …	… Possible data sources to provide evidence to support the claim that this is an influence on the use of alcohol.	Why or how does this influence lead to an adolescent's use of alcohol, and therefore, affect their wellbeing?
Historic cultural behaviours and attitudes		
Measure of masculinity/ rite of passage and masculinity culture in NZ		
Sporting culture traditions		
Poverty		
Unemployment / availability of work		
Living in a community where there is widespread use of alcohol		
Living in a community where a lot of income is from the alcohol industry		
Media advertising of alcohol		
Laws about alcohol supply		
Laws about alcohol consumption		
Laws about alcohol use, purchase and supply		
Subculture – groups that identify specifically with particular alcohol use		
Marketing of certain alcohol products to a target group		
Religious or other cultural beliefs		
It's perceived to be common practice in some sports codes		
(add your own ideas)		

Strategies to promote wellbeing and reduce harm from alcohol use – *adapt for use with other topics or themes*

If the personal influence on an adolescent's alcohol use is …	What action or strategy is needed to reduce harm from alcohol use and promote wellbeing in this situation? How or why will this promote wellbeing/reduce harm?	Who carries out this action or strategy?
Lack of knowledge about the effects of alcohol on the body, behaviour and wellbeing in general		
Lack of personal confidence in social situations		
Feeling down and depressed		
Doesn't know how to be assertive		
Doesn't know they have the right to say no		
Lack of experience to know what they are getting into		
Low self-esteem or feelings of self-worth		
Think it will make them popular		
Think it will make them cool (and fit in)		
They are grieving after a major loss		
Personal beliefs about wellbeing		
Feelings of dissatisfaction or inadequacy about the appearance of their body		
(add your own ideas)		
If the interpersonal influence on an adolescent's alcohol use is …	What action or strategy is needed to reduce harm from alcohol use and promote wellbeing in this situation? How or why will this promote wellbeing/reduce harm?	Who carries out this action or strategy?
Peer pressure to use alcohol		
Regular use of alcohol by close family members		
Parents provide alcohol		
All their close friends use alcohol		
Everyone expects them to use alcohol		
Alcohol is provided by a coach, parent's friend or other adult		
Pressure from coach or teammates (to use performance enhancing drugs specifically)		

If the societal influence on an adolescent's alcohol use is …	What action or strategy is needed to reduce harm from alcohol use and promote wellbeing in this situation? How or why will this promote wellbeing/reduce harm?	Who carries out this action or strategy?
(add your own ideas)		
Historic cultural behaviours and attitudes		
Measure of masculinity/ rite of passage and masculinity culture in NZ		
Sporting culture traditions		
Poverty		
Unemployment / availability of work		
Living in a community where there is widespread use of alcohol		
Living in a community where a lot of income is from alcohol		
Media advertising of alcohol		
Laws about alcohol supply		
Laws about alcohol consumption		
Laws about use, purchase and supply		
Subculture – groups that identify specifically with alcohol use		
Marketing of certain alcohol products to a target group		
Religion or other cultural beliefs		
It's perceived to be common practice in some sports codes		
(add your own ideas)		

Achievement Standard criteria and explanatory notes

Achievement	Achievement with Merit	Achievement with Excellence
Analyse an adolescent health issue.	Analyse an adolescent health issue.	Analyse an adolescent health issue.
EN2 Analyse an adolescent health issue involves providing an explanation of: • influences on the issue • consequences for well-being • health enhancing strategies that promote well-being in relation to the issue.	Analyse in depth, an adolescent health issue involves providing a detailed explanation of: • how the influences have contributed to consequences for well-being in relation to the issue for promoting well-being are related to the influences.	Analyse comprehensively, an adolescent health issue involves making connections within and/or between influences, consequences and strategies to show critical understanding of the underlying concepts.

EN3 An analysis of an adolescent health issue typically includes an explanation of personal, interpersonal, and societal perspectives.

An adolescent health issue is one affecting the well-being of adolescents and which is a matter of public concern. Examples of adolescent health issues include:
- stress management
- adolescent alcohol use, ~~and misuse~~
- enhancement of relationships
- ~~influences of~~ body image
- cannabis or other drug use
- food related issues
- ~~maintenance of~~ sexual/reproductive health

Focusing on suicide or eating disorders is not appropriate.

Note the ~~words~~ are not official changes but more for consistency. Alcohol 'misuse' can be very judgemental so it is preferable to think in terms of alcohol use and how this impacts health and wellbeing.

Please note the EN statement that says "Focusing on suicide or eating disorders is not appropriate". See the MoE guidelines on such matters at https://newzealandcurriculum.tahurangi.education.govt.nz/preventing-and-responding-to-suicide-resource-kit/5637164915.p

As this is an external assessment, teachers will need to check the Assessment Specifications for the current year. See Section 2 in the front part of this resource.

Advice and guidance

Common pitfalls with this standard

- Focusing too much on the content of the topic at the expense of supporting students to understand and recognise instances of where the underlying concepts, especially how/where the SEP (P-IP-S), features in source material.
- And similarly, insufficient learning support for students to be able to transfer ideas from the learning context(s) to an assessment context (using previously unseen source material) – especially the influencing factors, the implications for wellbeing, and then strategies for action to improve outcomes.
- Students writing too much (and meaning is lost) or failing to answer all parts of the assessment in the exam.
- Getting lost in the DoH when a simpler SEP (P-IP-S) Level 2 focus would be more relevant.
- [For teachers marking practice exams] How to make holistic judgements about students' coverage of the P-IP-S factors for Achievement (and what a holistic judgement is NOT), and then the quality step ups from A-M-E– which is not about writing more but writing more insightfully - as guided by the ENs. See section 3 at the front end of this resource,

External assessment matters to note

Although the examination will have a context (and reading/source materials are provided in the exam related to the topic), the point is not so much to have learned about a specific topic, but to be able to apply SEP-influences-consequences-strategies ideas to any context presented.

This approach to external assessment shifts the learning focus away from learning about a topic with a view that ideas about the topic can simply be reproduced in an exam, to focusing more on the big ideas of the analysis – the SEP-influences-consequences-strategies – and to learn how to 'read' and interpret these features in any resource material and extract this information in response to assessment questions.

Health 91236 (2.2)

Evaluate factors that influence people's ability to manage change

5 credit internal

Essential learning requiring deliberate acts of teaching for this standard include:

- A definition of resilience – the APA one below is recommended – what resilience is – and is NOT.
- Risk and protective factors – what these are and lots of examples - the lists in the *Youth Development Strategy Aotearoa* (2002) are as good as any but don't be limited by these.
- Analysing lists of risk and protective factors as being personal, interpersonal and/or societal in nature – some could be combinations depending on how the situation is viewed.
- A range of strategies to maintain or sustain existing protective factors or develop new, and strategies to mitigate or reduce risk factors or including those situations that cannot be readily changed or 'undone' like a history of abuse, living in poverty, family situation etc.

What learning is this standard assessing?

Students are showing understanding of the concept of resilience, that is the capacity for people to 'bounce back' after experiencing significant and stressful life changes or a period of adversity.

American Psychological Association (APA) definition of resilience

<u>The process and outcome of successfully adapting to difficult or challenging life experiences</u>, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands. A number of factors contribute to how well people adapt to adversities, predominant among them (a) the ways in which individuals view and engage with the world, (b) the availability and quality of social resources, and (c) specific coping strategies. Psychological research demonstrates that the resources and skills associated with more positive adaptation (i.e., greater resilience) can be cultivated and practiced.

Source: https://dictionary.apa.org/resilience

- The focus particularly on the risk factors that get in the way of coping with the change situation, and often compound it and make it worse, and the protective factors that support them to bounce back and cope with the situation.
- These risk and protective factors are viewed in relation to the SEP – which factors are operating a P-IP-S levels.
- The actions needed to develop/use/enhance the protective factors and minimise or mitigate the risk factors are given additional focus.

Why is this learning important for young people?

- The importance of young people developing resilience to cope with life changes has been a significant focus in the wider mental and health and wellbeing promotion field for well over two decades – with research going back over 40 years (or so).
- Developing resilience requires many cognitive and social skills, both for self and to support others experiencing change, and effective/ community level responses that support people experiencing life changes.
- Learning leading to this assessment highlights the complex interplay of actions and circumstances needed to build resilience.

Application of the underlying concepts to AS91236

- Hauora - understanding of hauora as a holistic concept is implicit within any mention of health and wellbeing
- SEP - there is understanding of the SEP – with a balance of ideas across personal, interpersonal and societal aspects of the risk and protective factors
- HP - the recommended strategies for enhancing protective factors and minimising or mitigating risk factors tend to be a mixture of (named or described) actions, as well as some explanation of strategies/ approaches
- A&V - the A&V implicated within any actions or strategies show understanding of what is fair and inclusive

Suitable contexts – topics and themes

A significant change situation related to the key learning area of mental health. A significant change situation results in numerous changes that need to be considered as part of the evaluation. Situations may include aspects of:

- physical or mental health problems, e.g. illness, disability
- family separation, or relationship break up
- changing house, school, and/or country
- significant loss situations resulting in grief
- drug use and misuse
- experiencing significant failure, e.g. at school
- repeated or ongoing pressured, risky, or stressful life situations at home, work or in the social environment.

Note that the resilience literature also refers to the capacity for people to have good life outcomes despite living in adversity e.g. extended period of depravation and poverty, or conflict (war). Although the assessment does not accommodate this focus – which is on a life change – the learning programme can still include considers of people who have lived with and overcome adversity.

Planning considerations

- It is useful for students to have learning experiences showing people in different change situations and to look for similarities among the risk and protective factors. Decades of research has repeatedly shown the same factors recurring across many different contexts.
- Use a variety of print material, video and where possible, real-life accounts of people who have managed major changes. Try to select materials that have relevance for learners' identities and cultural contexts.
- Ensure there is deliberate teaching about risk and protective factors and how these can be mapped onto P-IP-S understandings (SEP), and then the actions needed to enhance protective factors AND minimise/mitigate risk factors.

Teacher pedagogy

- Engage students in activities where there is a deliberate and purposeful use of critical thinking questions.
- Use writing frames to organise ideas. Provide opportunities for students to practice writing concise accounts of their ideas about the risk and protective factors that influence how well (or not) a person copes with a major life change, and the recommendations for actions to enhance protective factors and minimise or mitigate risk factors.
- Support students to extract ideas about P-IP-S risk and protective factors from source material.

- If using personal accounts, ensure student safety and provide alternatives if students appear distressed by the approach taken. Check in with the student and the guidance counsellor if your teaching triggers an emotional response for any students.

Resources, sources of information and teaching materials

Ministry of Youth Development

- Youth Development Strategy Aotearoa (2002) https://www.myd.govt.nz/resources-and-reports/publications/youth-development-strategy-aotearoa.html
- Building Strength: Youth Development Literature Review (2002) https://www.myd.govt.nz/resources-and-reports/publications/building-strengths.html

Don't be put off by the age of these resources. The resilience research goes back several decades and there has not been much that is fundamental new for many years.

NZHEA **Mental Health and Resilience** (revised 2021) has a whole section of activities around understanding resilience https://healtheducation.org.nz/resources/

NZHEA – **Health Studies Level 1 Learning Journal and Workbook** contains many ideas for strategies

American Psychological Association (APA) – see various resources at https://www.apa.org/topics/resilience

Tūturu resources contain a useful selection of short videos looking at the way alcohol and cannabis use can be implicated (as risk factors) in change situations https://tuturu.org.nz/toolkit/videos-2/ https://tuturu.org.nz/toolkit/videos/ and https://tuturu.org.nz/toolkit/videos-renee/

Achievement Standard criteria and explanatory notes

Achievement	Achievement with Merit	Achievement with Excellence
Evaluate factors that influence people's ability to manage change.	Evaluate in depth, factors that influence people's ability to manage change.	Evaluate comprehensively, factors that influence people's ability to manage change**.
EN2 Evaluate factors that influence people's ability to manage change involves: • explaining risk and protective factors that contribute to people's ability to manage change situations. • recommending a combination of personal, interpersonal <u>and</u> societal strategies to maintain the protective factors and/or minimise the risk factors.	EN2 Evaluate in depth, factors that influence people's ability to manage change involves: • explaining, in detail, risk and protective factors that are clearly linked to the change situations. • recommending personal, interpersonal <u>and</u> societal strategies specific to the change situations.	EN2 Evaluate comprehensively, factors that influence people's ability to manage change involves providing an explanation that demonstrates critical* understandings of: • the risk and protective factors influencing people's ability to manage change situations. • strategies for maintaining the protective factors and minimising the risk factors.

EN2 (cont. for excellence) *Critical understandings will be shown, for example, through **a relevant combination** of:

- showing a conceptually sound understanding of the concept of resilience in relation to the change situation
- showing insight into the change situation beyond the immediate evidence (e.g. by drawing on understandings from similar situations)
- showing understanding of how a major life change results in many inter-related changes
- ~~linking the risk and protective factors to the relevant determinants of health~~ See comment with task below
- explaining interrelationships between the personal, interpersonal and societal factors influencing people's ability to cope with change, **or** the strategies for building resilience.

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

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

Overview of the internal assessment tasks

TKI NZQA approved tasks	Notes Suggested modifications are in blue
Health 2.2A Fred's ups and downs	This is a scenario-based assessment. As presented it is not a popular choice. Consider writing a different scenario with a life experience students may relate to in some way.
Health 2.2B Resilient role models	This version requires interviewing a person who is prepared to ask questions about the major life change – this approach needs to be managed very carefully for safety and ethical reasons – for all involved. One of the disadvantages of it is that some students do not manage to gather enough information to respond to all aspects of the task. If using this option, have other material available for students whose interview does not provide enough information.
Health 2.2C Resilient role model – John Kirwan	This is the most popular approach to this assessment. **Note that teachers will need to change the person to focus on for this assessment in response to the requirement below.** Various entertainment and sports celebrities who have documented major adverse life events are a popular choice. These resources are guides to effective assessment and should not be used as actual assessment. These are publicly available resources so you (education providers, teachers and schools) must modify them to ensure that student work is authentic. You will need to set a different context or topic to be investigated, identify different texts to read or perform, or change figures, measurements or data sources to ensure that students can demonstrate what they know and can do.

Basic outline of the task

See online tasks for introductory instructions for the assessment and copies of assessment schedules.
The purpose of this task outline is to highlight the essentials of the assessment task as it relates to the criteria and ENs of the standard.

