

**NZHEA**  
**NCEA Level 1**

**Health Education (Studies)**

**Teacher Guide for the**  
**Learning Journal and**  
**Workbook**

**For the 2026 school year**



The learning activities in the Learning Journal and Workbook  
are to support students in **Health Education** courses  
whose learning is being assessed by the **Health Studies**  
**Achievement Standards**

# New Zealand Health Education Association (NZHEA)

## Teacher Guide

### To support the NCEA Level 1 Health Education Learning Journal and Workbook

#### THIS REVISION: January 2026

Developed with the support of **Networks of Expertise**, the Ministry of Education PLD fund

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

#### Updates for 2026

- **RAMP** (Review and Maintenance Programme) – *Minor changes only to the assessment explanation about the importance of clearly locating the context for internal assessments in a specific topic from an HPE Key Area of Learning (see EN2), as has been highlighted previously in this handbook.*
- **Moderation report** – detailed guidance on AS92008 (hauora) and 92009 (decision making) - see yellow highlighted headings for this information.
- 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.

For reference, the 2024 guidance and 2025 changes and additions remain in boxes using this colour format.

Citation: New Zealand Health Education Association (2026). NCEA Level 1 Health Education Learning Journal and Workbook. NZHEA.

Teachers may adapt these materials for use in their school.

# Teachers, please note the following before using this resource

This resource has been designed as a **source book** of ideas for developing a **Learning Journal and Workbook** that supports a Year 11 NCEA Level 1 Health Education programme.

To reflect the diverse course design and planning opportunities afforded teachers using the **Level 1 Health Studies Achievement Standards**, the accompanying Learning Journal and Workbook has *not* been set out as discrete and contained ‘units’ based around Health Education topics, typical of past practice. Instead, topic-based activities are grouped in relation to these main ideas, reflecting well established understandings of Health Education:

- Exploring the nature of (and impacts on) hauora and wellbeing
- Influences on hauora and wellbeing
- Strategies for supporting and promoting hauora and wellbeing

Additional sections of the Learning Journal and Workbook provide suggestions for activities related to:

- Preparation for learning in Health Education (Studies) in Year 11
- Providing guidance for students about the Achievement Standards

The Learning Journal and Workbook is also provided in separate sections.

This document is the Teacher Guide ONLY.

**Guidance for teachers has red headings**

The materials for students are provided either as one complete document, or as the five separate sections.

**Information and learning activities for students have blue headings**

**Teachers are STRONGLY encouraged to SELECT and ADAPT the materials in response to the learning needs of their students.**

- **Students do not need to be given all the Learning Journal and Workbook at once.**
- Ideally, only a small part of it is made available at a time – day by day, week by week, or unit by unit, and the students build their own Learning Journal and Workbook over time.

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# 1. Introduction

We've developed this Level 1 Health Education Learning Journal and Workbook to support assessment using the Level 1 NCEA Health Studies Achievement Standards.

## 1.1 The purpose of, and audience for, this Learning Journal and Workbook (LJ&W)

### We are calling this a Learning Journal and Workbook

- It is a **learning journal** because it provides a way to record evidence of learning.
- It is a **workbook** because it provides a range of activities to guide the learning process.

**Can we please stress right from the start that the ideas in this Learning Journal and Workbook are not a replacement for good quality teaching and learning experiences.**

These materials do not frame an entire teacher and learning programme. Instead the priority with this resource has been to show how conceptual and topic-specific content learning needs to be consolidated and summarised in preparation for assessment. It is suggested that selected activities could be used as a starting point to backward map from, to identify a diversity of learning experiences that will culminate in the completion of the activities provided.

We expect teachers will engage students in a diverse range of learning experiences to develop their knowledge and understanding of topics across Mental Health, Relationships and Sexuality Education, and/or Food and Nutrition in the New Zealand Curriculum. As presented, there are far more teaching contexts in the Learning Journal and workbook than will be possible to fit meaningfully into a programme, and teachers are encouraged to select contexts that are relevant to and of interest to their students.

A Learning Journal and Workbook like this offers a way for student to record aspects of their learning so that they can track their learning and achievement and be prepared for the assessment of their learning using the Health Studies Achievement Standards.

In calling this a **Health Education Learning Journal and Workbook** we are claiming a subject identity that builds on previous levels of learning across Years 1-10 and which provides a pathway to NCEA Level 2&3 Heath Education.

We acknowledge that **Health Studies** is a ‘consolidated subject’ for the purpose of Level 1 NCEA, but a programme of learning can be called whatever a school wants to name their course.

As this is a NZHEA resource, we maintain a focus on the subject of Health Education with a Health Education approach to the Health Studies Learning Matrix – the Big Ideas, the Significant Learning, and the Achievement Standards that assess aspects of this Significant Learning. That said, there are activities in every section that have relevance for a Food and Nutrition based course.

### Advantages and disadvantages of workbooks

We've long known the advantages and disadvantages of learning workbooks through the production of commercially published versions of these over many years.

**Advantages of workbooks include the following:**

- They offer teachers new to Health education ideas about how to sequence the learning and where to ‘pitch’ the learning so that it reflects NZC Level 6 (and therefore NCEA Level 1).
- They show teachers how to incorporate the HPE underlying concepts (and now the Big Ideas and Significant Learning) across the learning programme.
- They provide suggestions about the wide range of topic matter that can be drawn from the HPE Key Areas of Learning: Mental Health Education, Relationships and Sexuality Education, and Food and Nutrition.
- They support differentiation across a class, whereby some students can work with the material individually and in groups, with independence and autonomy, leaving a greater amount teacher time to provide added support for other students who require this.
- They can help teachers be economical with classroom time, especially when the workbook materials provide instructional and information-based text, as well as a prepared (or suggested) format in which to record learning.
- They provide a format through which task completion, learning and achievement can be easily monitored.
- They offer teachers with challenging timetabling situations, such as multilevel classes, a way to attend to the learning needs of two – or more – levels in one class.
- They provide an indication of the way subject specific literacy and numeracy can be incorporated in a learning programme.
- They provide students with materials that show them what Health Education learning is about.
- They provide some support for students who may be absent from school for a period of time and who are not formally engaged in distance learning.
- And they provide teachers needing ideas and resources for planned (and last minute) teacher release when teachers need to be away from scheduled classes.

In cases where teachers develop their own (or adapt existing) workbooks for students, they provide a convenient way to respond to the local curriculum, the learning needs of the class, and prioritise Health Education contexts that are relevant and engaging for learners,

**Disadvantages of workbooks include the following:**

- Commercially published versions have to take a one-size fits all approach and attempt to offer something to a diversity of learners, albeit with opportunities for students to bring their ideas to their learning.
- Unless there is opportunity to renew content regularly, they become dated – especially in a subject like Health Education.
- Commercial products cost money and it may not be fair to impose costs for learning materials onto students.
- Out of necessity they tend to be heavily text based so that students can work with the materials autonomously (if they need to).
- While workbooks allude to possible teacher pedagogy, they do not provide instructional information for teachers about HOW to teach Health Education. Teachers will need to access a selection of teaching resources for this purpose. [See the NZHEA website for examples of teaching resources](#). A selection of these is noted later in this introduction.

**The purpose of this resource to support learning leading to the assessment of the NCEA Level 1 Health Studies Standards at this time is to:**

- Provide teachers new to teaching Health Education (or new to teaching Level 1 assessed courses) guidance around where to ‘pitch’ Year 11 Health Education learning programme in terms of conceptual difficulty.

- Provide new and experienced teachers with (renewed) ideas for developing learning programmes that lead to success with the new Level 1 Health Studies Achievement Standards.
- Provide a support resource for teachers with multi-level classrooms.
- Provide all teachers with a resource that can be used when they require teacher release.
- Provide students with materials that support their learning in, and understanding of Health Education, with a view the subject will provide a possible pathway to Level 2 and 3 coursework.
- Provide learning materials for students who are absent from a school for a period (e.g. due to illness), but not formally enrolled in distance education.

**NZHEA will endeavour to add to and revise this Learning Journal and Workbook annually to:**

- Revise the interpretation and understanding of the Achievement Standards emerging from moderation and external assessment processes.
- Revise and update links to source materials.
- Refresh the approach to some learning activities.
- Include emerging issues or changes to topical issues.
- Revise materials in response to legislative or policy changes.
- Utilise the most up to date research data and other source materials.
- Include further examples of the way mātauranga and Pacific knowledges could be used in this subject area.
- Develop some examples of popular contexts into more detailed teaching and learning resources whereby the Learning Journal and Workbook becomes part of the resource.
- *Include new ideas suggested by teachers.*

## 1.2. The rationale for the design this Learning Journal and Workbook

### What this resource is

During this first year of implementation of the revised Level 1 Achievement Standards for Health Education (Studies), our NZHEA approach to the design of this Learning Journal and Workbook has been largely pragmatic and in response to the changes - as we best understand them.

Most of the **Teacher Guidance** in this resource is from the NZHEA October-November PLD presentations and workshops. These forms of PLD support were based on the implementation-ready Health Studies materials made available online September-October 2023.

*Please appreciate that we're NOT throwing out the proverbial baby with the bathwater because what we do in the name of Health Education (Studies) remains the same. Our learning contexts are still focused on **Mental Health Education, Relationships and Sexuality Education, and Food and Nutrition**. The curriculum is still focused on the underlying concepts of **hauora, the socio-ecological perspective, health promotion, and attitudes and values**. Until the curriculum refresh reshapes the HPE learning area we need to maintain a focus on these contexts and concepts, although at this time, it is not known if any of these aspects of the current New Zealand Curriculum will change with the refresh.*

What is new is the way the **Health Studies Big Ideas** and **Significant Learning** statements frame these existing NZC understandings, as well as aspects of the NCEA change package in relation to the Level 1 Health Studies Achievement Standards.

The changes to NCEA have **added** the requirements of:

- Mana ōrite mō te mātauranga Māori\* which adds subject-relevant aspects of mātauranga, extending what already exists in the curriculum.
- Consideration of Pacific knowledges.
- Added emphasis on literacy and numeracy (which in context of this subject is the use of statistical data about health and wellbeing issues).
- Consideration of pathways through and beyond school.
- Consideration of Universal Design for Learning matters, especially when designing assessments.

\*Note that the development of the **Hauora** Achievement Standards derived from **Te Marautanga o Aotearoa** (the Māori medium school curriculum) is quite different and independent of the Health Studies Achievement Standards derived from the New Zealand Curriculum. Please avoid confusing and conflating the place, purpose and nature of these sector-specific documents.

The teacher instructions and information that follows repurpose much of the material from NZHEA PLD supporting Level 1 implementation in 2023 and the student activities illustrate how these ideas could be utilised in a learning programme.

### What this resource is not

As we note, prepared workbooks have their limitations and we ask that teachers are cognisant of these concerns, and where and when possible, work to minimise these issues.

#### **Limitations of this workbook include:**

- It is not a unique response to your students, your local school curriculum, or your community.

- The activities tend to focus on **topic** matter (shaped by the HPE underlying concepts and Health Studies Big Ideas), rather than **themes** as a theme-based approach tends to need consideration of your local school context for the theme to be meaningful.

In consideration of the teachers that a resource like this aims to support the most, please note many of the activities require internet access and the use of digital devices in order to reduce the need for teacher-centred and directed instruction. But noting, of course, teachers are encouraged to engage students in interactive and collaborative learning processes as much as possible, using the extensive range of teaching and learning approaches featured across many Health Education resources. However the desirability of this approach is balanced with pragmatic considerations and the need to provide students with materials where they can learn with some autonomy, making use of readily accessible online source materials.

### **And not forgetting literacy ...**

- Health Education (Studies) is literacy rich. Make sure you build plenty of oral, reading and written language activities into your learning programme, as well as visual presentations of learning.
- See the HPE specific NCEA materials at this [link](#).

### **... and numeracy ...**

- See the Health Studies specific material [here](#).
- Note there is plenty of opportunity to use statistical data from research reports in health studies – see our NZHEA resources for this.

**With literacy and numeracy being a major government focus for PLD int 2025, look out for further resourcing and workshops to support this.**

### **Finally, think of your course planning documentation as ...**

- A dynamic document that will keep changing as new ideas for topics emerge, as activities are developed, and as student learning and pathways needs are realised each year.
- You only have 4 assessment points to meet (if using all Health Studies standards) and each of those is only a 750–800-word response or a 3–4-minute recording – that leaves a LOT of curriculum learning time. Make the most of it!

## 1.3. How to use the Learning Journal and Workbook

**Please use this resource as a source of ideas to create your own localised version of a Learning Journal and Workbook that responds to the learning needs of students in your school and provide guidance for learning programme design and planning.**

It has NOT been designed to use 'as is' and requires some selection of material most suited to your students and reordering of this into coherent units of learning.

Unlike commercially produced workbooks, we have designed this resource with the expectation that teachers will use the material more as a source of ideas and not simply follow the order of the Learning Journal and Workbook.

There is more content in the Learning Journal and Workbook than is expected to fit into a yearlong course.

We encourage teachers to:

- Select a combination of health education content/topics that are engaging, relevant and suitable for their students.
- Select and sequence activities from across the workbook to make a unit and overall Health Education course.
- **And (importantly) ADAPT the materials to meet learner needs.**

To enable personalising the resource and adapting activities, the Learning Journal and Workbook is being shared as a **Word document**.

Teachers can:

- Rewrite aspects of activities so that the learning process is scaffolded in a way to support learners.
- Swap source material for other more recent or locally relevant materials.
- Build in additional literacy support.
- Localise aspects of the learning by including local content e.g. curriculum and Health Education compatible mātauranga Māori or Pacific knowledge.
- Cut and paste the materials to create their own version of a Learning Journal and Workbook – noting that materials do not all need to be compiled weeks, months, or the entire year in advance. Students may be given the required pages of the Learning Journal and Workbook one lesson at a time, and they compile these materials to create their own workbook.

**The instructions for the activities assume students will keep a digital Learning Journal and Workbook.** If a print option is preferred, some consideration will need to be given to the spaces provided for recording the students learning, and how visual materials will be incorporated.

The activities in the student resource are numbered, rather than numbering the pages which will change as the document has text and diagrams added to it, and as teachers select and adapt activities.

**Managing the Learning Journal and Workbook file size:** If your students use a lot of activities in the Learning Journal and Workbook it will grow quite big, especially if they are adding in lots of images. Decide how to divide the file into smaller files to make them more manageable. If students are creating large files like video recordings or PPTs, these will need to be filed online (e.g. in a video channel social media page or the school's digital learning platform where they file their work) with a link provided to these materials in the Learning Journal.

## 1.4. The organisation of the source material in this Learning Journal and Workbook

The Learning Journal and Workbook is divided into 5 sections.

As a source book, it is NOT intended that each section be taught sequentially.

That said, the introductory section has a self-evident purpose at the beginning of a course.

This framing of the Learning Journal and Workbook follows the familiar and long-established Health Education approach of:

- Understanding what the hauora and wellbeing situation is about (the **consequences for, or effects or impacts on hauora and wellbeing**),
- The factors that **influence** hauora and wellbeing, and then
- **Strategies** to support and promote hauora and wellbeing.

Familiar and popular Health Education topics are revisited across these sections.

### Learning inquiries:

Across the Learning Journal and Workbook are a number of **learning inquiries**. These provide opportunity for students to investigate a range of other Health Education topics they are interested in, based on a similar approach to other topic matter explored in detail. If teachers are adapting the Learning Journal and Workbook to meet learner needs, some of these topics may replace the ones where the activities are provided in detail. The inquiries provide framework of suggested tasks and questions to investigate about a selected topic.