Note the online tasks have a very detailed 'front end' explanation of what the assessment is about and what is required.	Emphasise that the focus of this assessment is the concept of resilience – not on the major life change the person experienced as such – it's about how they managed the situation after it happened.
TASK instructions • Introduce who the focus is for the assessment. • Describe the resource material that will be used e.g. video/documentary, excerpts from articles, news items, website information as applicable. Indicate what will be supplied/what students will need to locate for themselves.	See the various sample assessments as to whether this person is: • A real person whose experiences are documented e.g. in a film or documentary • A person the student has interviewed (note the cautions about this above) • A fictious person in a scenario
Optional – in the task provide a resource with a definition of resilience and risk and protective factors.	As this is in effect an 'open book' assessment, such material will be in students own learning journal.
[Overall] Evaluate comprehensively, factors that influence *[named person's]* ability to manage change, and recommend personal, interpersonal and societal strategies that enhance his resilience for his particular	

situation. Present your evaluation in a format agreed with your teacher.	
For example, it could be a written report or a visual or multimedia presentation.	Note that a visual presentation (such as a PPT) seldom provides the level of analysis required. A PPT either needs an oral presentation to support it or written notes to provide the analysis Add in a suggested Word count - no more than 1500- 2000 words
Your evaluation should include:	
explanations of the personal, interpersonal and/or societal risk and protective factors that are likely to have influenced [*named person's*] ability to cope with change	Note that students DO NOT need to include all P-IP-S. They should include a combination or risk AND protective factors based on the evidence in the resource material, hence the addition of 'or'. For added emphasis an instruction could be added to give most focus to the evidence about the risk and protective factors featured in the source material.
For each risk and protective factor: • describe what the factor is, for example is it personal, interpersonal or societal, is it a protective or risk factor; what is the nature of it, what happened and who or what was involved	
• explain how or why the factor helped or hindered [the person's ability to cope and manage the change (his resilience)	Note – risk and protective factors for the most part already exist in the person's life, although in some cases, additional risk or protective factors may result as a consequence of other related events – but for the most part the factors exist at the time of the life change.
link to the relevant determinants of health, *as appropriate.* • explain the interrelationships between the personal, interpersonal and/or societal factors influencing [the person's] ability to cope with change OR show understanding og the change situation beyond the immediate evidence OR show a sound understanding of the concept of resilience in relation to the change situation	Recommend leaving this out. In many cases the DoH do not apply. Unless the person's situation has been impacted by poverty, it is difficult to make these connections. Replace this with another Excellence requirement as shown.
• recommended strategies from a personal, interpersonal and societal perspective that have been taken or could have been taken to manage change and build resilience. You will describe the nature of the strategies (the actions involved), and make connections back to the factors by explaining how the strategies will minimise the risk factors and how the strategies will develop and maintain the protective factors that have been previously discussed	Note that each of P-IP-S strategies are needed. These need to focus on what needs to happen after the change to either maintain or sustain protective factors that already exist, and /or mitigate or reduce risk factors
• explanations of the inter-relationships between the strategies, for example: how were the strategies connected to each other to help [person] manage the change and build resilience?	Which excellence requirement is selected for each of the risk and protective factors, and the strategies can be decided in context of the person and their situation. As far as possible, choose a situation with a range of self-evident or readily inferred risk and protective factors. However, the

[Depending on whether this was used above] Note that you may need to infer (make an educated guess) about the risk and protective factors, as well as the strategies in relation to [person's] resilience. This means you need to show insight into the change situation beyond the immediate resource material.	strategies do not (all) need to be apparent in the resource material – this is what students can bring form their learning.

Advice and guidance

Common pitfalls with this standard

- Lack of clarity around the nature and conceptual meaning of 'resilience' and how it is a capacity people have - to a greater or lesser degree.
- How risk and protective factors in people's lives either support them to cope with the change (protective factors) or continue to compound and make the situation worse (risk factors).
- Overdoing the P-IP-S risk and protective factors and actions – students do not need to consider every possible combination or permutation of these ideas but across their whole response all ideas need to be considered – and insight is shown by the selection of the most relevant and meaningful P-IP-S actions (etc) for the change situation – see assessment tasks for guidance.
- Getting lost in the DoH as one possible demonstration of 'evaluate comprehensively' for excellence when the DoH don't 'fit' and a basic SEP (P-IP-S) would be more relevant.

NZQA Assessment Clarifications
Updated December 2017.
For the internal standards find these at https://www.nzqa.govt.nz/ncea/subjects/health/clarifications/

Change situation: Students typically respond to a change situation presented as a scenario, or gather their own data by interviewing a person who has experienced change. The scenario should allow opportunity to draw out risk and protective factors at personal, interpersonal and societal levels [but note not all of P-IP-S are required for assessment]. If an interview is used, the evaluation needs to focus on the standard's requirements, rather than solely recount the story of change.

Risk and protective factors: Risk and protective factors are personal, interpersonal and societal influences on a person's ability to manage life's changes. These influences exist prior to [or at the time of] the change situation being experienced. Risk factors increase the likelihood of difficulties coping with change and protective factors better enable people to cope with life's changes.

Students will describe the nature of each factor and give reasons to justify why and how each factor hinders or helps a person's ability to cope with change and be resilient. The *Youth Development Strategy Aotearoa* (2002) provides a list of common risk and protective factors. In order to demonstrate understanding of resilience as a concept, the selected factors should bear relevance to these factors.

Strategies: Students will explain strategies at <u>personal, interpersonal **and** societal</u> levels to maintain the protective factors and/or minimise the risk factors, and enable a person to better cope with change. Students will describe the actions involved, as well as provide reasons to justify why and how the strategy will help the person to cope with the change situation and be resilient when faced with future changes.

Evaluate in depth: A Merit answer clearly links risk and protective factors to the change situation, and provides in-depth explanations. The strategies are the key actions needed to manage the change situation by minimising the risk factors and/or maintaining the protective factors. Detailed explanations are provided of why and how the strategies will build resilience.

Evaluate comprehensively: For Excellence, the factors and strategies are critical in terms of the change situation and the development of resilience now and in the future. Students may also show understanding of how a major life change results in many inter-related changes, link the factors to relevant determinants of health [note issues with this] and/or resilience literature, or explain inter-relationships between the factors and/or the strategies

.

Some added guidance about AS91236 (Health 2.2 Managing change)

As part of our ongoing series of newsletter items to support NCEA assessment, we focus this term on AS91326 ***Evaluate factors that influence people's ability to manage change*** - it looks straightforward but there are several things that need to be considered.

1. The change situation needs to be **one main significant life change** -see EN4 for examples. *Unfortunately the way the standard is written the concept of resilience is not able to be applied to situations where people live for an extended period in adverse conditions (e.g. poverty, conflict) but still have good life outcomes, although teaching can still give focus to this when developing understanding of resilience along with risk and protective factors.*

2. An understanding of the concept of **resilience** needs to clearly be at the fore of the student response – that is how people cope or bounce back after a significant life change.
   It is important that students understand that resilience is not a 'thing' that people 'have' or 'don't have' and if we 'have it', it is there forevermore. Think of resilience as being about people's **capacity** to manage change. None of us can know exactly how we will cope with a major life change. We can have lots of knowledge and skills and plenty of support, and although that would suggest we'll manage well, that is not guaranteed. Just as a person who lives in quite adverse conditions may cope well because of just a few key things that make all the difference, like a significant adult in their life, having a hobby or interest, and staying at school.

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

3. It is NOT a case of applying the same personal-interpersonal-societal lens to everything as happens with some other Level 2 standards. P-IP-S ONLY applies to the strategies.

4. To be able to talk about how a person is likely to – or does – cope with a major life change needs to be considered in relation to the **risk and protective factors that are <u>present at the time of the change</u>** (ie they were pre-existing) as these are what help predict how well the person might adapt to the change. **Risk and protective factors** do NOT need to cover P-IP-S factors. What is most important is that these factors are **based on evidence** from the situation, scenario or story that is the focus for the assessment. In a real-life story there is no guarantee an example of each of P-IP-S factors will feature.

> One of the better sources of information about **risk and protective factors** is still the (previously known as) Ministry of Youth Development material which is still online. See Youth Development Strategy Aotearoa (2002) and for more detailed teacher reading accompanying the strategy see the literature review Building Strength: Youth Development Literature Review (2002). Don't be put off by the age of these materials. The research done decades ago is as relevant now as it was then. The main thing that has complicated matters is the addition of digital world issues. See following extract of risk and protective factors.

5. The **strategies** then need to consider what (still) needs to happen <u>after</u> the change. These need to cover **at least one each of P-IP-S strategies**. These strategies can **either** help to maintain or further enhance the protective factors ie they keep supporting the person and sustaining their ability to

manage their life after the changes and continuing to build their resilience and reduce or mitigate any risk factors that continue to exist (from before/at the time of the change) or have developed because of the change.

Evaluate factors that influence people's ability to manage change

Achievement	Achievement with Merit	Achievement with Excellence
Evaluate factors that influence people's ability to manage change.	Evaluate in depth, factors that influence people's ability to manage change.	Evaluate comprehensively, factors that influence people's ability to manage change.
EN2 Evaluate factors that influence people's ability to manage change involves: • explaining risk and protective factors that contribute to people's ability to manage change situations • recommending a combination of personal, interpersonal and societal strategies to maintain the protective factors and/or minimise the risk factors.	*Evaluate in depth, factors that influence people's ability to manage change involves:* • explaining, in detail, risk and protective factors that are clearly linked to the change situations • recommending personal, interpersonal and societal strategies specific to the change situations.	*Evaluate comprehensively, factors that influence people's ability to manage change involves providing an explanation that demonstrates* **critical*** *understandings of:* • the risk and protective factors influencing people's ability to manage change situations • strategies for maintaining the protective factors and minimising the risk factors.

*Critical understandings will be shown, for example, through a relevant combination of:
- showing a conceptually sound understanding of the concept of resilience in relation to the change situation
- showing insight into the change situation beyond the immediate evidence (eg by drawing on understandings from similar situations)
- showing understanding of how a major life change results in many inter-related changes
- *linking the risk and protective factors to the relevant determinants of health apply the DoH ONLY in situations where poverty is a significant risk factor - do not force it to 'fit'.*
- explaining interrelationships between the personal, interpersonal and societal factors influencing people's ability to cope with change, or the strategies for building resilience.

Note that excellence does not necessarily require added information. In many cases a relevant combination of these ideas (ie NOT all) should appear as an integral part of a well-informed and carefully worded evaluation.

EN3 **Risk and protective factors, and strategies for managing change** are related to the **concept of resilience.**

EN4 The context for the assessment will be based on a **significant change situation** related to the key learning area of mental health. A significant change situation results in numerous changes that need to be considered as part of the evaluation. Situations may include aspects of:
- physical or mental health problems, e.g. illness, disability
- family separation, or relationship break up
- changing house, school, and/or country
- significant loss situations resulting in grief
- drug use and misuse
- experiencing significant failure, e.g. at school
- repeated or ongoing pressured, risky, or stressful life situations at home, work or in the social environment.

Focusing on suicide or eating disorders is not appropriate.

Risk and protective factors

When teaching about risk and protective factors, students can analyse lists like the ones following to decide if each factor is P-IP-S or, as often happens, could be two or all three of P-IP-S depending on which aspect or

perspective of the situation is being considered. But stress that it is not the P-IP-S nature of them that is important, it is which factors are shown to be present in the story or situation they are evaluating, ie the use of evidence showing the presence – or absence - of these factors.

Youth Development Strategy P21 (adapted)

COMMON PROTECTIVE FACTORS	COMMON RISK FACTORS
Analyse why the **presence** of these factors is **protective** AND *how the _absence_ of some of these factors may present a _risk_*.	Analyse why the **presence** of these factors is a **risk** AND *how the _absence_ of some of these factors may be _protective_*.
Many protective factors have a 'learned' aspect to them. What can people learn that would help build resilience and help them manage life changes?	Which of these factors cannot be (readily) 'undone' or reversed? What are the implication of this when considering the sorts of protective factors that will need to be present to reduce or mitigate the impact of the risk? What does current research suggest are some of the more problematic and recurrent risk factors?
What other protective factors could be added to this list? Think perhaps about specific examples related to items on this list that are particularly topical at present.	Where would you add a digital world aspect to this list? Or does that need a new category of its own?
- Large net of social support from wider family, teachers, school, workplace, church, youth organisations and leaders - Faith that life has meaning, optimism, aspirations, hopes and plans for the future - Parenting that combines warmth with clear limits and firm consequences - Safe, supportive neighbourhoods - Staying longer at school and achieving well - Involved in extracurricular activities and having many interests and hobbies - At least one close friend - Mainly law-abiding friends with positive interests - Thinking skills, including problem solving and seeing things from others' perspectives - Positive social interactions with other people - Supportive relationships with at least one significant adult - Attachment to the community and one's culture - Meaningful employment.	- Low self-esteem, poor social or coping skills - Chronic illness, mental health or behaviour or learning problems - Lack of social support from family, neighbourhood and wider community - Truancy, academic failure and dropping out of school - Heavy use of alcohol and other drugs, especially where this is self-medication - Parenting that is: overly harsh; sets insufficient boundaries; inflexible with regard to changing needs with age; overly permissive; abusive; violent; and neglectful - Chronic marital conflict, particularly where it is in front of the children, destructive and/or involves violence - Experiencing divorce while growing up - Low income in the family - Multiple problems or disadvantages in the family, including poor accommodation, mental health problems, unemployment, violence, addiction, crime and poverty - Sexual abuse as well as emotional, physical and verbal abuse, bullying or neglect - Transience, high mobility.

Insights

91236: Evaluate factors that influence people's ability to manage change
Performance overview:
This standard requires students to respond to a change situation presented as a scenario or gather their own data by interviewing a person who has experienced change. The scenario should allow opportunity to draw out risk and protective factors at personal, interpersonal, and societal levels. If an interview is used, the evaluation needs to focus on the standard's requirements rather than solely recounting the story of change. A combination of personal, interpersonal, and societal strategies must be recommended to maintain the protective factors and/or minimise the risk factors.

Practices that need strengthening:

A clear 'change situation' is needed to ensure the requirements of the standard can be met. Grades were changed in moderation where a clear 'change situation' was not provided, or where multiple 'change situations' were given. Without a specific, clearly stated 'change situation', it is difficult for students to understand risk and protective factors relevant to the change. Explanatory Note 4 of the standard provides further information about the nature of the 'change situation' needed for an analysis.

Risk and protective factors are personal, interpersonal, and societal influences on a person's ability to manage life's changes. Risk factors increase the likelihood of difficulties coping with change, while protective factors better enable people to cope with life's changes. These influences must exist prior to the change situation being experienced. *[NZHEA note - it is not so much about what happens, or what the person does after the change, but what factors are already in existence – for better or worse - that support them to manage the change – or not.]*

The standard requires students to explain strategies that will maintain protective factors and/or minimise the risk factors at all levels (personal, interpersonal, and societal). The levels at which the proposed strategies aim to address protective and/or risk factors must be clear in the student evidence. To show understanding of level, students' descriptions of strategies should be framed in terms of what they involve for the individual, others, and the wider community.

Explanations of strategies need to include a clear description of the strategy, the action it involves, and reasons to justify why and how it will help the person to cope with the change situation and be resilient when faced with future changes.