### Illustrating this resource:

NZHEA has not provided illustrations in this Learning Journal and Workbook because, apart from copyright issues, **we want students to illustrate it** as they complete the various activities. The activity instructions will guide students about their selection of illustrations. The illustrations could be:

- Their own photos cut and pasted into the text (making sure they ask permission if the photos include other people that can be recognised)
- Photos of group work like posters, presentations etc
- Photos of their own drawn images
- Digitally created images
- Links to videos that students have made that are stored online, or on a social media or video channel
- Screen shots or ‘snipped’ images found in a range of online sources – encourage students to include the URL if the site where they found the image in case they need to refer to it or find it again.

In addition to images, students are also encouraged to add to their Learning Journal and Workbook whakataukī or other sayings, quotes or affirmations, or short poems or song lyrics that make connections with their learning.

## 1.5. Recommended *teaching* resources

As noted with the disadvantages of workbooks, these sorts of resources do not provide teachers with instructional guidance about how to facilitate the learning process that supports many of the activities in this resource.

There are many resources that provide detailed instruction for teaching and facilitating learning in Health Education that link to the activities in this Learning Journal and Workbook. The examples listed below feature a wide range of teaching strategies that can be applied across many learning contexts.

- [Mental Health Education and Resilience](#), NZHEA (revised 2021)
- [Alcohol and Other Drugs Years 7-13](#), NZHEA (revised 2021)
- [Mental health education and hauora: Teaching interpersonal skills, resilience and wellbeing](#) (Fitzpatrick, Wells, Tasker, Webber, and Riedel. NZCER, 2018). Note that this is an ESSENTIAL resource for teaching about skills and strategies for wellbeing. A copy was sent to all schools and further copies can be purchased from NZCER. The digital text of the book is located on the NZHEA website at the link provided.
- [Navigating the Journey](#) for each of Years 9 and 10 (Family Planning). Noting the activities in these resources are still useful for framing Year 11 learning.
- [Discussing the data](#), Tūturu 2024 – using statistics in relation to alcohol attitudes and being online.

### **Other resources and source materials**

The Learning Journal and Workbook contain links to MANY online sources of information. Some of these are essential websites that provide key information and support for Health Education (Studies) and others are examples of suitable context specific material. Be prepared to exchange some of these (especially links to media articles) for more up to date and locally relevant materials. Hyperlinks are provided with the activity text and full URLs are listed at the end of each part of the resource should these be needed.

## 2. Designing and planning a Year 11, NCEA Level 1 assessed Health Education (Studies) programme

The hardest thing designing a learning programme in this new standards environment is navigating the MANY choices of learning context that are now available. Now that the standards are not tied to a Key Area of Learning, the Relationships and Sexuality, Mental Health, and Food and Nutrition contexts (topics) that can be used for learning is vast.

With the changes to NCEA, a key shift in practice required across all subjects is to shift the focus from teaching to the standards (and the sample assessment tasks) - which for many senior secondary subjects have become the 'default curriculum' - to instead focusing on high quality teaching and learning.

### 2.1 Planning a Health Education programme to be assessed with the Health Studies Achievement Standards

(Material from the 2023 PLD workshop PowerPoint)

#### Local curriculum design

Make sure you know what the expectations are of you/your department/ faculty around responding to your school's local curriculum design.

- How are the school's values and curriculum principles (etc) expected to feature in your course design?
- How are school level decisions about numbers of standards, course structure (etc) going to impact your course design?
- What are you calling your Level 1 NCEA Health Studies assessed course – and why?

Read more about local curriculum design [here](#).

#### Student voice learner needs and interests

- What 'student voice' have you collected that will help decide contexts for learning, the selection of standards (and how many standards)?
- What contemporary hauora and wellbeing contexts are relevant for your learners? What contexts/topics/themes will be engaging for them? How do you know this?

#### Keep what you know already works for your learners

Don't throw out what already works for your students. The curriculum hasn't changed (yet).

Keep an eye out for new curriculum materials later in 2025 – noting that implementation will follow in subsequent years.

- We still cover Relationships and Sexuality, Mental Health, and Food and Nutrition. Hauora, the socio-ecological perspective, health promotion and attitudes and values are still the underlying concepts – although these are now re-expressed through the Big Ideas.
- Keep the valuable learning in your existing Level 1 programmes. It may just need some reorganisation or re-emphasis to make use of the freedoms and opportunities now that the standards do not have fixed contexts.

## Pathways to L2&3

- What is the Level 2 and Level 3 pathway for students taking a Level 1 Health Studies assessed course?
- What are the implication of this when considering what needs to (and doesn't need to) go into this foundation NCEA level course?
- As there will be a transition period working with new Level 1 and old L2 (until 2025) and Level 3 (until 2026) standards, what are the foreseeable implications of this hybrid pathway for level 1 courses until full Level 1-3 implementation in 2027?

## Things to move on from: one unit = one standard

Some pointers as you think about (re)designing your Year 11 learning programme:

- An all-important shift in practice as we implement these new standards will be to move away from the current practice of a unit = a standard, or ‘teaching to the standards’ (or assessment activities). Broadly speaking, teachers are expected to design learning programmes that respond to learner needs (which includes creating pathways to Level 2&3), their social and cultural contexts and interests, and the school’s local curriculum. These overarching requirements are then interpreted in context of the subject Big Ideas and Significant Learning.
- The familiar HPE underlying concepts of hauora, the socio-ecological perspective, health promotion and attitudes and values are threaded across the big ideas and significant learning. Just as the underlying concepts are not topics of themselves, nor are the big ideas. Think about the many ways these big ideas can be woven across the Relationships and Sexuality, Mental Health, and Food and Nutrition contexts selected for the learning programme.
- When designing your learning programme in response to your learners’ educational needs, start with the significant learning (in essence the underlying concepts and KALs) NOT the standards. The assessment - using the selected Achievement Standards - should drop out of this learning programme and NOT be the driver of your learning programme design. Although it is noted that courses made up from two or more subjects will need to select significant learning clearly related to the assessment for each subject.
- Try to move on from the habit of saying you are teaching *[name of standard]*, or 1.1 for example, and instead refer to the topic or theme that is the basis for the learning – what you are teaching is a Health Studies topic or theme and you are using a Health Studies standards to assess this learning. You ARE NOT teaching (to) the standard or the assessment task.

## Themes or topics?

RSE MHE and F&N contexts – will your learners respond better to named ‘topics’ that reflect the KALs or a thematic approach that lies across topics?

**Topics:** ‘wellbeing’; *friendships and challenges to friendships (and relationships)* e.g. *bullying, harassment, discrimination, abuse (power imbalances); alcohol and other drug education; cybersafety and social media use; managing change and stress, building resilience; body image, friendship skills and communication skills; qualities of ‘healthy’ relationships; consent and coercion; sexual health - menstruation and other reproductive health matters, contraception/prevention of unplanned pregnancy and sexually transmitted infections; gender*

stereotypes, gender and sexuality diversity; sexting, pornography, cybersafety; alcohol and drugs as they relate to sex; sexual violence); influences on food choices (for a population group); the relationship of food to wellbeing (not just 'health' and challenging 'healthism' discourses around food); food (in)security – ie poverty and access to food; food and diet messages (attitudes, values and beliefs) from culture, family, media, advertising etc; topical food and health/wellbeing issues e.g. sugary drinks or energy drinks; ... and so on ...

## Please note that **alcohol and other drug education** is a part of **Mental Health Education**

**Themes:** these vary widely and are likely to reflect the school's local curriculum design. A theme could be a concept, a whakataukī or saying, a provocation, a question, a .... whatever. Just make sure it is meaningful for the students and they have an investment in it (ie it's not all about the adults designing the course!).

### Current issues as contexts for learning

- Current and topical hauora and wellbeing issues that impact teenagers are generally highly engaging for students.
- What issues featured in your year 9&10 programme are worth developing further?
- What issues did you have little or no time for at junior secondary level that could now be explored?
- What issues are particularly topical at present in your (school) community?

### Capturing the moment

During the year, newly emerging issues or a particular focus on an existing issue may (re)surface.

- With this revised approach to assessment this should mean there is time to break from the planned programme and spend one or more lessons exploring this issue. Consider focusing learning in a way that reflects the main purpose of learning at the time e.g. reflecting the impact on hauora and wellbeing through the use of a health model; giving focus to the skills and strategies needed to manage the situation (including where decisions need to be made by people in such a situation and what will influence decision making); what factors have influenced (caused?) the situation in the first place and why has it cropped up (again) now?