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

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

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

In this newsletter we are focusing on:
- Health 91326 (2.2) *Evaluate factors that influence people's ability to manage change*
- Health AS91237 (2.3) *Take action to enhance an aspect of people's well-being within the school or wider community.*

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

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

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

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

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

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

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

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

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

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

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

Clarification (2017) from NZQA – but see moderators report for 2026	Notes
Change situation Students typically respond to a change situation presented as a **scenario**, or gather their **own data** by interviewing a person who has experienced change. The scenario should allow <u>opportunity</u> to draw out risk and protective factors at <u>personal, interpersonal and societal levels</u>. If an interview is used, the evaluation needs to focus on the standard's requirements, rather than solely recount the story of change.	Other popular sources of situations involving major change suitable for assessment are movies or documentaries. Note that interviews with people to gather 'own' data can be problematic for assessment if they do not yield much in the way of risk and protective factors. There are also ongoing concerns about the safety and ethics of this approach for some students and the people they interview. It is suggested that this approach is used for teaching and learning only, and the assessment task is based on a situation where there is a clear range of P-IP-S risk and protective factors. Note this is NOT saying students have to have P-IP-S factors as that is **NOT a requirement of EN2 for any of AME**. It's just that there should be scope to be able to do this. If an excellence requirement is to include interconnections between the factors, then they will – for excellence only - need to identify P-IP- and S factors and the assessment task should lead them to that. Other examples of excellence could supersede or replace this (see bulleted list with the standard).
Risk and protective factors Risk and protective factors are personal, interpersonal and societal influences on a person's ability to manage life's changes. **These influences exist prior to the change situation being experienced.** • **Risk factors** increase the likelihood of difficulties coping with change, and • **Protective factors** better enable people to cope with life's changes.	Note that some risk and protective factors may be present but not be apparent or recognised for what they are before the change occurs. Some of these factors may only surface when a person has undergone a major life change and needs to find ways of coping and managing that change. Most (arguably all) significant life change situations for people – by their very nature – will have a range of P-IP-S risk and/or protective factors feature somewhere. What is most important for this standard is that students are **using the evidence in the scenario** (movie, documentary etc) **to identify the risk and protective factors specific to the person in that situation.** Incidentally they will be a combination of P-IP and/or S factors.
<u>Students will describe the nature of each factor and give reasons to justify why and how each factor hinders or helps a person's ability to cope with change and be resilient.</u> The Youth Development Strategy Aotearoa (2002) provides a list of common risk and protective factors. In order to demonstrate understanding of resilience as a concept, the selected factors should bear relevance to these factors.	Risk and protective factors need to clearly link with the evidence in the change situation presented in the assessment. The 'evaluation of factors' in the criteria refers to being able to weigh up a situation (scenario, life story) to work out what will help (protective factors) or hinder (risk factors) **the** person to cope with the change. As noted, the YDSA risk and protective factors are evidence based – see previous links to resource

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

Health 91237 (2.3)

Take action to enhance an aspect of people's well-being within the school or wider community

5 credits internal

Essential learning requiring deliberate acts of teaching for this standard include:

- **Collecting and analysing data to use as evidence and identity an aspect of health or wellbeing need in the school community**
- **SMART goal setting**
- **Action planning**
- **Aligning an action plan to the goals**
- **Evaluating the impact of actions**

What learning is this standard assessing?

- This standard assesses students' knowledge of goal setting and action planning leading to the implementation of a plan promote an aspect of (student) wellbeing in their school community. They then evaluate the process of implementing their action and any impacts on wellbeing of their actions.

Why is this learning important for young people?

- Knowing what to do when (school) community wellbeing needs to be enhanced and how to go about doing this, is essential health education learning. Putting theory into action.
- Youth advocacy and activism is a way to make social change for a fairer, more inclusive and more just society, and students need to learn how to approach such action(s) in ways that are more likely to achieve their intended goals.

Application of the underlying concepts to AS91237

- **Hauora** - understanding of hauora as a holistic concept is implicit within any mention of health and wellbeing although, depending on the health promotion context, it may be useful to mention specific dimension's if that is particularly relevant
- **SEP** – the SEP takes bit of a back seat here and is more incidental to the HP process
- **HP** - this is major focus for this standard with emphasis on the process for taking action – how to use evidence to decide a wellbeing need, set a goal, plan actions to achieve that goal, implement the plan and evaluate the process of implementing the goals and (if possible) the impact of the actions
- **A&V** - the A&V are implicated within the actions e.g. actions are respectful and show understanding of what is fair and inclusive

Suitable contexts – topics and themes

Any suitable school community context but the actions must be realistic and achievable e.g. contributing to anti-bullying or inclusive school practices, supporting children in a local primary school with a wellbeing activity; improving and aspect of the school's physical environment for greater safety, enjoyment etc; running some form of awareness raising campaign about an issue (with posters/digital messaging, assemblies, school event; and so on. Note that actions could all be online/digital.

Ideally the action is completed as a group (as a nod to 'collective action') but it can be completed individually.

Strongly recommended: Select actions that have no associated financial costs (again get students to think about what is achievable), or in cases where that will be the case, consider more advocacy focused actions that ask the school board to make available the funds for the proposed changes.

Useful teaching resources

- Use the assessment tasks as a guide.
- A range of goal setting/action planning ideas can be found across NZHEA resources such as for mental health related topics, *Mental Health and Resilience* (NZHEA, 2021) may offer a range of activity ideas and see also Alcohol and Other Drugs years 7-13 (2021) https://healtheducation.org.nz/resources/
- Also consider using the Action Competence Learning Process to deepen understanding of the process https://newzealandcurriculum.tahurangi.education.govt.nz/critical-thinking-and-critical-action/5637166568.p (and see following page).

Planning considerations & Teacher pedagogy

- Deliberate teaching is required to teach students the process for taking action, including ways of giving feedback to peers about their planning.
- Similarly, carrying out an evaluation requires deliberate learning.
- Providing students with formatted templates for documenting the evidence required for assessment is highly recommended (see the TKI resources and other resource material for these).
- The timing of the process is important to give students opportunity to make use of existing (nationwide) health promotion days; or contribute to whole school approaches to promoting wellbeing; or other time sensitive considerations.

Build in expected milestones and checkpoints to ensure students are on track and are documenting the required evidence (etc).

The process of health promotion

Taking action in response to the HPE underlying concept of health promotion for curriculum follows an inquiry process. The action competence learning process from Gillian Tasker's work, was developed from Bjarne Jensen's work in environmental education. The following iteration of the ACLP adds to earlier published versions to provide further considerations for goal setting and action planning.

Developing knowledge and insight
(Critical thinking)
- How did the wellbeing issue arise (history, values, beliefs, and consider the social determinants of health)?
- What is its importance for people's wellbeing, now and in the future?
- Who benefits and who is disadvantaged by the current situation? Why and how? What's our evidence for this?

Identifying a wellbeing issue

Consider personal, school, community, and societal issues.

Developing a vision
(Creative thinking)
- What alternatives are there to the situation that currently exists?
- How are conditions different in other classes, schools, cultures, communities, or societies?
- What needs to happen to ensure social justice?

Action Competence Learning Process *with* goal setting and action planning for health promotion

Reflecting and evaluating
- How effective were our actions? What does evidence show has been the impact of our actions on people's wellbeing?
- How effective was the process of implementing our actions based on participant feedback and our observations and reflections?
- What has been learned?
- What could be done differently?
- How far have we realised our vision? What still needs to be achieved? What could we do better or differently? What are our next steps?

Understanding
(Gathering, analysing and evaluating evidence and ideas)
- What changes will bring us closer to our vision? Consider changes within ourselves, our classroom, school, community, and society.
- What are the possibilities for action to achieve the change?
- Therefore, what needs to change to improve people's wellbeing? What is our goal? What do our actions aim to achieve?

Acting ethically, respectfully, and responsively to implement planned actions
(Using a wide range of personal self-management skills, interpersonal communication and support skills, collective action and advocacy skills)
- Individually
- Collectively

Planning
(Action planning)
- How do we know we have decided a SMART goal?
- What action(s) will we initiate and implement?
- How are our actions aligned with our goal(s)?
- What are the barriers and enablers in relation to taking action or making a change? How can we mobilise the enablers and reduce or mitigate the barriers?

Achievement Standard criteria and explanatory notes

Achievement	Achievement with Merit	Achievement with Excellence
Take action to enhance an aspect of people's well-being within the school or wider community.	Take action to enhance an aspect of people's well-being within the school or wider community.	Take action to enhance an aspect of people's well-being within the school or wider community.
Take action to enhance an aspect of people's well-being within the school or wider community involves: • identifying an issue that affects the well-being of people within the school or wider community • developing a workable plan to improve well-being • implementing the plan • evaluating the effectiveness of the action by reflecting on the implementation of the plan. • A workable plan relates to SMART goals.	Take in-depth action to enhance an aspect of people's well-being within the school or wider community involves: • developing a detailed plan linked to the issue • evaluating the effect of the implementation of the plan on well-being, using evidence.	Take comprehensive action to enhance an aspect of people's well-being within the school or wider community involves: developing a plan that includes actions that are critical for addressing the issue and explanations of these critically evaluating the outcomes for individual and community well-being. Critical evaluation of the outcomes will be shown, for example, through a relevant combination of: • use of evidence to show that the actions have resulted in a positive impact on people's well-being as planned • reasons based on evidence for the failure of actions to achieve the overall goal • alternative or additional actions required to meet the overall goal and reasons for these • whether the actions impacted on all or only some people and reasons for this • next steps for sustainability of the impacts on well-being achieved by the actions.
EN3 Assessment may be based on the following key areas of learning: mental health, sexuality education, food and nutrition, or body care and physical safety.		

Overview of the internal assessment tasks

TKI NZQA approved tasks	Notes
Health 2.3A Our Mentally Healthy School	Given the way the health promoting action needs to relate to students own context, these activities – as presented – don't quite fit. Schools tend to use the basic framework for the task and apply it to their own situation.
Health 2.3B Connecting with the Local Community	
Health 2.3C Let's get moving	

Basic outline of the task

See online tasks for introductory instructions for the assessment and copies of assessment schedules.

The purpose of this task outline is to highlight the essentials of the assessment task as it relates to the criteria and ENs of the standard.

Introduction This assessment activity requires you to take action to promote an aspect of people's well-being in your local community by planning, implementing, and evaluating a plan for health promotion focused on providing opportunities for young people in your community to xxx. You are going to be assessed on how you take comprehensive action to enhance an aspect of well-being for young people in your community. You are required to develop a plan that is detailed and includes actions that are critical for addressing the well-being issue, and explanations of these, along with critically evaluating the outcomes for individual and community well-being. The following instructions provide you with a way to structure your work to demonstrate what you have learnt and achieve success in this standard. *Teacher note: It is expected that the teacher will read the student instructions and modify them if necessary to suit their students.*	Selecting something suitable for assessment and something that students are interested in and will engage with can be tricky. Make sure the focus is based on evidence of need. **See the NZHEA newsletter article later in this section for ideas.**
Task Working in a small group, plan and use health promotion strategies to take positive action to bring about health-enhancing change in relation to an identified issue related to xxx in your community. You will need to document individually the planning, implementation and evaluation of your health promoting action.	Small groups are recommended. A whole class action of some substance can be taken with each group contributing something substantial. Individual action is an option but there are obvious limitations of this when taking action to contribute to the school community.
Identify the issue To find out the specific well-being needs of people in your community, you will first need to find information that tells you the nature of the issues related to xxx that exist. This will help you to decide on a SMART goal, as well as the	This is an important step before planning and implementing anything.

specific actions that you will take to achieve your goal. There are two options for this: • use information already collected from a school or local community survey • develop and carry out a survey for a group of young people in your community	
Describe the specific issue relating to participation in xxx that your class/group has identified to be the focus for your health-promoting action. Include the following in your description: • what is the specific issue • how do you know this is an issue • who in your community is affected • why is this an important well-being issue for your group to address?	
State clearly what the overall SMART (Specific, Measurable, Achievable, Realistic, Timed) goal of your health promotion action will be.	Monitor this to make sure it is a SMART goal
Explain how your planned action could enhance the well-being of people in your community. In your explanation, you could consider: • short- and long-term positive effects • positive effects for personal well-being, relationships between people and your community as a whole • effects for all/any of the dimensions of hauora and how these effects link to each other.	
Develop a detailed, workable plan of action Develop a plan to enhance well-being in relation to your issue which includes the following aspects and relates to the concept of SMART goal setting. Include: • actions which are critical for addressing the issue and an explanation why each of these actions is needed (at least five actions) • description of potential barriers and enablers related to taking each action • explanation of how the barriers could hinder the plan's implementation and how the enablers could assist with the plan's implementation. You should also consider how the barriers could be overcome • who in the group is responsible for each action and how you will document/measure that you have completed each action • an appropriate, realistic timeframe for each action (actual dates).	This needs teacher monitoring to check for alignment with the goal, that its not so simplistic it's meaningless and unlikely to have any impact, or so complex it will not be achievable. Also check for what is safe and ethical.
Implement the plan of action Carry out your planned health promoting action. Keep a log as you carry out your action that details your personal contribution. This will also help you in completing your evaluation. Each entry in your log should document: • the date of action • the action taken – including details of your personal contribution • what happened as a result of the action – can you proceed to the next step as outlined in your plan or are changes needed • enablers (who/what helped and how) • barriers (who/what got in the way and how you overcame this) • other comments: Any thoughts or feelings about the progress; what's going well/not so well, what are people saying about what you are doing?	Keep this as brief as possible

Where possible, provide evidence that demonstrates the implementation of your plan of action, for example, surveys, photographs, audio-video recordings, minutes of meetings, posters, written submissions, presentations made to stakeholder group/s, materials developed, public displays, seminars, copy of a letter and reply, stakeholder evaluation.	
Evaluate the outcomes of implementing the plan of action Critically reflect on the outcomes of the implementation of your plan for the promotion of xxx in your community. Describe: • the results of your actions – a summary of what actually happened, and to what extent you achieved your SMART goal • actions that were successful, and how these actions resulted in a positive effect on people's well-being as planned • actions that were not successful, the reasons for this and how this interfered with your ability to achieve positive effects for people's well-being • whether the actions impacted on all or only some people and reasons for this • alternative or additional actions needed to meet the overall goal if this health promotion was continued or repeated, and reasons why these changes would be needed • what steps should be taken now to build upon the positive impacts for well-being achieved by the actions. Support your evaluation with specific evidence from your implementation (log entries, letters, photographs, plans, participants' feedback; other people's comments, survey findings etc.).	This requires learning to do this well – and concisely. Be selective as to which are the most important parts to focus on and limit the amount of writing. See the Assessment clarifications following.

Advice and guidance

This 'taking action' standard is becoming ever more problematic for some schools to assess - *schools with many Level 2 classes (ie lots of Level 2 students), many students distance learning (ie not 'in' a physical school), multi-level classes, constraints on what students can and cannot reasonably do in their school context – some actions are not meaningful and don't actually result in any health promotion',* *(etc)* but to accommodate different ways of engaging in meaningful action across a greater diversity of schooling contexts would require a revision to the criteria and ENs. **So for now we stick with the approach and process that exists.**

NB. Working individually seldom results in any meaningful action, so a group approach is preferable. It would be worth noting that students learning in distance education (aka correspondence) can take action online, or that students may contribute something to an action already underway in their school or community and they plan an aspect of it.

Common pitfalls with this standard – and recommended solutions
The selection of the wellbeing goal • The goal needs to have a clear *wellbeing* purpose stated in the goal. This wellbeing purpose should clearly be of interest and relevance to the students and their (school) community. It should be based on an aspect of identified wellbeing need – that is, there needs to be evidence that shows there is a need and it's not just someone's 'good idea' and what they think needs to change/improve. • Ideas for actions that require financial costs should be carefully considered before planning gets underway. In most cases no-cost options are recommended unless students knowingly have access to school funds for actions. • Actions that connect with known school or community initiatives are encouraged so there is a sense of contributing to something. • Although awareness raising campaigns are a valid and sometimes necessary action they are not always satisfying nor do they generate much in the way of data for evaluation. 'Service-type' actions are encouraged where students actually contribute to or support something tangible e.g. support a local ECE or primary school with wellbeing-related activities, visiting and contributing to activities at rest/retirement homes, community centres, etc. • Groups contributing different parts to one bigger idea can make more sense and have more impact. **Teacher supervision** • Monitoring development and progress of student plans and actions at all stages is essential. **Alignment of goal to actions** • One of the more complex tasks in the goal setting action planning process is to decide actions that align with goals, that is, that undertaking particular actions will contribute to the achievement of the goal. Teacher monitoring and supervision is essential during this stage of the process and students may also peer review each other's plans to check on alignment. Activities that deliberately focus on the (mis)alignment of goals are also recommended as part of the learning process. **The amount of writing** • Action planning, keeping a log etc can require a lot of writing. Use templates with a suggested number of logbook entries, and recommended word limits to contain how much students need to write and still achieve success. Be concise about the requirements for the evaluation. A word limit of 1500-200 words (without the template words counted) is suggested as a maximum. **Atypical situations** (e.g. students learning remotely) • Although the intent of the standard is best met working in groups and face to face with the community where the actions are being implemented, there should still be opportunity for

achieving this standard when students work remotely. Consider the various ways the digital environment can be used to work together online, gather evidence of wellbeing need, and promote wellbeing.