### The MANY possibilities for the way a learning programme can be designed

- Don't think you have to design a whole year programme in detail in advance.
- Map out the basic structure e.g. where the assessment points are and therefore the where main learning leading to assessment will need to happen.
- Map out some of the main topics or themes – but allow space for 'extras'.
- Include any wider school or community events where the learning can make connections e.g. Pink Shirt Day.

### Whole School Approaches (WSA) or community Health Promotion days/weeks

- Although the timing of community health promotion events are not always well placed for course design purposes, consider where some links might be made.
- For example, see the calendar of health promoting events published by some NZ Public Health agencies Toi Te Ora or NZ agency specific weeks Pink Shirt Day, Mental Health Awareness Week and a range of international sites list global observance days.

## Weaving in the Significant Learning

- Not all Significant Learning is or needs to be assessed.
- How will the Significant Learning be woven across your learning programme?
- Where is the Significant Learning that features strongly in the standards to be assessed addressed in detail in your learning programme?

The implications for Relationships and Sexuality Education based on the ERO report *Let's talk about it: Review of relationships and sexuality education* in 2024, and the removal of the RSE guide in 2025, are yet to be determined.

See ongoing Ministry and NZHEA communications about this.

### Mapping the familiar HPE underlying concepts to the Big Ideas

HPE underlying concepts	Hauora	Sociological Perspective	Health promotion	Attitudes and Values
<b>Big Ideas</b>	<b>Hauora needs to be approached through a holistic understanding</b>	<b>Understanding hauora requires consideration of the complex and interconnected nature of personal, interpersonal, and societal perspectives</b>	<b>Tiakitanga, manaakitanga, and whanaungatanga are vital to enhance the hauora of individuals, whānau, and communities</b>	<b>Social justice principles of fairness, equity, and inclusivity are central to hauora</b>

**The Health Studies Significant Learning.** Application of these ideas is illustrated across the student learning activities.

### Significant Learning

- apply a variety of holistic models of health to a range of situations to develop understanding of hauora
- investigate the importance of Māori values within hauora, such as tiakitanga, manaakitanga, and whanaungatanga, across individual, whānau, and community contexts
- inquire into Māori knowledges and practices related to hauora (e.g. such as *rongoā* and *maramataka* – although note that a *Health Education* course will focus on other Māori knowledge)
- inquire into Pacific values, knowledges, and practices, such as *vā*, in relation to individual, whānau, and community health contexts
- identify and engage in strategies and practices that foster values such as tiakitanga, manaakitanga, whanaungatanga, and *vā*
- explore how mana and identity are connected with a sense of self-worth
- investigate ways in which hauora is more than a matter of personal decision-making and individual responsibility
- practise personal and interpersonal skills that can enhance hauora, such as goal setting, self-management, and effective communication
- investigate and critique a variety of health-promotion actions that enhance hauora at personal, interpersonal, and societal levels
- understand how personal, interpersonal, and societal factors impact hauora and inform decision-making

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### Ensuring the learning covers all that is required for assessment

*Let's be practical.* Remember we ARE NOT promoting planning and teaching to the standards and the assessments, BUT obviously the learning required for students to complete assessment needs to happen somewhere.

### Summary - Significant Learning linked with the Achievement Standards (as stated in the NCEA unpacking statements)

Check that your planning has covered relevant aspects of the significant learning leading to the assessment.

	Significant Learning
<b>Health Studies 1.1</b> <b>Demonstrate understanding of hauora in a health-related context through the application of a model of health</b>	<ul style="list-style-type: none"> <li>• apply a variety of holistic models of health to a range of situations to develop understanding of hauora</li> <li>• investigate the importance of Māori values within hauora, such as tiakitanga, manaakitanga, and whanaungatanga, across individual, whānau, and community contexts</li> <li>• inquire into Pacific values, knowledges, and practices, such as vā, in relation to individual, whānau, and community health contexts.</li> </ul>
<b>Health Studies 1.2</b> <b>Demonstrate understanding of decision-making in a health-related situation</b>	<ul style="list-style-type: none"> <li>• understand how personal, interpersonal, and societal factors impact hauora and inform decision-making</li> <li>• use critical thinking in relation to values, attitudes, and beliefs that inform approaches to hauora</li> <li>• investigate ways in which hauora is more than a matter of personal decision-making and individual responsibility.</li> </ul>
<b>Health Studies 1.3</b> <b>Demonstrate understanding of factors that influence hauora</b>	<ul style="list-style-type: none"> <li>• understand how personal, interpersonal, and societal factors impact hauora and inform decision-making</li> <li>• investigate ways in which hauora is more than a matter of personal decision-making and individual responsibility.</li> </ul>
<b>Health Studies 1.4</b> <b>Demonstrate understanding of strategies that enhance hauora</b>	<ul style="list-style-type: none"> <li>• understand how personal, interpersonal, and societal factors impact hauora and inform decision-making</li> <li>• investigate diverse strategies to help manage change situations that impact hauora</li> <li>• use critical thinking in relation to social constructs, power imbalances, biases, and assumptions that impact hauora.</li> </ul>

### Mātauranga Māori

There are varying views on how mātauranga Māori, signalled in the Big Ideas and Significant Learning, should be incorporated into NZC based courses. To encourage critical thinking and to be able to understand hauora and wellbeing situations from different knowledge perspectives, placing the knowledge side by side is encouraged. This is in preference to teaching about mātauranga in isolation of other knowledge which runs the risk of missing the potential for achieving mana ōrite / equal status of knowledges.

This quote Professor Sir Mason Durie (2020) resonates well with health education – when we swap ‘science’ for ‘health education’:

*“We’re talking about two different bodies of knowledge. Each has their own integrity ... Don’t mess them up, but use them to work together.”*

*“You can’t understand science through the tools of Mātauranga Māori, and you can’t understand Mātauranga Māori through the tools of science. They’re different bodies of knowledge, and if you try to see one through the eyes of the other, you mess it up. They might be aiming at the same thing, but going there in different directions.”*

Professor Sir Mason Durie from: *Rauika Māngai*. (2020). [\*A Guide to Vision Mātauranga: Lessons from Māori Voices in the New Zealand Science Sector\*](#). Wellington, NZ: Rauika Māngai. (p.24)

There are a range of suitable mātauranga Māori based materials for teaching in Health Education (Studies) that can be easily accessed online if sourcing this knowledge locally is not currently an option. **Links are provided to suitable examples of these materials across the learning activities.**

## Pacific knowledges

- A range of material is readily available about Pacific Health models.
- More and more resourcing to support learning related to Pacific knowledges will become / is becoming available.
- Some guidance for HPE is provided with the [\*Pacific Values Framework\*](#) materials.

## Combined subject courses

- Which subject(s) is Health Studies being combined with?
- What is the rationale/reason for this decision?
- Is there opportunity for actual subject integration e.g. sharing a theme to which each subject then contributes, or is it a half Health Studies / half xxx course and there is clear division between the subject material?
- What decisions have been made about the balance of internal and external assessments? If part of the rationale was to have ALL internals what are the implications of this for student assessment load and teacher marking load (remembering this is what the revised NCEA approach is supposed to avoid)? Think also about student pathways to Level 2&3 and beyond school.

## How many standards will be assessed?

- What guidance is your school giving departments about the number of standards to be completed in a course? All 4 or fewer? Why is this?
- If fewer than 4, what is the balance of internals and externals and why is this?
- For L2&3 pathways purposes, where will some of the learning for the non-assessed standards still occur – to ensure a learning pathway.
- If completing only 1 standard as a ‘taster’, which one and why? Again, where will non-assessed material be taught to ensure a learning pathway and preparation for the step up to level 2&3?

## Timing of assessments

### Internals

- (Realistically) how much teaching time will be needed before students can complete their first internal assessment?
- What expectations does your school have about the completion of internals?
- How is your school managing ‘assessment bottlenecks’ for internals?
- Is there a natural order to which the internals will be completed? If so, what and why?