Evaluation

- Carrying out an evaluation is a learned skill. Include deliberate teaching around evaluation of actions. This includes both *process evaluation* – how well the actions were implemented, and *impact evaluation* - the wellbeing benefits gained from the actions.

- **Group Work** (from the 2020 moderator's report) https://www.nzqa.govt.nz/ncea/subjects/health/nmrs-3/feb-2/) *If appropriate to a standard, group work is encouraged and is an acceptable form of assessment. Where this approach is used the teacher needs to ensure there is evidence that each student has met the standard. The contribution of each student can be tracked and presented in a variety of ways such as recorded teacher observation, the division of workload into clearly defined tasks, etc. Group work continues to be an issue for 91237 (health promotion), since work completed as part of this standard is usually undertaken in groups. It is important to note that all work submitted for assessment is to be completed individually, rather than students' action plans, logs and/or evaluations being replicated across a group who have worked on a shared action.*

NZQA Assessment Clarifications

For the internal standards find these at https://www.nzqa.govt.nz/ncea/subjects/health/clarifications/ (2017). See also the 2020 moderators report.

The health promotion process: Students will take health-promoting action in their school or local community to enhance an aspect of people's well-being. The process of health promotion should follow the action competence learning process, which enables students to engage in critical thinking in relation to an identified well-being need.

Working individually or in groups: Students can work in groups, but action can also be taken individually. Within a class, groups may take different action to address the same well-being issue. The latter is more likely to facilitate collective action. All work submitted for assessment will be completed individually, in order for assessment evidence to indicate what each student knows, understands and can do.

Take action: For Achieved, an issue is identified that affects the well-being of people in the school or community. A SMART goal is described, and the student also needs to describe how achieving the goal will enhance people's well-being in relation to the selected issue. A workable plan is developed to improve well-being. Students will describe actions that can be taken, and for each action, identify possible barriers and enablers, and provide projected timeframes.

The planned action is implemented, with a log typically provided to document the actions taken. Note that when the action is taken in groups, each student's log should document his or her contributions to the group's action. The effectiveness of the action is evaluated by reflecting on the implementation of the plan, including some links to well-being.

Take in-depth action: A Merit answer develops a detailed plan linked to the issue and evaluates the effect of the implementation of the plan on well-being, using evidence from the implementation log and/or artifacts from the taking action process.

Take comprehensive action: The most critical actions and key barriers and enablers are explained. The outcomes of the action are evaluated critically, with thoughtful consideration of the impact on well-being. Students may also provide reasons for unsuccessful actions, suggest alternative actions that may be needed in future, or explain actions that could now be taken to improve on, sustain or build on the outcomes achieved by taking action.

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

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

The following factors contribute to meaningful health promoting action.

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

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

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

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

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

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

schools simply redo the same thing each year, and this doesn't fulfil the process requirements for the standard.

Advocacy based health promotion:

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

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

Actions need to be real and important

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

Learning for the future

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

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

Teacher knowledge and PLD

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

Closing thoughts

It is disappointing that some form of taking action (like personal goal setting) is not a feature of the new L1 standards as would be good to engage students in taking action to support others (not only self) as it creates a real sense of community in the classroom and a gets students looking out for issues for a whole range of

people. That said, think about the ways the new decision-making standard (1.2) can be used as a building block for developing this for next levels of understanding.

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

Health 91238 (2.4)

Analyse an interpersonal issue(s) that places personal safety at risk

5 credits external

Essential learning requiring deliberate acts of teaching for this standard include:

- **Understanding what is meant by 'power imbalances' in relationships and how these manifests, and how these behaviours impact mental health and wellbeing – or in other words, how these relationship behaviours** *place personal safety at risk.*
- **Investigation of power imbalances in relationships in context of some of the following:** *discrimination, (sexual) harassment, intimidation, victimisation, bullying, cyberbullying, and sexual abuse and family/domestic violence (for learning only, not assessment)*
- **Definitions and understanding of social justice – what it is, and is not. Therefore, strategies needed for social justice.**
- **How socio-ecological ideas (personal, interpersonal and societal) can be applied why these behaviours exist and what strategies are needed to eliminate such behaviours.**
- **(Basic) Knowledge of which laws and therefore which government agencies are responsible for situations involving discrimination, harassment, and bullying.**

Definition: Social justice
- Social justice exists when society enables all of its members to participate in and have access to the social, cultural, political and economic resources that are widely agreed to and accepted as a way of life for that society.
- Social justice is about fairness in the way we interact and communicate with other people and how we share responsibilities in our relationships with a diversity of people, and as citizens.
- Social justice is grounded in the social, economic and political structures created by societies, the operation of those structures, and way the resources money and power are distributed in society.

Social injustice
Social injustices are the consequence of people being excluded from society or have very limited access to social, cultural, political and economic resources, compared to the majority of that society or are treated unfairly.

Adapted from https://www.salvationarmy.org.nz/research-policy/positional-statements/social-justice

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Factors contributing to social (in)justice
In context relevant ways akōnga explore people's attitudes, values, and beliefs (and behaviours that result from these) that result in them treating others unfairly or being excluded in some way.
The A&V and beliefs are explored in context relevant ways with reference to:
- Political ideology, religious and (sub)cultural beliefs, institutional knowledge and practices,
- Contemporary and historic factors
- Personal, family, community
- How 'power' is misused/abused in situations where there is social injustice
- The factors (forces?) that sustain and perpetuate behaviours that treat others unfairly or exclude people based on a particular attribute or circumstance

In context of mental health education, social injustice can manifest as a range of 'isms', phobias and stigma – through attitudes that are expressed and people's behaviours. Consider how specific mention might be given to some of the following when investigating bullying, harassment, or discrimination (etc): *sexism, racism, heterosexism (and related heteronormativity), ableism, sizeism, fatism/fatphobia, ethnocentrism, classism, ageism, homophobia, cisgenderism/transphobia, xenophobia, and so on. They can also manifest as 'stigma' about people's circumstances e.g. menstruation stigma or the stigma of having a mental illness.*

What learning is this standard assessing?

This standard is assessing students understanding of:

- The factors/influences that lead to and sustain behaviours like discrimination, intimidation, victimisation, harassment and bullying
- The impacts these behaviours have on wellbeing – not only but especially mental health
- Actions and strategies to eliminate power imbalances in relationships (where these impact wellbeing) and strategies for social justice – fairer and more inclusive outcomes for all

Why is this learning important for young people?

- Having healthy relationships and safe communities free of conflict, in a diverse society like New Zealand, requires understanding of the way some people misuse 'power' in their interactions with others.
- The various behaviours that result from this abuse of power include discrimination, harassment and bullying. These remain all too common both here and overseas – and online. These behaviours impact wellbeing in negative and damaging ways, and result in many people feeling unsafe, isolated, and not cared for.
- Diversity – and treating others different to us in fair and inclusive ways - considers sex, sexuality and gender; race, culture and ethnicity; abilities, appearance, social status, etc.
- Social justice is a persistent and important theme across all senior secondary health education, with the foundations for the concept being laid down from primary school. Understanding the concept of social justice is an essential part of promoting health and wellbeing for all.
- Recognising instances of social injustice and knowing what to do about is an all-important 21st century competency.

Application of the underlying concepts to AS91238

- **Hauora** - understanding of hauora as a holistic concept is implicit within any mention of health and wellbeing
- **SEP** - there is understanding of the SEP – with a balance of ideas across personal, interpersonal and societal aspects
- **HP** - the recommended actions or strategies for social justice are a reflection of the concept of health promotion – taking action. Although not specifically stated in the ENs, strategies for social justice are a key feature here – at each of societal level, and the personal and interpersonal actions that contribute to a greater good.
- **A&V** – understanding people's values and beliefs that result in them treating others unfairly. Leading to A&V that are integral to any actions or strategies for social justice - what is fair and inclusive.

Suitable contexts – topics and themes

Social injustices become apparent through behaviours ('topics') where there is an imbalance of power in relationships such as (cyber)bullying, harassment, intimidation, discrimination, abuse, and relationship violence.

Useful teaching resources

- A range of topics can be found in Mental Health and Resilience (NZHEA, 2021) may offer a range of activity ideas https://healtheducation.org.nz/resources/
- NZ Bullying free website.
- Netsafe (for all things related to cyber-related) https://www.netsafe.org.nz/
- Make use of previous years NZQA exams and NZHEA practice exams as a source of context specific material.

- As well as materials from news items and popular sources to help give context and highlight the current public focus on the issue.
- A range of educational videos can be sourced online about many topics.
- Own school policies and procedures.
- InsideOut offer a range of materials to support schools https://insideout.org.nz/
- Make sure you are aware of *Te Aorerekura – the National Strategy to Eliminate Family Violence and Sexual Violence* https://www.tepunaaonui.govt.nz/national-strategy/
- *International technical guidance on sexuality education: An evidence-informed approach (second revised edition,* UNESCO (2018). Various online sources e.g. https://www.who.int/publications/m/item/9789231002595
- Domestic, family and partner violence, abuse & harassment
- Look for white ribbon sites for example) https://whiteribbon.org.nz/ or https://www.whiteribbon.org.au/understand-domestic-violence/types-of-abuse/ or
- The NZ *Are You OK* campaign has a number of resources that may be useful http://www.areyouok.org.nz/
- Me too. https://metoomvmt.org/ - also look for local action and advocacy groups
- Programmes like *Loves Me Loves Me Not* may also provide a useful dimension to this learning https://www.police.govt.nz/about-us/publication/loves-me-not

Legal information:

- (For laws, policies and other legal matters) Human Rights Commission, Citizens Advice Bureau, Youth Law, employment law etc.
- Community Law https://communitylaw.org.nz/legal-information/
- Youth Law http://youthlaw.co.nz/

Planning considerations

Where possible, make connections with whole school approaches to promote student wellbeing in relation to the selected context, and/or connect with health promotion weeks like Pink Shirt Day.

This is a 4-credit standard and although it has much the same structure as 2.1, it is much more 'topic bound'.

As students won't specifically know the context that will appear in the exam, it is useful for students to learn a little about each of bullying, harassment, and discrimination (and consideration of broader understandings of intimidation and victimisation) ie definitions and any (different) laws related to the behaviours. Then to learn about the A&V that underpin all of these behaviours and the way power imbalances feature in much the same way across all of these contexts. That is, there are very similar themes to learn about regardless of the context.

The following material was designed for a detailed focus on intimidation (in general). Much of what is here applies to other forms of behaviour where there is an imbalance of power in relationships. Use the material as planning prompts for learning about bullying, harassment, discrimination, etc. *Check for the most up-to-date sources of information.*

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Summary Offences Act 1981 No 113 (as at 01 July 2019), Public Act 21 **Intimidation – New Zealand Legislation**

21 Intimidation
(1) Every person commits an offence who, with intent to frighten or intimidate any other person, or knowing that his or her conduct is likely to cause that other person reasonably to be frightened or intimidated,

   a) threatens to injure that other person or any member of his or her family, or to damage any of that person's property; or
   b) follows that other person; or
   c) hides any property owned or used by that other person or deprives that person of, or hinders that person in the use of, that property; or
   d) watches or loiters near the house or other place, or the approach to the house or other place, where that other person lives, or works, or carries on business, or happens to be; or
   e) stops, confronts, or accosts that other person in any public place.

(2) Every person commits an offence who forcibly hinders or prevents any person from working at or exercising any lawful trade, business, or occupation.

(3) Every person who commits an offence against this section is liable to imprisonment for a term not exceeding 3 months or a fine not exceeding $2,000.
Section 21: substituted, on 1 January 1998, by section 5 of the Summary Offences Amendment Act 1997 (1997 No 97).

http://www.legislation.govt.nz/act/public/1981/0113/latest/DLM53569.html

For the health 2.4 standard, do not be limited only to this legal definition of intimidation – it is intended that intimidation will be viewed as part of many different types of behaviours where there are power imbalances in relationships.

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What counts as "harassment"?
https://communitylaw.org.nz/community-law-manual/chapter-27-harassment-and-bullying/harassment-in-the-community-getting-protection-under-the-harassment-act/

How "harassment" is defined in the Harassment Act 1997

For there to be "harassment", there must be both of the following:
   a) the type of behaviour set out in the Harassment Act, and
   b) a pattern of behaviour, not just a one-off incident.

Step 1. Is it the type of behaviour that can amount to "harassment"?
These are the types of acts or incidents that can amount to harassment:

- watching, hanging around, or blocking access to or from your home or workplace, or any other place you regularly or often visit
- following, stopping or confronting you
- coming into your home or onto your property, or interfering with your home or any of your things
- contacting you – either by phone, letter, email or text, or through social media sites or apps like Facebook, or in any other way
- giving you offensive material, or leaving it where you'll find it or where someone else will give it to you or bring it to your attention – this includes posting offensive pictures or other material online
- doing anything else that makes you fear for your safety, and that would make a reasonable person in your situation fear for their safety. This includes where the harasser does the thing to a member of your family, rather than to you directly, in order to target you, and even if that family member doesn't in fact fear for their own safety. See link for remainder of text.

Analyse this extract for the type of intimidating behaviours indicated by this understanding of harassment.

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Some dictionary definitions
- (Cambridge) to frighten or threaten someone, usually in order to persuade them to do something that you want them to do;
- (Merriam Webster) to make timid or fearful: frighten, especially to compel or deter by or as if by threats;
- (Collins) If you intimidate someone, you deliberately make them frightened enough to do what you want them to do;
- (Macmillan) to deliberately make someone feel frightened, especially so that they will do what you want;
- (Oxford) to frighten or threaten somebody so that they will do what you want.

Check the date for Bullying-Free NZ Week
https://www.bullyingfree.nz/

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Defining Bullying https://www.bullyingfree.nz/about-bullying/what-is-bullying/
Whether bullying is physical, verbal, or social (relational), four widely-accepted factors can be used to identify it:
- Bullying is deliberate - harming another person intentionally
- Bullying involves a misuse of power in a relationship
- Bullying is usually not a one-off - it is repeated, or has the potential to be repeated over time
- Bullying involves behaviour that can cause harm - it is not a normal part of growing up.