### Externals

- Check the [Assessment Specifications for 1.3 and 1.4](#) and the [external submission and examination timetable](#) to know where the external assessment times fall for the current year.

## 2.2. Example (only) - yearlong ‘map’ of a Health Education (Health Studies) programme

Based on a 10-week term.

Note there are many ways this ‘map’ of a year-long Health Education programme could be drawn. This is just one example.

Many Relationships and Sexuality, Mental Health and/or Food and Nutrition contexts/topics/themes can be used across the programme to develop the main ideas leading to assessment. The selection of these contexts may extend year 9&10 learning and/or prepare students for Level 2&3. See the Learning Journal and Workbook contents list following for examples of contexts – *but do not be limited by these*.

Term 1	Week	1	2	3	4	5	6	7	8	9	10
Course introduction											
Hauora/health models											
Influences on hauora											
Strategies for hauora											
Assessment											1.1 health model

- The first weeks of term are used to establish routines and systems, connect the class, collect student voice to help finalise contexts for learning, and establish expectations for the year, etc (pale orange).
- The main teaching and learning about hauora and health models (darker blue) occurs across the term culminating in the **1.1 assessment**. This is foundational learning for the yearlong course, so it needs to happen early in the year.
- Some initial ideas about influences on hauora are introduced with topics selected to explore hauora and health models (pale yellow).
- Some initial ideas about skills (leading to talk more of strategies later on) may feature as an integral part of learning about hauora and health models (pale green).

Term 2	Week	1	2	3	4	5	6	7	8	9	10
Hauora/health models											
Influences on hauora											
Strategies for hauora						D-M	D-M			D-M	D-M
Assessment											1.2 decision making

- Reference to hauora and health models is ongoing, and ideas remain integral to all learning (pale blue).
- Across a selection of topics/contexts students develop understanding of the personal, interpersonal and societal factors that influence hauora and wellbeing.
- Hand in hand with the influences students start to learn about a greater range of skills (leading to talk more of strategies later on). A main feature of this skill learning is specifically about decision making, culminating in the **1.2 assessment**.
- Overall the emphasis from week to week on influences and strategies moves back and forth in response to the context being studied.

Term 3	Week	1	2	3	4	5	6	7	8	9	10
Hauora/health models											
Influences on hauora											
Strategies for hauora											
Assessment									Practice exam period?		

- Reference to hauora and health models is ongoing, and ideas remain integral to all learning (pale blue).
- Across a selection of topics/contexts students continue to develop and deepen understanding of the personal, interpersonal and societal factors that influence hauora and wellbeing.
- Hand in hand with the influences students learn about an ever-greater range of skills and learn to identify which skills need to be used in which situation and why – ie what makes them strategies (and based on ideas about the influences).
- Overall the emphasis from week to week on influences and strategies moves back and forth in response to the context being studied.
- Schools may schedule a formal **practice (or derived grade) exam period** for the purpose of collecting evidence for derived grades (should they be needed) and practice for the final examination(s). This may mean added focus around influences on hauora preceding this practice exam period.

Term 4	Week	1	2	3	4	5	6	7	8	9	10
Hauora health models											
Influences on hauora											
Strategies for hauora											
Assessment							1.3 and 1.4 exams				

- Reference to hauora and health models is ongoing, and ideas remain integral to all learning (pale blue).
- A summary of influences on hauora and strategies in preparation for the 1.3 and 1.4 examinations.

#### Overall planning considerations:

- Mātauranga Māori and Pacific knowledges feature in safe and ethical, responsive and topic appropriate ways across the programme.
- Literacy considerations are integral all learning and numeracy (statistics) are used when exploring the nature of health contexts and issues.

## 2.3. Contents of the Learning Journal and Workbook and connections across the sections

To view all Learning Journal and Workbook contents ‘at a glance’, and as a way to support planning, the contents pages are reproduced below along with an indication of which activities may connect with others across the various sections of the resource. These links are mostly topic based.

<b>PART A</b> <b>Preparing for Learning in Health Education and assessment with the Health Studies Achievement Standards</b>	
<b>A1.</b>	<b>Student Instructions: How to use this resource</b>
A1.1	Illustrating this resource
A1.2	Other ways to personalise your Learning Journal and Workbook
<b>A2.</b>	<b>Important links and support</b>
A2.1	NCEA
A2.2.	Links to online materials for the learning activities
A2.3	People who can help
A2.4.	2024-year long schedule
A2.5.	Preparation for learning
A2.6.	Glossaries
<b>A3.</b>	<b>Personalising my learning</b>
A3.1.	This is me
A3.2	What helps me learn? <ul style="list-style-type: none"> <li>• Self-assessment</li> <li>• Linking mana-enhancing classroom actions to my learning</li> </ul>
A3.3.	Hauora and wellbeing issues for teenagers that interest me
A3.4	Summary of the class safety guidelines
<b>A4.</b>	<b>What you will learn about in Health Education, assessed by the Health Studies Achievement Standards</b>
A4.1	Health Studies Achievement Standards
Many Health Education (and some more widely used education resources) contain activity ideas for establishing a positive classroom climate early in the learning programme. A range of these activities can also be found in the introductory activities to these resources. For example, the NZHEA resource <a href="#">Mental Health Education and Resilience</a> , (2021) has a range of introductory activities not specific to mental health education.	

<b>PART B</b> <b>Hauora and wellbeing</b>		This activity can link with
<b>B1.</b>	<b>What is hauora and wellbeing?</b>	<b>E2.</b>
	These activities help to establish the main concept being assessed in 1.1 – the application of a health model.  Since understanding of hauora and wellbeing remain across all Health Education (Studies) learning aspects of this sections could be revisited a number of times across the learning programme.	
B1.1	The language of hauora and wellbeing	Underpins all learning
B1.2	Health and wellbeing models - overview	
B1.2.1.	Te whare tapa whā	Links to all learning
B1.2.2.	Te Huia	

B1.2.3.	Fonofale	
B1.2.4.	Other models	
B1.3	Designing your own health or wellbeing model	
B1.4.1.	Te ao Māori concepts – whanaungatanga	Section D strategies
B1.4.2.	Te ao Māori concepts – manaakitanga	
B1.4.3.	Te ao Māori concepts – tiakitanga	
B1.4.4.	The Pacific concept of vā	
<b>B2.</b>	<b>Exploring teenage hauora and wellbeing</b>	<b>E2.</b>
	<b>Some of these contexts/topics may not provide enough scope for an assessment. However, they remain useful contexts for exploring how to apply a health model to a hauora and wellbeing situation, as well as build context specific knowledge of Health Education topics that support learning about influences on and strategies for hauora.</b>	
B2.1	Identity	Section C personal/individual considerations
B2.2	Enhancing mana	
B2.3.	My Tūrangawaewae	
B2.4.	Managing changes and building resilience	
B2.5.	Substance use; Alcohol, vaping, cannabis, and/or caffeinated energy drinks	C2.1., C2.1.2., C2.1.3., D8.7.
B2.6.	Friendships and other social connections	D8.1
B2.7.	Bullying and cyberbullying	C2.3., C2.4.
B2.8.	Reflecting on skill use e.g. goal setting, problem solving, effective communication	D2., D3., D4., D5.
B2.9.	Healthy relationships	C2.9., D8.10
B2.10.	Social media	C2.3., C2.4.
B2.11.	Sexual health - prevention of STIs and unplanned pregnancy	C2.7., D8.9.
B2.12.	Menstruation	C2.8., D8.16.
B2.13.	Sleep	C2.2., C2.4., D2.1., D2.2., D2.4, D8.2., D8.3
B2.14.1.	Personal health condition	C2.2., C2.6., D3.7., D8.3., D5.1
B2.14.2.	Living with disability or being differently abled	C2.2., C2.5., C2.6., D3.5., D4.1., D4.2., D5.1., D5.2., D8.8
B2.13.	Participating in school or community health promotion events e.g. Pink Shirt Day	D8.8., D8.15.
B.2.14.	Safe and inclusive schools	
B2.15.	Food literacy	
B.2.16.	Food traditions	C2.11., C2.12., C2.14.
B.2.17.	Feeding communities	

B2.18.	Food preparation and being a critical consumer	C2.13., C2.14, D8.12., D8.13., D8.14
<b>B3.</b>	<b>Individual or group inquiry – topic of choice: Preparation and practice for the assessment</b>	E2.