What is not bullying?
Bullying is a word often used to describe behaviour that is not actually bullying — not all verbal or physical aggression is bullying. For example:
- a one-off fight or argument, or difference of opinion between friends where there is no power imbalance and they can sort it out between themselves
- not liking someone or a single act of social rejection

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	• one-off acts of meanness or spite • isolated incidents of aggression, intimidation or violence • using sexist or racist terms but doesn't mean to cause harm • theft: taking someone else's things once is theft but not necessarily bullying.
A search for matters related to intimidation on the **Youth Law website** http://youthlaw.co.nz **Domestic Violence** ...range of abusive behaviour – physical, sexual or psychological – that leads to fear, intimidation and emotional deprivation for the person experiencing the behaviour. No matter what you have done,... **What is psychological abuse?** ...Psychological abuse is abuse that is not physical or sexual. This includes verbal abuse, intimidation (trying to make someone feel scared), harassment, damage to property, threats of physical or... **What are some examples of bullying in the workplace?** ...Spreading nasty rumours; Invasion of privacy; Showing someone's private emails; Physical intimidation; Overbearing supervision or giving excessive work or tasks; Threats to job security; Abusive and humiliating language... **Can I be fired on the spot?** ...reasonable request, direction, rule, policy or procedure; and physical assault, threats or intimidation. However, what is considered serious will differ between different employers. If the misconduct is not serious, good...	**Community Law** https://communitylaw.org.nz/community-law-manual/chapter-27-harassment-and-bullying/going-to-the-police-when-the-criminal-law-can-help-with-harassment/threatening-violence-or-damage/ **Threatening violence or damage** Threatening to kill or injure you Crimes Act 1961, It's a criminal offence for someone to threaten to kill you or threaten to seriously injure you (cause you "grievous bodily harm"), or to send you a letter, text, email or other written material containing this kind of threat. The person can be jailed for up to seven years for this. **Intimidating you through threatening injury or property damage** Summary Offences Act 1981, s 21 It's a criminal offence for someone to threaten to injure you or damage your property, if they intended to frighten or intimidate you or knew that these were the kind of threats likely to frighten or intimidate any reasonable person. For this a person can be jailed for up to three months or fined up to $2,000.
Netsafe 2019 online hate speech insights https://www.netsafe.org.nz/2019-online-hate-speech-insights/ Nearly nine months after the Christchurch terrorist attacks, new research reveals that seven in 10 adults in New Zealand think that online hate speech is spreading and that a third of personal incidents occurred after March 15. Online hate speech has been a topic of public concern and research interest for some time. This report presents findings from Netsafe's 2019 research regarding the personal experiences of adult New Zealanders in relation to online hate speech. The study, is part of a larger project regarding online risks and harm. Online hate speech affects groups unequally and some people are experiencing serious harm as a result. People can disagree or have an alternate viewpoint online, but when actions become harmful there should be support, resolution and even prosecution options available. GET HELP In New Zealand, the Harmful Digital Communications Act tackles some of the ways people use technology to harm others online. This Act aims to prevent and reduce the impact of online bullying, harassment and other forms of abuse and intimidation. It lays out 10 communication principles that guide how to communicate online. When online abuse targets an individual based on their colour, race, ethnic or national origins it is a breach of the 10 Communication Principles. Find out more about how Netsafe can help.	**Key findings** • Overall, 15% of New Zealand adults reported having been personally targeted with online hate speech in the last 12 months. • Compared to our 2018 survey, this result is higher by 4 percentage points. • Over one third of personal experiences of online hate speech occurred after the Christchurch attacks. • Half of Muslim respondents said they were personally targeted with online hate in the last 12 months. Prevalence was also more common among Hindus. • Similar to 2018, people with disabilities and identifying as non-heterosexuals were also targeted at higher rates. • About 3 in 10 adult New Zealanders say they have seen or encountered online hate speech content that targeted someone else. • Nearly 7 in 10 New Zealand adults think that online hate speech is spreading. • Over 8 in 10 adults believe that social media platforms should do more to stop online hate speech. • While three-quarters would support new legislation to stop online hate, a similar proportion considers that more than that is needed to prevent its spread. • At the same time, a large majority, 8 in 10, believe that everyone has a role to play in addressing hateful speech. • More than half disagreed with the idea that people should be entitled to say whatever they want online. A quarter do not have an opinion

Netsafe on mobile phone harassment and abuse
https://www.netsafe.org.nz/mobilephoneharassmentandabuse/
Mobile and phone harassment describes any type of voicemail, phone call or text/video/sxt/photo message that is unwanted and/or leaves the recipient feeling harassed, threatened, tormented, humiliated, embarrassed or otherwise victimised.

Adults and young people can be harassed and bullied in the same ways and all can be left distressed at times. It is important to support anyone who is being harassed or bullied in any way. People who use digital technologies to bully and harass can leave an electronic trail, so it may be possible to investigate if their behaviour is criminal and even to prosecute them.

HOW DOES BULLYING HAPPEN ON A MOBILE?
Bullying and harassment on mobile phones can take a number of forms. It can happen through:
- mean or offensive messages – received once or repeatedly;
- being bombarded by a large volume of messages (e.g. over 25 a day);
- offensive or upsetting photo or video messages;
- threatening messages; and
persistent unwanted messages.

Community Law on cyberbullying: protections against online/digital harassment
https://communitylaw.org.nz/community-law-manual/chapter-27-harassment-and-bullying/cyberbullying-protections-against-online-digital-harassment/
The Harmful Digital Communications Act 2015 set up special processes you can use if you're been harassed or bullied through texts, emails, websites, apps or social media posts. The aim is to provide a relatively quick and easy way for harm to be reduced, including by getting harmful posts or messages taken down or disabled, while at the same time giving people appropriate room for freedom of expression.

One of the features introduced by this Act is a special complaints and mediation agency. NetSafe, the internet safety organisation, has been appointed to play this role.... The Act also establishes a number of specific principles to guide online/digital behaviour.

The Harmful Digital Communications Act sets out 10 principles that apply to texts, emails and online posts – what the Act calls "digital communications". The principles say that "digital communications" that are sent to you or are about you shouldn't do any of the following things:

- give out sensitive personal information about you
- be threatening, intimidating or menacing
- be grossly offensive, as judged by any reasonable person in your position
- be indecent or obscene
- be used to harass you
- make false claims about you
- contain information or material that you had given to someone in confidence
- encourage other people to send you a message for the purpose of causing you harm
- encourage you to kill yourself

put you down ("denigrate" you) on the basis of your colour, race, ethnic or national origins, religion, gender, sexual orientation or disability.

Some foundations for learning about intimidation and wellbeing
Note that although this is topic specific, most of these ideas translate to other situations where power imbalance in relationships impact wellbeing

Questions to respond to/knowledge to build through a variety of learning activities:
- By definition what is intimidation? How does it relate (similarities and differences) to other behaviours such as bullying, harassment, abuse, or violence? See list of dictionary definitions above. Explain the relationship or ole of of intimidating behaviours to other behaviours such as bullying, cyberbullying, harassment, violence, or abuse.
- Key to understanding intimidation is the threat of physical, emotional or other harm, or being frightened into thinking something might happen to you, or the pressure and coercion to do something against your will. Map out a spectrum of actual examples of situations where intimidation might feature as a one-off event, as part of ongoing bullying, cyberbullying or harassment, as related to the threat of violence, or abuse (psychological/emotional, social, sexual, financial, verbal, stalking, cyber, or other). What does intimidation look, sound and feel like in these situations? What is it about these situations that is frightening or threatening, and therefore a form of intimidation?
- Is intimidating behaviour mostly about the threat of physical harm – or something else? Why do you say this?
- Why is stalking a form of intimidation – either real world or cyber?
- Explore some of the language associated with intimidation like coercion, domination, subordination, covert and overt, control, manipulation ... *add others*.

- People can intimidate others without realising it or meaning to be intimidating (which is not necessarily the focus for the learning here but worth a brief exploration) - when we find other people intimidating (even though they haven't specifically said or done anything to us *e.g. when someone is so much better at doing or knowing something than we are and we feel inadequate we say we are 'intimidated by them'*) – what do we mean by this? Is 'intimidating' the best word to use to describe these situations? Why or why not?
- In work and other formal situations, some people can be very intimidating. How can work colleagues (perhaps a boss) be deliberately intimidating? What about a teacher or school leader? In personal life situations, how might a parent be intimidating?
- What is the 'legal' (or policy) situation around intimidation – especially in relation to schools, workplaces, and online? What does your safe school (or other named) policy have to say (indirectly) about intimidating behaviours? You may need to specify different types of behaviours here.
- How does intimidation impact wellbeing? Think of all dimensions, but especially mental and emotional wellbeing. Foe e.g. pay attention to the extreme reactions of being fearful as a result to being threatened and the impact this can have on ow people feel and how they then behave and cope (or not). *Students may make the links between extreme cases of intimidation and suicide. If this is the, case bring the conversation back to those aspects of the issue that preceded this – which is the point of the learning – how could intimidation be reduced - and preferably eliminated?*
- What sorts of characteristics (do you think) are 'typical' of people who intimidate others? Are these ideas just a stereotype or cliché or does evidence support these ideas? What does this suggest about the way we need to think about people who intimidate others (e.g abusers, stalkers, bullies, harassers etc)? In domestic violence situations a lot of focus is on men who intimidate women and children? Do you think intimidation is something only men and boys do? What's your evidence for this?
- What sorts of characteristics (do you think) are 'typical' of the victims of people who intimidate? Are these ideas just a stereotype or cliché or does evidence support these ideas? What does this suggest about the way we need to think about people who are victims of intimidation?
- What are some the NZ statistics on harassment, bullying and abuse among young people? (Find the last 2015 PISA report for this. The Youth 2012 data is dated but still useful – look out for the 2019 data.) Is data about 'intimidation' specifically readily available? Or does it have to be implied form other data? Explain this.
- In NZ, which organisations provide resources and support for people who have experienced different forms of intimidation? What is their role – what do they offer? Look at anti-violence groups and health promotion campaigns – not only but especially domestic violence.
- What laws exist in NZ to protect people from intimidation or prosecute when intimidation occurs?
- What language is currently used to refer to the victim of intimidating behaviour? Why might there be an issue around using the term 'victim'? What are the alternatives? Are they any better?

Add other questions as they emerge from discussion with colleagues and students.

Learning for NZC Level 7/NCEA Level 2 – focusing on power imbalances in relationships and the factors that lead to intimidating behaviours (and therefore what needs to change to eliminate intimidation and the other behaviours it is a part of)

Keeping a focus on interpersonal issues (ie relationships) and that place personal safety (ie wellbeing) at risk.

- When we talk about 'power' in relationships (as an interpersonal issue), what do we mean? If there is a power imbalance, what does this refer to (e.g. dominance and submission, control, etc)? How do some people (ab)use their 'power' over others (*the MH&R resource has an activity for this*)? In what situations might it be appropriate for a person to use their 'power' (their authority) over others? When is it not appropriate? How would you recognise situations where one person is using their power inappropriately?

- [Importantly] what factors lead some people to believing they can control, intimidate, manipulate, threaten, (etc) others? Where do these beliefs come from, and what sustains them over time (and over generations)? What needs to happen to change this? *White ribbon campaigns for example have resources like the 'Power and control wheel' – have a look at where intimidation fits into this.*

- In situations where people are being intimidated, explain how these ideas about an imbalance of power in relationships apply.

- How does this abuse of power from an imbalance of power in relationships affect the wellbeing of the victim of the intimidation? The person who uses the threatening behaviours? The bystanders(?) Friends, families, or peers who didn't witness the intimidating behaviour but may live or work with the victim or person who intimidates others?

- What is the role of bystanders in situations where someone is being intimidated? What different forms of 'bystander' are there? Why is more focus being placed on the bystander with recent anti-bullying initiatives for example? Are there 'bystanders' in cyberbullying situations? How can bystanders make a positive impact on wellbeing of the victim, themselves and others in situations where someone is being intimidated?

- A lot of intimidation is covert or hidden from the view of others – think of a lot of domestic abuse situations for example, or stalking behaviours. Who can help in these situations? As a friend, family member, school mate or work colleague, how do you even know a person is being intimidated? What signals would there be that something is not right? What would you do if you suspected a person was being abused for example?

- Why are past approaches to reducing intimidating behaviours like bullying that focused *only* on punishing the bully and supporting/empowering the 'victim' no longer promoted? What has replaced these approaches (*e.g. whole school approaches*)?

- What has to be implemented and sustained for a whole school approach to eliminating intimidating behaviours to be effective?

- What are the major barriers to reducing and eliminating intimidating behaviours in NZ today? Why do these barriers remain? What will it take to eliminate intimidating behaviours from NZ schools? From NZ society?

Add other questions as they emerge from discussion with colleagues and students.

V1	**Influences on intimidating behaviours** What factors lead to people intimidating others? What's the evidence for this?	**Consequences of intimidation for wellbeing** In what ways does intimidation impact wellbeing? What's the evidence for this?	**Strategies for promoting and supporting wellbeing** What actions can be taken to (1) sustainably eliminate/prevent intimidating behaviours (this could be part of bullying, harassment, anti-violence strategies etc), and (2) when they do occur, manage the negative impacts of intimidation on wellbeing? Where possible, make use of ideas from actions that already exist, or recommend new ones where it is apparent that no actions have (yet) been taken. *NB. High quality actions or strategies reflecting a critical Level 2 response need to go beyond generic approaches or techniques for eliminating intimidating behaviours.* **Actions and strategies need to relate specifically to reasons why intimidation occurs in the first place and focus on what needs to change to prevent the problem happening again** – *not just manage it once the problem has occurred.*
Personal	**Personal influences on people who use intimidating behaviours could include:** • Lack of own knowledge about harms of intimidation. • Lack of own knowledge about how to be a responsible partner, parent, colleague, citizen or community member. • Lack of knowledge and skills to regulate own behaviours. • Personal values (cultural, religious, family, community etc) that mean others – especially others perceived to or who have differences, are not treated equally and respectfully. • Anti-social/inappropriate attitudes values that would otherwise support understandings and behaviours associated with being inclusive. How do power and control come into this? *Think about the basis for intimidating behaviours – what point of difference – real or perceived – is the person focusing on when intimidating others?* • Existing personal wellbeing (mental health and social wellbeing) issues. • Past experiences of the person who intimidates others (e.g. it was done to them, what they learned' from their family or culture/subculture) and the victim (e.g. learned victim behaviours – see a psychological definition of this).	**For individuals?** • Lack of sleep (from spending long hours online) • Loneliness • Anxiety, depression • Scared, threatened • Loss of confidence in/lack of real-world relationships • Poor/negative body image • Missing out on learning at school and other opportunities • AND SO ON	**Prevention of intimidating behaviours:** Learn new knowledge and skills (these are many) – relate these back to the underlying factors that led to the intimidating behaviour: • Effective communication including being assertive (to resist pressure) • Positive self-talk and other ways of thinking rationally and realistically • Range of skills for building resilience – critical thinking, problem solving, decision making etc • Developing a sense of self-belief, self-worth, self-confidence • Digital literacy, digital fluency, and digital citizenship • Other ways of defining oneself (ie not the person who has the power and control) • Develop a personal code of conduct – protocols for how "I" will behave to enhance own wellbeing (and support that of others) .... a form of goal setting and action planning. • Be an upstander not a passive bystander – challenge inappropriate behaviours online and request a behaviour change. • Learning knowledge could include things like recognising behaviours where there is a power imbalance **Interventions - Managing situations after intimidation has occurred:** • Know how and where to seek help. Knowledge of various support agencies, resources made available through anti-violence campaigns etc.

Interpersonal	**Interpersonal influences on intimidating behaviours could include:** • Shared beliefs amongst social and peer groups that make it OK to abuse power and to threaten and control others. • Pressure from peers and friends (direct or indirect) to belong/conform/be part of a group. • Intimidating behaviours by others serve to create a climate that says intimidation is OK (and that's what we do). • Lack of role models, and authoritative voices (parents, teachers, community leaders in people's lives (etc) that say and show that intimidation is not OK. • Family or other adults that behave this way and 'model' intimidating behaviours to their children who then follow by example.	**For relationships?** • Loss of relationships or trouble forming or maintaining these • Loss of trust, respect for others (etc) in relationships leading to conflict in relationships – arguing, tensions, fighting • Bystander attitudes from witnessing intimidation – impacts on bystanders depends on whether they stand up and challenge the intimidation, do nothing, or become part of it	**Prevention of intimidation:** • Various approaches to parental involvement so that parents can better understand intimidation and support their children. • Various approaches to peer support - how to support friends, how to be an upstander not a passive bystander when intimidation occurs, etc • Develop a (friends/peers) group code of conduct – protocols for how "I" will behave to enhance own wellbeing (and support that of others) …. a form of goal setting and action planning. • Treat others with respect when in communications with them (real world or digital world) – don't stalk, cyberbully etc. • Putting into action the knowledge above that relates to interacting with others. **Interventions - Managing situations after intimidation has occurred:** • Peers learning how to recognise if a friend is being negatively impacted by intimidation, and how/where to help them get support.

Societal	• Intimidating behaviours carried from one generation to the next by social, sub-culture or cultural groups who believe there's nothing wrong with controlling, threatening or manipulating other people *often done by people with little to no sense or understanding of social justice*. • Social media platform companies that don't (do enough to) monitor and regulate content on their platforms. • Intimidating behaviours modelled by people with official or public roles. • Lack of policy and action in organisations (like schools and workplaces) that means intimidation goes unchecked.	**In population groups (ie adolescents), communities, or all of society?** Significant concerns about youth mental health (ie high levels of distress) at a population level – see the various reports about this that show the level of impact of bullying.	**Prevention of intimidation:** • A whole school approach to the prevention of intimidating behaviours (see the Bullyingfree NZ website, White Ribbon or Are You OK – while some of these campaigns are broader than schools, schools could still contribute as part of a broader suite of actions to eliminate violence) – *a combination of policy, education (knowledge and skills), education to build resilience for students (of all ages) – including training for teachers, developing a school culture of inclusiveness ('what we do around here'), modelling of expected and acceptable behaviours, effective and consistently used systems/interventions to manage incidences, ongoing actions to maintain awareness of intimidation as an issue, etc* **Examples may be context specific e.g. intimidation as part of cyberbullying** • Effective anti-bullying policy and procedures at school. • Limiting access to social media sites at school, and access to own devices (especially phones during school time). • Teaching about safe use of digital media – develop critical thinking, and digital fluency/digital citizenship, • Including cyber-safety considerations in peer support programmes. • Community education of social marketing programmes for parents to help them keep their children safe. • Providing a range of opportunities/events in schools and local communities that encourage positive and relationships with a diversity of others. **Interventions - Managing situations after bullying has occurred:** • Providing adequate interventions /counselling or other support for young people who are negatively impacted by intimidation • Health professionals and social workers trained to recognise harms from intimidation violence and abuse. • Using legal process when the intimidation is a criminal offence – *See Community Law and Youth Law websites, and Netsafe for cyber-based intimidation*.

V2	Personal factors that influence wellbeing include things like a person's own:	Interpersonal factors that influence wellbeing include things like:	Societal factors that influence wellbeing include things like:
Influences on wellbeing	- Values and beliefs about the situation – and whether or not these support their wellbeing - Feelings of self-worth, self-belief, self-confidence, etc - State of mind – self-esteem, etc - State of health – whether the person is physically or mentally well or not well - Knowledge – *do they have knowledge to know how to deal with this situation?* - Skills like …. being able to manage self (time management, set goals, plan, various stress management strategies and techniques, etc), communicate effectively (use I statements, give and receive feedback, listen effectively), be assertive, make decisions, problem solve, think critically and rationally … noting some of these become interpersonal skills when they are used but in a person has to have their own knowledge of these skills (and confidence/ability to use them) in the first place - Life experiences – do they have experience of managing situations like this before – do they know what to do? - Circumstances – what financial resources they have, where they live, how stable is their family life, do they have friends, hobbies, interests, etc.	- The quality of people's relationships with their friends, family and peers, and relationships with romantic/sexual partners - The quality of communication between people - The capabilities of people in relationships to communicate effectively – has everyone in the relationship got effective communications skills and other skills like problem solving and negotiation, etc - The fact that a person has quality relationships with others - How supportive and equal their relationships are – or if there is a power imbalance in the relationship. - The values and beliefs of people about their relationships and how these are shown in their interactions - Whether or not a people are being pressured or mistreated by those that they know (e.g. bullied, cyberbullied, harassed, abused intimidated, victimised, assaulted).	- Cultural attitudes and values that are shown and impact people through things like: - Media – news, film & TV, social media, music, etc - Community events - Social organisations (like schools) - The provision of services in communities – what's valued and available - and what isn't - Who communities 'include' (and celebrate or embrace) and who they 'exclude' (and discriminate against or marginalise) - Globalisation (through multinational companies marketing of their goods, social media, internet, etc) - The practices and traditions of ethnic and other cultural groups, or subcultures - Political factors – how well laws and policies operate at national and local/community level (including school policy) - People's access to resources – financial and other (usually what money buys or needs money to pay for it so it can be provided), e.g. access to opportunities like education, health services and other community-based facilities, access to recreational opportunities and community events, opportunities for meaningful employment etc.

	Personal actions include having knowledge and skills for:	Interpersonal actions include using interpersonal skills appropriate to situations to support the wellbeing of the other person and/or support the relationship between people, such as:	Collective actions that contribute to local community or nationwide ('societal') health promotion strategies include using knowledge and skills when working collectively to take action such as:
Strategies to support and promote wellbeing	- Self-management e.g. stress management, time management, self-nurturing - Positive self-talk (rational thinking) - Expressing feelings appropriately - Effective interpersonal communication (*see the list of interpersonal actions below*) - Decision making - taking personal responsibility for acting in ways that promote wellbeing - Asking for help from trusted others - Help seeking - accessing and using systems and agencies (e.g. at school or in community) that support wellbeing - Personal goal setting, action planning, implanting, reflecting and evaluating (ACLP used for personal action)	- Effective communication, effective listening, negotiation and compromise, using I statements, assertiveness, problem solving, giving constructive feedback - Respectful communication - Supporting and caring - Showing empathy - Valuing others - respecting the diversity of others – being inclusive *In other words, NOT to bully, harass, intimidate, abuse or discriminate against people*	- Advocacy – letter writing, petitioning, protesting, campaigning for change - Group processes for identifying issues to know where to target actions, e.g. questioning, surveying, interviewing ... ... Critical thinking to understand situations – e.g. who is advantaged/ disadvantaged, seeing different perspectives and using these understandings to make decisions about actions .... Goal setting, action planning, implanting, reflecting and evaluating (ACLP used for collective action) - Campaigning, presenting, advertising – making people aware of issues and what they can do about them - Implementing existing laws, policies or other guidelines at local community level and more widely

Achievement Standard criteria and explanatory notes

Achievement	Achievement with Merit	Achievement with Excellence
Analyse an interpersonal issue(s) that places personal safety at risk.	Analyse an interpersonal issue(s) that places personal safety at risk.	Analyse an interpersonal issue(s) that places personal safety at risk.
EN2 Analyse an interpersonal issue(s) that places personal safety at risk involves providing an explanation of: • factors influencing the issue(s) • consequences of these factors for well-being • strategies to manage potentially unsafe situations.	Analyse in depth, an interpersonal issue(s) that places personal safety at risk involves providing a detailed explanation of: • how or why the influencing factors contribute to the situation and lead to particular consequences for well-being • strategies for promoting well-being in relation to the situation.	Analyse comprehensively, an interpersonal issue(s) that places personal safety at risk involves a relevant combination of the more critical aspects of the issue, for example, through: • explaining interrelationships between the influencing factors, consequences and/or strategies • exploring the complexities of situations such as positive and negative influences, or short and long term consequences on well-being • explaining the consequences for the well-being of people directly and indirectly affected • explaining strategies for which all people involved in the situation are responsible, whether directly or indirectly affected.
EN 3 An interpersonal issue(s) that places personal safety at risk is a situation(s) where power imbalances exist in interactions with others. These power imbalances typically focus on situations involving acts of discrimination, intimidation, victimisation, harassment and bullying. The sensitivity surrounding issues of sexual abuse makes focusing on this type of power imbalance in relationships inappropriate for assessment. EN An analysis of an interpersonal health issue(s) that places personal safety at risk typically includes an explanation of personal, interpersonal and societal perspectives.		

As this is an external assessment, teachers will need to check the Assessment Specifications for the current year. See Section 2 in the front part of this resource.

Advice and guidance

External assessment matters to note

The requirements for AS91325 (2.1 – 5 credits) and AS91328 (2.4 – 4 credits) have converged somewhat and the basic requirements are very similar – albeit in different contexts.

The distinction between this and 2.1 has been eroded over the years making the two exams almost identical in tier approach. Reflecting the 4 credit (not 5 credit allocation) this standard was intended to approach the P-IP-S requirements in topic specific ways rather than asking students for a generic P-IP-S analysis of a relationship safety issue.

Although the examination will have a context (and reading/source materials are provided in the exam related to the topic), the point is not so much to have learned about a specific topic, but to be able to apply SEP-influences-consequences-strategies ideas to any context presented.

Although many schools seem to select either AS91325 (2.1) OR AS91328 (2.4) as the external exam, if students are doing both then a lot of the P-IP-S framing for 2.1 lends itself to 2.4 (or vice versa).

Common pitfalls with this standard

- Inadequate understanding of the values and beliefs that sit behind the P-IP-S factors that lead to power imbalances in relationships and behaviours like (cyber)bullying, harassment, intimidation, discrimination, abuse, and relationship violence.
- Insufficient understanding of social justice and the skills, actions and strategies needed for social justice ie to treat others fairly and be inclusive of diversity.
- Strategies should include consideration of laws and polices specific to the context(s) being studied, which could include reference to the work (or resources) of organisations that promote fairness and inclusiveness in relation to the context(s) being studied. In the exam, suitable source material for this will be provided.
- Lack of alignment between the factors causing/sustaining the behaviours in the first place and the actions for social justice – and needing to change behaviours at their source, not punitive action to simply punish the perpetrator (and potentially revictimise the victim).
- Focusing too much on the content of the topic at the expense of supporting students to understand and recognise instances of where the underlying concepts, especially how/where the SEP (P-IP-S), features in source material.
- Insufficient support for students to be able to learn to transfer ideas from the learning context(s) to an assessment context (previously unseen source material) – especially the influencing factors, the implications for wellbeing, and then strategies for social justice.
- Students writing too much (and meaning is lost) or failing to answer all parts of the assessment in the exam.
- [For teachers assessing practice exams] How to make holistic judgements about students' coverage of the P-IP-S factors for Achievement (and what a holistic judgement is NOT), and then the quality step ups from A-M-E– which is not about writing more but writing more insightfully - as guided by the ENs. See section 3 at the front of this resource.

Teacher pedagogy

- Engage students in activities where there is a deliberate and purposeful use of critical thinking questions. https://newzealandcurriculum.tahurangi.education.govt.nz/critical-thinking-and-critical-action/5637166568.p

- Use writing frames to organise ideas. Provide opportunities for students to practice writing concise accounts of their ideas about the factors that influence the issue, impacts on wellbeing, and the strategies for social justice.
- Support students to extract ideas about P-IP-S contributing factors, implications for wellbeing, and strategies, from source material.

Teacher pedagogy and values

- Teachers need to be highly cognisant of their own values and beliefs when teaching these topics.
- Check our the code section of Our Code Our Standards – especially section 2 'Our commitment to learners' https://teachingcouncil.nz/professional-practice/our-code-our-standards/

Health 91239 (2.5)

Analyse issues related to sexuality and gender to develop strategies for addressing the issues

5 credits internal

Essential learning requiring deliberate acts of teaching for this standard include:

- **Definitions of main sex, sexuality and gender terms and the differences between/use of these and ow some meanings may vary across sources** – *note this does not need to extend to long lists of popular sexuality and gender identity terms.*
- **Investigation of personal, interpersonal and societal factors that impact people's experience of (their) sex, sexuality and gender and therefore their identity and wellbeing. With particular focus on social and cultural norms, cultural and religious attitudes and beliefs, popular media, and local and national policy.**
- **Definitions of social justice and the type of actions needed to encourage social justice ie opportunities for everyone to be included and participate in society.**

Definition:
What is social justice?

- Social justice is found when a society enables all its members to participate in and have access to the social, cultural, political and economic resources that define a normative way of life for that society.

- Social justice is absent when groups of people within a society are excluded from or have very limited access to social, cultural, political and economic resources, compared to the majority of that society.

- Social justice is related to, but is wider than, human rights. People may have their human rights respected and upheld, but still be excluded from participating in or accessing the resources of their society.

- Social justice is about fairness:
- in our dealings with other people.
- in the way responsibilities are shared.
- in the distribution of income, wealth and power in society.
- in the social, economic and political structures we have created.
- in the operation of those structures so that all members of society are able to be active and productive participants.

Source: https://www.salvationarmy.org.nz/research-policy/positional-statements/social-justice

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What learning is this standard assessing?

- In these standard students are learning about some different factors that influence aspects of people's sexuality (in the broadest sense, not just sexual orientation) and gender identity.
- They are learning to analyse a variety of source material to draw conclusions about the nature of these influences.
- In RSE specific ways they are making recommendations for social justice in sex, sexuality and gender contexts related to the factors being investigated (see AS91328 for more on social justice).
- Why is this learning important for young people?
- With so much heightened interest and concern about healthy (sexual) relationships, and being inclusive of diverse sex, sexuality and gender identities, this standard draws attention to a selection of these highly topical 21st century matters.

Note:

- This is conceptually complex work and a gradual learning progression over an extended period of time (Years 1-13) is needed for students to develop, deepen and embed some of these understandings, as well as become aware of some of the contested meanings and tensions around sexuality and gender matters.
- The personal and interpersonal skills developed for Health Studies 1.4 may also be useful as an aspect of strategies for social justice.

Application of the underlying concepts to AS91239

- **Hauora** - understanding of hauora as a holistic concept is implicit within any mention of health and wellbeing
- **SEP** - there is understanding of the SEP – with a balance of ideas across personal, interpersonal and societal aspects – although these ideas appear across all of the evidence in combination
- **HP** - the recommended strategies support social justice in sex, sexuality and/or gender contexts
- **A&V** - the A&V implicated within any actions or strategies show understanding of what is fair and inclusive

Suitable contexts – topics and themes

Popular analyses include ideas such as:

- heteronormative and stereotypical gender roles in music videos, TV programmes or other forms of popular culture,
- cultural and other attitudes and values about diverse sexualities or non-binary gender identities,
- gender roles in families as a consequence of particular cultural traditions,
- and varying combinations of these ideas.

See also newsletter article following for more ideas.

Ideas for sexuality and gender issues framed as questions to indicate 'the issue' ... so what are the influences?

Popular analyses include ideas such as: heteronormative and stereotypical gender roles in music videos, TV programmes or other forms of popular culture, gender in sport, cultural and other attitudes and values about diverse sexualities or non-binary gender identities, gender roles in families as a consequence of particular cultural traditions, and varying combinations of these ideas. The following list contains some other possibilities.