<b>PART C</b>	<b>Factors that influence hauora and wellbeing</b>	This activity can link with
<b>C1.</b>	<b>What factors influence hauora and wellbeing?</b>	<b>E3.</b>
	The activities in this section help establish the main concept being assessed in 1.3 – personal, interpersonal and societal influences on hauora and wellbeing.	
<b>C2.</b>	Investigating factors that influence hauora and wellbeing	<b>E3.</b>
	Some of these contexts/topics may not provide enough scope for an assessment. However, they remain useful contexts for exploring influences on hauora and wellbeing which can be transferred to other situations, as well as build context specific knowledge of Health Education topics that support learning about strategies for hauora.	
C2.1.1.	What factors influence teenage substance use: alcohol?	B2.5.
C2.1.2.	What factors influence teenage substance use: vaping?	D8.7.
C2.1.3.	What factors influence teenage substance use: cannabis?	
C2.2.	What factors influence teenagers to be (dis)stressed?	D8.1., D8.5., D8.8., D8.11, D8.15.
C2.3.	What factors influence teenage use of social media (and in ways that impact their wellbeing)?	B2.9, D8.2., D8.3., D8.4.
C2.4.	What factors influence teenagers' online behaviours?	
C2.5.	What factors influence teenage body image?	D8.11.
C2.6.	What factors influence a teenager's ability to manage life changes?	B2.4., D8.1.
C2.7.	What factors influence teenage sexual health?	D8.9.
C2.8.	What factors influence teenage experience of menstruation?	B2.11., D8.16.
C2.9.	What factors influence healthy teenage relationships – and giving consent?	B2.8., D8.10.
C2.10.	What factors influence teenage viewing of pornography?	
C2.11.	What factors influence children and teenagers' access to healthier food?	D8.12., 8.14.
C2.12.	What factors influence whether a teenager has a healthy school lunch?	
C2.13.	What factors influence teenage use of energy (and other sugary) drinks?	D8.13
C2.14.	What factors influence teenage food choices – with a focus on eating vegetables?	D8.12.
C2.15.	How does food advertising influence food choices?	D8.15.
<b>PART D</b>	<b>Strategies for enhancing hauora and wellbeing</b>	This activity can link with
	The activities in this section help establish the main concepts being assessed in 1.2 (decision making) and 1.4 (strategies for enhancing hauora and wellbeing).	

	Sections D2-5 provide a basic framework for teaching about a wide range of skills and ways of taking action which, once purposefully selected for use in a particular context to enhancing hauora, can be seen as strategies. This is not an exhaustive list of possibilities and subsequent iterations of the LJ&WB will aim to add to these.	
<b>D1.</b>	<b>Overview of strategies in Health Education and the Health Studies Achievement Standards</b>	<b>E5.</b>
D1.1.	Preparation task: Names of skills in English and te reo Māori	
D1.2.	Preparation task: Attitudes and values	
D1.3.	Preparation task: Words / kupu related to attitudes and values in English and te reo Māori	
<b>D2.</b>	<b>Personal skills</b>	<b>B2.16, D8. E5.</b>
D2.1.	Personal goal setting	
D2.2.	<b>Decision making</b>	<b>E3.</b>
D2.3.	Stress management including positive self-talk	
D2.4.	(Own) Problem solving	
D2.5.	Thinking critically and using reliable information	
D2.6.	Values clarification	
<b>D3.</b>	<b>Interpersonal skills</b>	<b>D8. E5.</b>
D3.1.	Naming and expressing feelings, and “I feel statements” (used with a range of other skills)	
D3.2.	Effective listening	
D3.3.	Respectful communication - giving and receiving positive and negative feedback	
D3.4.	Assertiveness	
D3.5.	Joint problem solving, including negotiation and compromise	
D3.6.	Managing conflict in relationships	
D3.7.	Showing empathy	
D3.8.	Ways of supporting others	
<b>D4.</b>	<b>Skills for contributing to community or societal actions</b>	<b>D8., E5.</b>
D4.1.	Advocacy	
D4.2.	Contributing to community actions	
<b>D5.</b>	<b>Ways communities and society support people’s hauora and wellbeing</b>	<b>D8., E5.</b>
D5.1.	Websites, apps, and helping agencies	
D5.2.	Using laws and regulations that support wellbeing	
<b>D6.</b>	<b>Skills summary</b>	<b>E5.</b>
<b>D7.</b>	<b>Relating strategies to a te ao Māori concepts</b>	<b>E5.</b>
<b>D8.</b>	<b>Applying skills to situations to support hauora and wellbeing</b>	<b>E5.</b>
	<b>Some of these contexts/topics may not provide enough scope for an assessment. However, they remain useful contexts for exploring strategies for</b>	

	enhancing hauora and wellbeing which can be transferred to other situations, as well as build context specific knowledge of a range of Health Education topics.	
D8.1.	Skills for managing friendships	B2.6., C2.6.
D8.2.	Skills for navigating and managing the digital world	B2.7., B2.9., C2.4., C2.5., C2.10.
D8.3.	Skills for reducing exposure to disturbing content online	
D8.4.	E-whanaungatanga	
D8.5.	Skills for managing change	B2.4., C2.6.
D8.6.	Skills for managing parties and other social situations where substances are being used	B2.5., C2.1.1., C2.1.2., C2.1.3.
D8.7.	Skills for resisting pressure to use substances (alcohol and other drugs, vaping)	
D8.8.	Skills for being an upstander when someone else is being bullied or treated unfairly	B2.7.
D8.9.	Skills for maintaining sexual health	B2.10., C2.7.
D8.10.	Skills for healthy relationships	B2.8., C2.9.
D8.11.	Skills for promoting body positivity or body neutrality	C2.5.
D8.12.	Skills for contributing to an inclusive school climate	B2.13.
D8.13.	Skills for supporting the distribution of free period products in schools	B2.11., C2.8.
D8.14.	Skills for making food choices with friends or family	B2.14., B2.15., C2.11., C2.14.
D8.15.	Skills for resisting food marketing and advertising pressures	B2.5., C2.13.
D8.16.	Skills for supporting a person with specialised food and nutrition needs	B2.14.
D8.17.	Skills for preparing food hygienically	B2.15, 2.18.
D8.18.	Skills for being a critical consumer of food products	

PART E	Achievement Standards and Assessment	This information can link with
E1.	Overview of the Health Studies Achievement Standards	
E2.	<b>Demonstrate understanding of hauora in a health-related context through the application of a model of health</b>	<b>Part B</b>
E2.1	Achievement Standard information related to assessment about hauora and a model of health	
E2.2.	Checklist for Achievement Standard 92008: Demonstrate understanding of hauora in a health-related context through the application of a model of health	
E3.	<b>Demonstrate understanding of decision-making in a health-related situation</b>	<b>Part D</b>
E3.1.	Achievement Standard information related to assessment about making decisions that impact hauora	
E3.2.	Checklist for Achievement Standard 92009: Demonstrate understanding of decision-making in a health-related situation	

E3.3.	Practice task in preparation for the assessment.	
<b>E4.</b>	<b>Demonstrate understanding of factors that influence hauora</b>	<b>Part C</b>
E4.1	Achievement Standard information related to understanding of factors that influence hauora	
E4.2.	Checklist for Achievement Standard 92010: Demonstrate understanding of factors that influence hauora	
E4.3.	Practice for the examination	
<b>E5.</b>	<b>Demonstrate understanding of strategies that enhance hauora</b>	<b>Part D</b>
E5.1	Achievement Standard information related to assessment strategies that enhance and promote hauora	
E5.2.	Checklist for Achievement Standard 92010: Demonstrate understanding of factors that influence hauora	

# 3. Unpacking the Student Learning Journal and Workbook

## 3.1. PART A: Establishing foundations for the Health Education Learning programme

It helps to try and establish systems and routines as quickly as possible even when the start of the new school year is inevitably disrupted by a wide range of factors. This first section of the Learning Journal and Workbook offers a range of suggestions, activities, and templates to give structure to those first few lessons.