These ideas have been framed as questions to prompt further thinking and leave open the direction taken for the analysis. **It is not suggested all of these will be suitable for assessment, but teachers are encouraged to engage students in learning about a variety of sexuality and gender issues beyond just those that are the focus for assessment.**

- Filling in official forms .... Should we be asked for sex or gender? How are some organisations responding to being inclusive of diverse (biological) sex and gender identities? Should we be asked at all? How and why are some conservative, non-inclusive, cultural or religious beliefs a source of hate speech e.g. against people who identify with non-heterosexual identities or non-binary gender identities?
- How is gender said to 'fluid'? What does this actually come to mean for people? (How) does this influence the way people come to describe their gender? What is the fashion industry's response to gender fluidity?
- Is the notion that sexual identities are 'fluid' or on a 'continuum' useful or not useful?

- Are gender roles and stereotypes alive and well in NZ today … and if so, in what areas of life e.g. work, sport, parenting, politics and public office, professions (like law, medicine, education, engineering, health, wellbeing and other caring professions), business, volunteer roles?
- How might aspects of sexuality and gender identity be shaped through viewing pornography? (See the NZHEA pornography resource for a framework of ideas.)
- What's in a name? SDSG, rainbow, LBGTQIA+ ….. with long lists of sexuality and gender terms now making up glossaries on rainbow websites and in resources, how are these attempts at all-encompassing descriptions received? Do these terms and acronyms have an impact on how people think about themselves and others in relation to sexuality and gender? Are these acronyms inclusive or exclusive?
- Does the popular online (e.g. dating app) practice of labelling diverse sexuality and gender identities with often complex and detailed terminology marginalise and segregate people, or does it help people understand and express who they are?
- Do online communities that support marginalised groups help or hinder people's identity journeys, transitions and self-acceptance?
- What does being male in 21st century NZ mean? Does masculinities culture in NZ support or harm wellbeing? How does toxic masculinity impact gender identity?
- What is misogyny and how does it impact gender (and) identity?
- Is the experience of the body acceptance movement the same for men and women?
- How (in)consistently are the words 'sex' (related to matters biological) and 'gender' (related to what is socially constructed about what it means to be male or female) used in media? And does it matter when it comes to sexuality and gender situations that personally affect us?
- Can anything be gender neutral when gender isn't a 'neutral' term?
- How are economic issues like 'period poverty' a gender issue?
- What is menstruation stigma and how might it impact sexuality and/or gender?
- What is the concept of intersectionality about and how can it be used to explain the different experiences of people in relation to their sexuality and/or gender?
- If differences in sex development (DSDs) is the clinical term for the physical/biological conditions where a person's sex chromosome makeup, or the expression of genes on their sex chromosomes impacts either their sexual characteristics or functioning, and 'intersex is the popular identity term for (some) people with a DSD, how do understandings of sexual identity and gender identity relate to people who identify as 'intersex'? *This is quite complex and it pays to have knowledge of genetics.*

Useful teaching resources

- Use the framing of the assessment tasks to help guide the selection, organisation and analysis of these materials.
- Use a range of established interactive and cooperative teaching and learning activity approaches to make meaning and critically analyse materials. Many of the teaching ideas featured in the activities in Mental Health and Resilience (NZHEA, 2021) can be repurposed (with a change to an RSE context) https://healtheducation.org.nz/resources/
- *International technical guidance on sexuality education: An evidence-informed approach (second revised edition,* UNESCO (2018). Various online sources e.g. https://www.who.int/publications/m/item/9789231002595

Literacy resources may also be useful for helping students to organise their ideas – and be concise about what and how much they write.

Planning considerations

As this standard often deals with highly topical matters, most materials need to be newly sourced online. Make sure students are using the schools cybersafety protocols to avoid disturbing and inappropriate material all too

readily encountered in relation to this subject matter. Firewalls on school systems should limit access to unsuitable material. It may be useful for teachers to pre-select a range of suitable sites and if need be, ask the schools IT person for access specifically to these.

Teacher pedagogy

- To help to move students on from simply producing a pile of interesting but uncritical 'stuff' about their selected issues, provide purposeful learning activities that use teaching approaches that develop students' capacity and skills for analysis (especially if the assessment requires substantial independent investigation to gather the evidence needed to complete the assessment task).
- Use selection of learning activities where there is a deliberate and purposeful use of critical thinking questions https://newzealandcurriculum.tahurangi.education.govt.nz/critical-thinking-and-critical-action/5637166568.p
- If providing independent learning time to investigate issues, build in milestones and check points. Also provide opportunity for students to share findings and get feedback and peer review writing (or other recording) of assessment ideas.
- Students also need purposeful instruction about strategies for social justice. Consider the strategies needed to overcome injustice and promote social justice in RSE contexts. [May overlap with aspects of 2.4]

Provide learning opportunities that consider the following:

Factors that influence .....
What factors influence, shape, contribute to, or in some cases 'cause' aspects of people's sexuality, sexual identity, gender roles or gender identity? These are very complex questions and at year 12, students are encouraged to explore a wide range of situations, use the HPE underlying concepts to frame their ideas, and use established critical thinking questions to start to understand these influences. Although the standard – being economical on words - talks about influences on sexuality and gender, we are MOST interested in those factors that also impact **wellbeing** in sexuality and gender-related situations, as this is what gives the learning (the analysis) its health education NZC-HPE curriculum purpose. **Students don't need to spell out these wellbeing connections in assessment as the impact on wellbeing should be self-evident,** however, it is worth checking that these wellbeing links are being made during the learning. Similarly, the very nature of sexuality and gender issues have all manner of **personal, interpersonal and societal (SEP)** considerations built into the issue. Across the students' assessment there should be clear evidence of P-IP-S but again, this should be self-evident and leave the focus on sexuality and gender. Don't try and force the determinants of health in here – they don't really fit. Although political decisions (laws and policies), and cultural and subcultural A&V and practices will still feature, it is not necessarily in quite the same way as when talking about the DoH.
A framework for an analysis
Essential critical thinking questions - a <u>selected combination</u> of these should feature across an analysis. In combination with the task instructions, use the questions to frame the assessment responses. 1.   What do you know about this issue or situation? 2.   How do you come to know this? [What health education knowledge are you drawing on to understand this situation?] 3.   How do you feel about this issue or situation? 4.   What is the evidence for this knowledge? 5.   What are your beliefs about this knowledge? And why do you believe this? [Where have your beliefs, attitudes and values come from?] 6.   What information is missing from this picture? 7.   Why is this information missing?

8. What social, cultural, economic, political, and/or ethical aspects of this situation need to be considered?
9. Whose voice(s) is heard in this situation?
10. Whose interests are being served? Who has the power in this situation? [How is this power being used?]
11. Who is being advantaged?
12. Who is not being heard or served?
13. Who is being disadvantaged? [What is unfair?]
14. What are the inequalities that exist in this situation? [Who is included/excluded?]
15. What needs to change?
16. How can you contribute to this change? [Who else needs to contribute to this change and how? What do others need to do?] .... And then to complete the assessment, recommend strategies that reflect the values of social justice in accordance with the task instructions.

Achievement Standard criteria and explanatory notes

Achievement	Achievement with Merit	Achievement with Excellence
Analyse issues related to sexuality and gender to develop strategies for addressing the issues.	Analyse issues related to sexuality and gender to develop strategies for addressing the issues.	Analyse issues related to sexuality and gender to develop strategies for addressing the issues.
EN2 Analyse issues related to sexuality and gender to develop strategies for addressing the issues involves: • explaining influences on gender and sexual identity • recommending a relevant combination of personal, interpersonal and societal strategies to address the issues, which reflect the values of social justice.	Analyse in depth, issues related to sexuality and gender to develop considered strategies for addressing the issues involves explaining: • why or how influences impact on gender and sexual identity • how strategies to address issues reflect the values of social justice.	Analyse comprehensively, issues related to sexuality and gender to develop strategies for addressing the issues involves engaging critically with the evidence to explain: • how recommended strategies to address issues reflect the values of social justice • the interrelationships between the personal, interpersonal and societal aspects.
EN3 Influences on gender and sexual identity can relate to individuals and/or groups in society and include a relevant selection of personal (eg biological), interpersonal (eg family or friends) and/or societal (eg culture, media) considerations. Strategies that reflect the values of social justice require personal and collective actions that contribute to a societal good and benefit the well-being of individuals, groups and communities.		

EN2&3: Note that the shifting ways we've been using the language of sexuality over the past couple of decades means that some of the current wording of EN2&3 may distort the intended scope of the AS.

The overall title and criteria talk to situations related to sexuality and gender in the broadest sense, whereas the unfortunate wording of EN2 could be seen to unduly narrow the scope to being only about sexual identity (as this relates to sexual orientation) and gender identity.

However EN3 then expand that to cover the scope of what is intended ... *"Influences on gender and sexual identity can relate to individuals and/or groups in society and include a relevant selection of personal (eg biological), interpersonal (eg family or friends) and/or societal (eg culture, media) considerations. Strategies that reflect the values of social justice require personal and collective actions that contribute to a societal good and benefit the well-being of individuals, groups and communities."*

Sexual identity here doesn't assume only straight, gay, lesbian, bisexual (etc) understandings (that is, ideas related only to sexual orientation) but also how we see ourselves as sexual people in the broader sense - how sex, relationships, our attitudes and values about sexual behaviour, our thoughts and feelings about our sexual bodies, how we express ourselves, as well as who we're sexually/romantically attracted to (or not), all in some way shape our (sexual) 'identity'.

Gender identity applies to all people - cisgender and non-binary identities. Influences on **gender identity** here *can include* the way people's ideas about gender are shaped by dominant cultural attitudes and values leading to beliefs and practices about 'gender roles' (which are typically man/woman, girl/boy – that is, binary and cisgender) .... **or not**.

Overview of the internal assessment tasks

TKI NZQA approved tasks	Notes
Health 2.5A Reporting on Real Issues	Task presents 3 situations with resources provided – but needing the addition of specific videos etc, or more up to date scenarios. Variations on this approach are popular choices for assessment – with some more contemporary resources.
Health 2.5B Investigating Gender Identity and Sexuality Issues	Task asks for 4 situations to be investigated – only 2 are required This version provides the opportunity for students to select their own situations to investigate and provides a framework for the analysis. If selecting this option, guide and monitor the selection of influences to ensure adequate coverage of all the required aspects of the standard.

Basic outline of the task

See online tasks for introductory instructions for the assessment and copies of assessment schedules.

The purpose of this task outline is to highlight the essentials of the assessment task as it relates to the criteria and ENs of the standard.

Task Write an article for a magazine or newspaper which reports on three issues relating to sexuality and gender by responding critically and thoughtfully to (a), (b) and (c) below.	Given the popularity of Task 2.5A – with context variations, this task is selected for illustrating this standard Provide a word limit of around 2000-2500 words to reduce excessive amounts of writing.
Three resources, on which the assessment questions are based, are provided for you. You must use these resources to complete the assessment task. Note that you can also use information from your learning workbook to support your answers.	**Note that only two situations are currently needed for assessment – one gender focused and one sexuality.** If limiting students to only two contexts, ensure they are high quality ones that can be analysed in a substantial and meaningful way. If using a film, students are not analysing the film, they are analysing issues related to sexuality and gender.
An in-depth and comprehensive analysis requires you to: • Explain why or how influences impact on gender and/or sexual identity by engaging critically with the resource material provided • recommend and justify strategies to address issues that reflect the values of social justice* • Explain the interrelationships between the personal, interpersonal and societal aspects indicated by the task.	

*Note: To encourage social justice means individuals need to contribute individually and collectively (together) to actions and strategies that promote the well-being of all people in society, rather than just take personal action to help themselves.	
(a) Portrayal of women OR men in popular culture (i) Use Resource A to explain how the portrayal of women in hip hop music videos OR the portrayal of men in situational comedies can influence people's ideas about gender. Describe the cultural attitudes and values and/or behaviours portrayed and then explain why/how these influence people's thinking about what it means to be male and/or female. (ii) Describe one way the values of social justice are NOT being encouraged (in relation to gender). In other words, what do you consider to be unfair, non-inclusive, or discriminatory to males and/or females mentioned in your chosen Resource A scenario? (iii) Explain a societal strategy that a community could become involved in, to encourage social justice in relation to this gender issue and address the injustice you described in (ii) above. Describe the strategy itself and then explain why/how it would encourage social justice in this situation. (iv) Explain an interpersonal action people could use when communicating with or supporting each other that would contribute to this societal strategy. Describe the strategy itself and then explain how it could contribute to the societal strategy you described in (iii) above and how it would encourage social justice in this situation.	The most difference for this assessment comes in the form of the resources selected for analysis. Select ones that are relevant to the students and topical. Music videos for example are not 'the thing' that they were when this task was written – replace with a social media platform and specific content on this - for example.
(b) Peer and family expectations relating to gender OR sexual identity (i) Use Resource B to explain how peer and family expectations influence people's ideas about gender OR sexual identity (depending on the scenario chosen). Describe the expectations and then explain why/how these influence people's thinking about what it means to be male in society (scenario 1) or female sexual identity (scenario 2). (ii) Describe one way the values of social justice are NOT being encouraged (in relation to being male, or in relation to female sexual identity) in the chosen scenario from Resource B. In other words, what do you consider to be unfair, non-inclusive, or discriminatory to those mentioned in the resource? (iii) Explain a strategy people could use in their interpersonal communications with other people, which could promote the well-being of a group of people in order to encourage social justice in relation to this gender issue. Describe the strategy itself and then explain why/how it would encourage social justice in this situation. (iv) Explain a personal action that would be needed in order for this interpersonal strategy to be successful. Describe the action itself and	For compliance with NCEA internal assessment task requirements, the actual scenario will be replaced – See section 2 at the front of this resource.

then explain why/how it would allow the interpersonal strategy to be effective and encourage social justice in this situation.	
(c) Personal attitudes, values and beliefs about sexual orientation (i) Use Resource C to explain how personal aspects related to sexual orientation influence people's ideas about sexual identity. Describe the attitudes, values and beliefs, and then explain why/how these influence people's thinking about a male's sexual identity. (ii) Describe one way the values of social justice are NOT being encouraged (in relation to sexual identity) in resource C. In other words, what do you consider to be unfair, non-inclusive, or discriminatory to the male mentioned in the resource? (iii) Explain a societal strategy that a community could become involved in, to encourage social justice in relation to this sexual identity issue and address the injustice described in (ii). Describe the strategy itself and then explain why/how it would encourage social justice in this situation. (iv) Explain an interpersonal action people could use when communicating with or supporting each other that would contribute to this societal strategy. Describe the strategy itself and then explain how it could contribute to the societal strategy in (iii) and also encourage social justice in this situation. (v) Explain an action an individual person could take responsibility for, in order to encourage social justice in relation to this sexual identity issue. Describe the strategy itself and then explain how it could contribute to the societal strategy in (iii) and also encourage social justice in this situation.	See comment above. Replace the scenario with a feature about someone in the media, or a story about a person that focuses on sexual orientation or sexual identity. Not this does not need to assume minority identities, although the strategies for social justice are more readily applied in situations related to rainbow identities.

The learning artefact produced for assessment

Investigation part of learning and artefact derived form that or a standalone task that students complete drawing understanding from their learning.

Learning artefacts produced for assessment
Note the discussion about the nature of the learning artefact produced for assessment on the front page. If producing a publication or some other form of shareable artefact, make sure the production of this does not detract from, or unduly limit, the health education knowledge that the students are demonstrating they have achieved.