Be selective about which of these items might be useful for your students. Add to or adapt these materials to reflect what works for your students.

Several of these activities are intended to provide a type of ‘student voice’ whereby they can inform their teacher about who they are, the topics they are interested in learning about, and what helps them to learn.

**In this section of the Learning Journal and Workbook you will find examples of:**

- **A student version of an overview of ‘What is Health Studies?’**
- Student instructions about how to use the resource – adapt this according to how you plan to utilise the LJW activities.
- Links to NCEA important webpages.
- Links to support agencies – with a brief activity to highlight what services they offer, as well as compiling a list of names of support people in the school.
- A calendar for the 2025 year to fill in as dates for assessments, events and other checkpoints become known.
- Preparation for learning – a checklist of much of what is in this section of the resource and more.
- Glossaries – templates for compiling Health Education terms in English and a kuputaka for kupu Māori.
- ‘This is me’ activity.
- ‘What helps me to learn’ activities.
- ‘Hauora and wellbeing issues for teenagers that interest me’ activity – to help inform the selection of topics across the year.
- Making a collection of whakataukī or other cultural sayings, quotes and affirmations, as well as images related to Health Education ideas to illustrate and personalise the Learning Journal and Workbook. This is an ongoing task.
- Summary of the class safety guidelines activity.
- A student version of an activity to track learning about Health Studies Significant Learning – a reflective digital scrapbook. This is an ongoing task.
- An introduction to the Health Studies Achievement Standards (this is expanded in Part E).

## 3.2. PART B: Exploring the nature of hauora and wellbeing

Please note that although the concept of hauora does not feature in the new year 0-10 curriculum, it remains part of NZCEA assessment because the standard are based on the NZC (2007).

Learning in this section the Learning Journal and Workbook contributes to:

### HEALTH STUDIES 1.1 AS92008, 5 credits, internal Demonstrate understanding of hauora in a health-related context through the application of a model of health

Achievement	Achievement with merit	Achievement with excellence
<b>Demonstrate understanding of hauora in a health-related context through the application of a model of health</b>	<b>Explain hauora in a health-related context through the application of a model of health</b>	<b>Evaluate hauora in a health-related context through the application of a model of health</b>
<i>Demonstrate understanding of hauora in a health-related context through the application of a model of health involves:</i> <ul style="list-style-type: none"> <li>describing how hauora is affected by an activity, using a model of health, including supporting evidence</li> <li>describing how the different parts of the model interconnect in relation to the activity.</li> </ul>	<i>Explain hauora in a health-related context through the application of a model of health involves:</i> <ul style="list-style-type: none"> <li>explaining why hauora is affected by an activity, using a model of health, including supporting evidence</li> <li>explaining why the different parts of the model interconnect in relation to the activity.</li> </ul>	<i>EN1. Evaluate hauora in a health-related context through the application of a model of health involves:</i> <ul style="list-style-type: none"> <li>drawing conclusions about how hauora is affected by an activity in the short and long-term, with reference to a model of health, including supporting evidence.</li> </ul>
<b>Explanatory Note 2</b> <i>The application of a model of health must occur in any of the Key Areas of Learning:</i> <ul style="list-style-type: none"> <li>Food and Nutrition</li> <li>Mental Health</li> <li>Relationships and Sexuality.</li> </ul>	<b>Explanatory Note 3</b> <i>For the purpose of this achievement standard, the explanation of the effects of an activity on hauora must use a model of health. Hauora is a Māori philosophy of holistic wellbeing grounded in bodies of mātauranga unique to Aotearoa New Zealand.</i>	<b>Explanatory Note 4</b> <i>A model of health is a guide to understanding hauora according to aspects or dimensions of the model. Examples include:</i> <ul style="list-style-type: none"> <li>Te Wheke</li> <li>Te Whare Tapa Whā</li> <li>Fonua</li> <li>Fonofale.</li> </ul>
<b>Explanatory Note 5</b> <i>An activity refers to an action or experience that can result in a change to the hauora of an individual, community, or society. A model of health can be applied to reflect on the changes for those involved. Ākonga may refer to an activity that they have participated in, or they may refer to an activity that others have experienced. The activity and the reflection can relate to one or more Key Areas of Learning.</i>		

January 2024 [abbreviated] Health Studies NCEA NZC Level 1

**Subject Learning Outcomes for Assessment** Companion to the Health Studies Learning Matrix

#### What are the Subject Learning Outcomes and how can I use them?

Subject Learning Outcomes identify the knowledge and skills that students need to be ready for assessment. Subject Learning Outcomes are informed by the Achievement Standards. They should be used in conjunction with the full suite of NCEA materials.

- Subject Learning Outcomes do not replace any documents. This includes the External Assessment Specifications and Conditions of Assessment.

- Students are entitled to teaching that supports them to achieve higher levels of achievement. Subject Learning Outcomes mainly align with outcomes for the Achieved level. However, outcomes for higher levels of achievement are also included.\*
- The knowledge and skills in the Subject Learning Outcomes are the expected learning that underpins each Achievement Standard. Students will draw on this learning during assessment. It is important to note that assessment is a sampling process so not everything that is taught will be assessed.

*\*Additional material is provided in the Teacher guide and Student Learning Journal and workbook about learning for this higher level of achievement.*

What is being assessed	Subject Learning Outcomes for Achievement Standard 1.1 (92008): Demonstrate understanding of hauora in a health-related context through the application of a model of health
Application of a model of health	<p><b>Students are able to:</b></p> <ul style="list-style-type: none"> <li>use a model of health to describe a holistic understanding of hauora, of self or others. This includes how the different parts of a model are interconnected. Holistic models from diverse cultures or knowledges can be used. Models may include (but are not limited to): Te Whare Tapa Whā, Te Wheke, Fonofale, or Fonua. This includes making the distinction between hauora and the model of health itself. It will be hauora that is affected by the activity, not different parts of the model.</li> <li>use a model of health to describe a holistic understanding of hauora, that goes beyond physical wellbeing, and includes aspects such as the spiritual, the collective, and the environmental.</li> </ul>
How hauora is affected by an activity	<p><b>Students are able to:</b></p> <ul style="list-style-type: none"> <li>describe how hauora is affected by an activity or experience in a health-related context, according to the different parts of the chosen model of health. Participation in an activity can be students' own participation (self), where this is applicable, safe, and ethical, or it can be the activities and experiences of other people (individuals or groups), especially in contexts like relationships and sexuality, dealing with stressful situations, or alcohol and other drugs, or sharing of culturally appropriate food after a practical experience.</li> <li>describe how different parts of the model interconnect in relation to an activity. This may involve how different parts of the model support each other, or how, when hauora is affected in a particular way (which may be reflected in one part of the model) it can have flow-on effects for hauora (as described by other parts of the model).</li> <li>use context-specific examples as evidence of the descriptions, explanations, or conclusions about the effect on hauora.</li> </ul> <p>For higher levels of achievement, students will be able to:</p> <ul style="list-style-type: none"> <li>explain why hauora is affected by an activity (directly or indirectly, as relevant to a context)</li> <li>explain reasons for why hauora is affected by an activity in particular ways, and also use parts of the model to explain why interconnections exist. This could include explaining why different parts of the model connect with and support each other. These connections could be mutual, or cause-and-effect in nature, for example. This might also include giving reasons for why hauora is impacted, or why particular enhancements for hauora have flow-on effects, and how this can be explained using parts of the model.</li> <li>draw conclusions about how hauora is affected by an activity, not only in the short-term but also in the long-term. Where relevant this may include other people beyond the self/individual such as groups, whānau or communities.</li> </ul> <p>A health-related context needs to be grounded in one or more of the Key Areas of Learning: Food and Nutrition, Mental Health, and/or Relationships and Sexuality.</p>

## Somewhere across the learning programme you will need to include ... for 1.1

- Teaching and learning about health models:
- Te whare tapa whā is suggested as the essential starting point and then select a small number of others e.g. fonofale or models reflecting the cultural diversity of the members of the class.
- Although there are a lot of Māori and Pacific Health models not all of these may be suitable for NCEA Level 1 due to their complexity.
- Exploration of a variety of hauora and wellbeing contexts through the application of a model to:
- Practice applying (holistic) understandings of hauora and wellbeing through the use of a model
- How the dimensions support each other or interconnect

*NB. If a participation-based learning activity and assessment is planned, please note Universal Design for Learning (UDL) considerations and provide alternatives if needed.*

For hauora and health models be thinking about the following ...