While a written assessment task is still a valid way to collect evidence of student learning it may not be particularly engaging for some students. Think about other forms of artefact that could be produced.
- Students could prepare responses to questions/scenarios and video them on their devices and make a **mini documentary**, where all of the assessable evidence is provided orally (and visually).
- Is there opportunity to **add students' own languages, visual cultural symbols** etc that give the artefact (a print or digital resource that can be shared) more cultural connections and application?
- For students who are capable of learning but struggle to present their ideas in written form, is there opportunity to '**interview**' the student (and make an oral recording) of their ideas? The interviewer could be the teacher (who knows where to prompt for more information and how far this can go when considering how to maintain authenticity of student work), or a parent or other adult. Peers could be

used for this, but student interviewers may not have the knowledge and skills to pick up on situations where more information is needed and their own interviewing style is a barrier to achievement for the person being interviewed.

- **If using digital applications, select one that is fit for purpose**. For example PowerPoints are expressly for presentations whereby brief notes are provided on slides and more detailed notes are prepared to talk to these. The assessment detail is in the detailed notes and if there is no opportunity or intention to present these, WHY would you choose a PowerPoint? Even then, with a class of 20-30 students why would students laboriously, one by one, present the much the same thing (in this case) – we discourage teachers talking at students from PowerPoints, why do we think it's OK for students to do it to each other? The exceptions will be where their response is unique, worth sharing, and the sharing of their work is an important part of the learning process for all in the class or group.

Advice and guidance

With the removal of the **Relationships and Sexuality Education Guide (2020)** and the coalition government's desire to remove mention of **gender identity** from RSE (and curriculum) this may be one standard that will require minor wording changes. We don't anticipate having to remove the word 'gender' (of itself). If anything, removing reference to identity, reverting to the WHO's definition of sexuality which is inclusive of gender, opens up more possibilities and it would help address the noted confusion over the slippage between sexuality and gender (generally – and as intended) in standard title and then sexuality and gender identity in ENs (which was only intended as one possible focus). *September 2025*

Common pitfalls with this standard

- Students writing FAR too much – provide some form of word limit.
- Inadequate development of ideas about strategies for social justice.
- [Teachers marking] Lack of holistic judgements and recognising the requirements of the criteria/ENs across all of the evidence in combination. See section 3 at the front of this resource.

The Assessment NZQA clarification document for 2020 states the following
Last updated December 2018. This document has been updated to address new issues that have arisen from moderation.

Gender identity and sexual identity
Gender identity relates to people's knowledge that they are male, female or gender queer/non-binary, and to the characteristics society decides are appropriate for each. Exploration of issues includes cultural, political, economic, social aspects and/or personal (e.g. media, religion, gender role expectations).

Sexual identity relates to how a person sees themselves sexually and how they show this to others. Exploration of issues includes more personal and social aspects such as sexual orientation, sexual behaviour, or diversity. [This statement keeps open the intent of the standard.]

Factors: Influencing factors operate at personal, interpersonal and/or societal levels. Students may explain at least one factor for gender identity and at least one factor for sexual identity. Students will describe the nature of each chosen influencing factor and justify how/why the factor influences gender identity or sexual identity. Students will also explain issues (problems/social injustices) arising from the influences.

Strategies: A relevant combination of personal, interpersonal and societal strategies will be recommended to address the issues. Students will describe what is involved in using each strategy and explain how/why each strategy will address the issues, enhance the well-being of individuals, groups and communities and/or reflect the values of social justice (fairness, inclusiveness and non-discrimination).

Analyse in depth: For **Merit,** students will provide a more detailed account of how/why the factors influence gender and sexual identity. The explanation of strategies will clearly and explicitly consider outcomes of the strategies that reflect (promote, uphold, support, develop, encourage) social justice as well as address the issues.

Analyse comprehensively: For **Excellence**, students will engage critically with evidence (e.g. from resources provided in the assessment task and/or from their own learning) to support explanations of influencing factors and strategies. The explanations will be thoughtful, there will be a perceptive understanding of the issues, and the recommended strategies will deliberately seek to address the issues and encourage social justice.

Students will also explain interrelationships between the personal, interpersonal and societal aspects. This will consider either the ways factors at different levels connect to each other to influence gender and sexual identity, or the ways the recommended strategies connect to each other to encourage social justice.

Health 91239 (2.5) Analyse issues related to sexuality and gender to develop strategies for addressing the issues

A recurrent conversation though the NZHEA Facebook page and in emails to the Kaikōtuitui Arataki Oranga around AS91239 (Health 2.5) is the desire to revise and refresh the sexuality and gender contexts used for the assessment, and to streamline the existing (and dated) Ministry of Education activities which collect assessment evidence in excess of what is currently required.

This is admirable although we need to provide some cautions and caveats around these revisions. Gender and sexuality are serious and important ideas and given the social and political tensions around the inclusion of this material in the curriculum, we need to be responsible with the knowledge and ethical with the contexts and resource es used to explore matters related to sexuality and gender – and sexual and gender identity.

Note that the wording of the standard is a bit slippery around 'sexuality and gender' (in general) and 'sexual identity' and 'gender identity' specifically – the standard needs some rewording for clarity. Historically, anything that that is an obvious sexuality or gender issue that influences sexuality or sexual identity, or gender or gender identity has been accepted – it gets too limiting and complicated being too picky and pedantic about this.

Revising and refreshing the selection of sexuality and gender issues for assessment

Not recommended for assessment

Please avoid slipping into the use of popular materials without thinking clearly about the nature of the issue and the knowledge and evidence needed to analyse and then explain the influences … as well as what is ethical for students to view and engage with.

While teachers' have agency to select clear, age-appropriate, and contemporary resources, caution needs to be exercised when selecting resources from digital media to ensure that the analysis remains focused on sexuality and gender, and within a health education perspective. Teachers also need to be mindful of how these materials might be perceived within and beyond the education sector.

It appears the idea of using the **Barbie movie** as a resource has been popular. Some schools may have 'got away' with using this in the past but the challenge around using this movie means NZHEA cannot support this practice for the following reasons:
- Health education assessment should be real-life situations (or real-life simulations in a movie or scenario), NOT fantasy because this trivialises the situation. *We don't live in a Barbie world* …. The movie is fine for some 'fun' teaching purposes to (re)establish and explore some gendered ideas, but not for assessment.
- The content of the movie is more befitting Year 7-10 learning about gender roles and stereotyping – it's not really NCEA Level 2. Students at this level should be engaging in sexuality and gender issues with more depth and substance where the focus on social (in)justice and in/exclusion (etc) is more apparent – see following examples.
- Our learning purpose is Health Education not film or media studies so simply analysing a film, in what is little more than a comprehension exercise of audio and visual text, is not in the spirit of what an analysis means for this standard – it's about ***analysing the issue*** not analysing the film.
- Think of the optics: Given the social and political tensions around sexuality and gender issues you need to think about how this looks to parents and community. It could be seen as a poor reflection on the academic rigour of Health Education subject matter if it was known that students were being

assessed about serious subject matter through viewing and writing about the Barbie movie (a few poignant messages noted) – and gaining 5 credits.

Likewise use of **reality TV marriage, dating, and relationships shows** ... which are anything but reality ....

- If students don't watch these themselves (and the explicit sexual content in some of these programmes may mean they are not suitable, culturally appropriate, or ethical for in-class screening), what actually is the issue students are focusing on, what are they analysing? And then where is the <u>evidence</u> coming from about the way reality TV influences people's sexuality and gender (and by implication their wellbeing)? Given the ridiculousness of these shows, what assumptions are being made about how - or if - they are actually influencing people's ideas about sexuality or gender or is it just entertainment. What's the evidence for this?
- For this and other media focused resources where there is no research data, the 'issue' being analysed needs to be derived from something the class actually view themselves so they can analyse what the influences are on sexuality/gender based on their own reflections – that is, their reflections are the evidence - the meaning they are taking from the programme which is needed for their explanations.

Using one movie or source for both the sexuality and gender requirements

- It's not wrong to use one source for each of the sexuality and gender requirements, but it's not really in the spirt of the assessment which ideally aims to get students considering two quite different situations.
- Also, it may be an unnecessarily sophisticated task if it's not clear what the 'sexuality'-related and 'gender'-related aspects of the movie are.

Using really dated assessment materials – like the music video example in one of the online tasks.

- Music videos are not the 'thing' that they used to be when this online task was written. Don't try and labour something that isn't that relevant to young people anymore. *It's not wrong to do this for the assessment,* and some music videos from the past couple of decades have great imagery and lyrics that can be analysed for the messages they give about sexuality and/or gender, but if they are not a feature of young people's world, consider using a different form of media they do engage with like social media. Get them to analyse an issue influencing sexuality or gender based on their reflections (and/or research evidence) of viewing social media.

Overall, watch the reliance on video only as a resource for the 2.2 and 2.5 internal assessments. **Think carefully about the nature of the issue to be analysed – the students are not analysing the film or material as such. They are analysing the sexuality and gender issues inherent in those resources.**

Recommended for assessment

Materials that feature a clear 'issue' (cause for concern) and where analysis of the issue (and the context/situation in which the issue is apparent) shows evidence that the situation is influencing sexual or gender identity in some way.

This 'evidence' (needed to analyse and explain the influences) can come from research data and what students learn about – especially where it is not ethical for students to view or engage personally in a situation, or in situations where students can engage directly with materials, carry out an analysis to produce their own reflections which then become the evidence for the ways gender or sexuality are being influenced.

Keep each of the two required sections about gender and sexuality distinct in the assessment task, otherwise it can get mucky – not wrong but it disadvantages students if they are not making a clear distinction.

The trade-off of moving to requiring just two issues – one for each of gender and sexuality – is that the issues need to be substantial, befitting Level 2, and not trivial or superficial.

Select topical **sexuality and gender issues** with depth and substance related to (*for example*):

- the use of social media or digital devices (various issues based on what is viewed, shared or commented on)
- global concerns about sexism and misogyny
- menstruation poverty or stigma
- unequal access to education for girls or representation of women in decision making (see the UN SDG goal #5 Achieve gender equality and empower all women and girls
- limited representation (in named cultures or media) of different expressions of masculinity
- viewing depictions of toxic masculinity in media
- pornography – use the Classification Office youth and porn reports as sources of evidence for the way this may influence gender or sexuality
- in/exclusion of people with diverse sexuality and gender identities – use support websites for stories that contain evidence of influences on sexuality or gender
- differences in sex development (DSDs) – start with the Starship hospital information for the current clinical understanding of DSDs and then look to the intersex support websites – this requires knowledge of genetics to understand the various forms of DSDs – its complex.

Once the issue is decided (including the context or situation where this issue features) the analysis of the influences then considers a relevant combination of the following:

Influences on sexuality and gender (identity) can be analysed in a diversity of formal or informal contexts where issues of injustice arise such as intimate relationships, families, workplaces, organisations, communities (in person and online), social and cultural contexts, and portrayal in media.

Influences on sexuality or gender (identity) for each selected context will need to consider the evidence and explain influences relevant to that context. This could include:

- Individual influences e.g. biological factors, identity, personal values and beliefs, personal health status,
- Interpersonal influences e.g. interactions between family, friends, sexual partners, **and/or**
- Societal influences e.g. social norms, culture, media, laws and policies.

The current wording of the Achievement Standard

We note that some wording in the standard could do with some revision, not to change the intent but to phrase things more clearly and better reflect what *actually* happens in practice, and what is currently deemed acceptable coverage for assessment. Recommendations have been made but there is no indication yet whether any changes will be made given pending changes to the qualification system.

The current versions of the online tasks requiring three situations /contexts to be considered are in excess of expectations with the clarifications from 2018 (see following) still saying at least one sexuality and one gender focused situation – that is, two in total - *but more is fine*.

For reference:

Achievement	Achievement with Merit	Achievement with Excellence
Analyse issues related to sexuality and gender to develop strategies for addressing the issues.	Analyse in depth, issues related to sexuality and gender to develop strategies for addressing the issues.	Analyse comprehensively, issues related to sexuality and gender to develop strategies for addressing the issues.
EN2 Analyse issues related to sexuality and gender to develop strategies for addressing the issues involves: • explaining influences on gender and sexual identity • recommending a relevant combination of personal, interpersonal and societal strategies to address the	Analyse in depth, issues related to sexuality and gender to develop considered strategies for addressing the issues involves explaining: • why or how influences impact on gender and sexual identity • how strategies to address issues reflect the values of social justice.	Analyse comprehensively, issues related to sexuality and gender to develop strategies for addressing the issues involves engaging critically with the evidence to explain: • how recommended strategies to address issues reflect the values of social justice • the interrelationships between the personal, interpersonal and societal aspects.

	issues, which reflect the values of social justice.		

EN3 *Influences* on gender and sexual identity can relate to individuals and/or groups in society and include a relevant selection of personal (eg biological), interpersonal (eg family or friends) and/or societal (eg culture, media) considerations.

Strategies that reflect the values of social justice require personal and collective actions that contribute to a societal good and benefit the well-being of individuals, groups and communities.

Clarification details (extracts with annotations in red) Updated December 2018.

Factors

Influencing factors operate at personal, interpersonal and/or societal levels. **Students may explain at least one factor for gender identity and at least one factor for sexual identity.** Students will describe the nature of each chosen influencing factor and justify how/why the factor influences gender identity or sexual identity. Students will also explain issues (problems/social injustices) arising from the influences. By implication this requires some form of evidence either from reflection, as a result of personal experience of the situation, or reactions using evidence from the resource material (movie, article, scenario etc) as well as other sources like research reports, or from learned information. **There is NO requirement for the influences to cover each of personal, interpersonal or societal factors**. It is a matter of what the evidence from the situation shows. The gender and sexuality related issues and contexts, in the first instance, could start from any P-IP-S situations.

Strategies

A relevant combination of **personal, interpersonal and societal strategies** will be recommended to address the issues. Students will describe what is involved in using each strategy and explain how/why each strategy will address the issues, enhance the well-being of individuals, groups and communities and/or reflect the values of social justice (fairness, inclusiveness and non-discrimination). P-IP-S strategies only need to be covered once and not repeated for every situation. The strategies can apply to both situations in combination or focus more on just the sexuality or the gender situation.

Strategies that reflect the values of social justice require individual and collective actions that contribute to a societal good and benefit the well-being of individuals, groups and communities. Strategies for addressing the issues are based on evidence from the combination of the selected contexts.

The values of social justice refer to fairness and inclusiveness which, when included in social actions, aim to ensure all people, regardless of their sex, sexuality or gender, are included and can participate equally in society. The values of social justice are also apparent when action is taken to eliminate discrimination, bullying, harassment, violence and other such behaviours.

Analyse in depth

For Merit, students will provide a more detailed account of how/why the factors influence gender and sexual identity. The explanation of strategies will clearly and explicitly consider outcomes of the strategies that reflect (promote, uphold, support, develop, encourage) social justice as well as address the issues.

Analyse comprehensively

For Excellence, students will engage critically with evidence (e.g. from resources provided in the assessment task and/or from their own learning) to support explanations of influencing factors and strategies. The explanations will be thoughtful, there will be a perceptive understanding of the issues, and the recommended strategies will deliberately seek to address the issues and encourage social justice.

Students will also explain interrelationships between the personal, interpersonal and societal aspects. This will consider either the ways factors at different levels connect to each other to influence gender and sexual identity, or the ways the recommended strategies connect to each other to encourage social justice.