- It would appear that the nature of this standard makes the preparatory learning a 'natural' introductory unit.
- What contexts/topics are useful to introduce here, if only to think about them in relation to a model of health early in the course, but which can then be expanded and built on in later learning?
- How much choice will students have to explore hauora and wellbeing topics of interest to them e.g. in an inquiry that is then shared with the class. See example in Part B.
- If the assessment is to be based around students' own participation in an event, how much planning and learning time is needed to ensure that they collect sufficient information to use for their assessment?
- If the assessment is to be based on activities/actions of others (e.g. in a video or other source material) how much learning will need to focus on how to recognise and extract relevant information from these other sources?

*See the material in Part B of the student Learning Journal and Workbook.*

### Sources of information about health and wellbeing models

You can still access the 2022 PLD folder which features a variety of materials to develop your understanding of a range of health models. Note that most of this material (with a couple of exceptions) is for your teacher PLD and the literacy levels required pitch it beyond year 11. That said, some of the material can be adapted for use by students by reducing the volume of text to some main points.

**Find this material in the [January 2024 Health Studies Google folder](#)**

Name	↑
 Maori model activities	
 Other materials	
 Pacific models activities	
 Asia NZ Foundation health resource see p15 for Asian health models.pdf	
 Directory_PLD activities to support the development of knowledge about health and wellbeing models.docx	
 PLD Activities linking health models to identity.docx	

## From the October 2024 newsletter

### Explanatory Note 5

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

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

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

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

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

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

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

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

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

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

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

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

*Revisions notified 14<sup>th</sup> October 2024 ready for use in 2025:*

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

HEALTH STUDIES 1.1 AS92008, Demonstrate understanding of hauora in a health-related context through the application of a model of health		
Achievement	Achievement with merit	Achievement with excellence
<p><b>Demonstrate understanding of hauora in a health-related context through the application of a model of health</b></p> <p>EN1. Demonstrate understanding of hauora in a health-related context through the application of a model of health involves:</p> <ul style="list-style-type: none"> <li>describing how hauora is affected by an activity, using a model of health, including supporting evidence</li> <li>describing how the different parts of the model interconnect in relation to the activity.</li> </ul> <p><b>Comment:</b> For consistency with the standard title and the criteria ‘activity’ should be read as being an experience in a health-related context. Think of the ‘activity’ as an ‘experience’. ‘Activity’ seems to invite physical activity-only understandings which is NOT the intent in Health Studies.</p>	<p><b>Explain hauora in a health-related context through the application of a model of health</b></p> <p>EN1. Explain hauora in a health-related context through the application of a model of health involves:</p> <ul style="list-style-type: none"> <li>explaining why hauora is affected by an activity, using a model of health, including supporting evidence</li> <li>explaining why the different parts of the model interconnect in relation to the activity.</li> </ul>	<p><b>Evaluate hauora in a health-related context through the application of a model of health</b></p> <p>EN1. Evaluate hauora in a health-related context through the application of a model of health involves:</p> <ul style="list-style-type: none"> <li>drawing conclusions about how hauora is affected by an activity in the short and long-term, with reference to a model of health, including supporting evidence.</li> </ul> <p><b>Comment:</b> ‘Evaluating hauora’ either as a concept or a synonym for health makes no sense. This verb needs replacing or the focus for the evaluation needs to be changed. <b>BUT this is not currently possible.</b></p> <p>The short- and long-term focus is not a particularly discriminating requirement for excellence requiring very little higher-level thinking. This needs reconsideration bringing it back to the conceptual understanding of hauora and the use of a model to explain hauora in a context <b>BUT for now, if</b> requires evidence of student thinking that extends beyond what they have already written for their A and M responses</p>

### Explanatory Note 2

The application of a model of health must occur in any of [health related contexts derived from] the Key Areas of Learning: Food and Nutrition; Mental Health; Relationships and Sexuality.

#### Comment:

The KALs provide the basis for the health-related context. All too often the selection of an ‘activity’ has failed to connect with the health-related context derived from one of these KALs - which is essential to justify it as a *HEALTH Studies* assessment – see EN 5. This problem is illustrated in Assessment task 1.1B.

### Explanatory Note 3

For the purpose of this achievement standard, the explanation of the effects of an **activity** on **hauora** must use a model of health. **Here hauora is being used as a synonym for health and wellbeing.**

**Hauora** is a Māori philosophy of holistic wellbeing grounded in bodies of mātauranga unique to Aotearoa New Zealand. **Here hauora is being used to name a concept.**

### Explanatory Note 4

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

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

### Explanatory Note 5

An **activity** refers to **an action or experience** that can result in a change to the **hauora** of an individual, community, or society. A model of health can be applied to reflect on the changes for those involved.

Ākonga may refer to an **activity** that they have participated in, **or** they may refer to an **activity** that others have experienced. The activity and the reflection can relate to one or more Key Areas of Learning.

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

### Sample assessment tasks on the NCEA website

Note that these each present their own set of issues.

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

### Recommendation for writing assessment tasks

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

- Make sure the health-related context is clearly named and identified in the task

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

## Moderators report to use as guidance in 2026

### This contains **IMPORTANT** information

<https://www2.nzqa.govt.nz/ncea/subjects/select-subject/health-studies/nmr/>

#### Insights

**92008: Demonstrate understanding of hauora in a health-related context through the application of a model of health**

#### Performance overview

This standard requires students to demonstrate understanding of hauora in a health-related context through the application of a model of health. This involves describing (with supporting evidence) how hauora is affected by an activity, according to the parts of the model, and describing how effects interconnect.

Evidence that met the requirements of the standard used an activity with a wellbeing focus clearly grounded in a key area of learning (e.g. Mental Health education, Relationships and Sexuality education, or Food and Nutrition education) as the context for reflection. Descriptions of the activity's effects on wellbeing were framed using recognised and accepted holistic models of health and incorporated concepts and ideas relevant to a Key Area of Learning (KAoL). Context-specific examples from the activity were used as supporting evidence for these descriptions.

The focus of the descriptions was consistently 'self' or 'others' throughout the evidence. When this approach was taken, students were better able to demonstrate an understanding of the holistic nature of hauora and describe more succinctly and coherently the flow-on effects and interrelationships between aspects of wellbeing, as framed by the chosen model.

#### Practices that need strengthening

#### Contexts for Assessment

To enable effects on wellbeing to be considered from a Health Education perspective, activities selected as contexts for assessment in Health Studies need to assess the concept of hauora in situations that are clearly and explicitly grounded in a KAoL, such as:

- Mental Health education (e.g. alcohol or other drugs)
- Relationships and Sexuality education (e.g. healthy relationships)
- Food and Nutrition education (e.g. healthy food choices).

Moderation showed that when a model of health was directly applied to an activity that had no obvious connection to a KAoL, or no explicit wellbeing purpose linked to a KAoL, the resulting evidence did not encompass specific concepts and ideas, nor did it reference skills learned that related to a KAoL. For

example, in contexts involving food preparation, descriptions of effects tended to focus too heavily on simply linking the activity (cooking) to each dimension of a model, rather than considering the effects of the prepared food and its social setting on wellbeing. Descriptions of effects made little reference to food and nutrition concepts, and ideas such as key nutrients, food safety, and accepted healthy eating models that could provide the additional depth and detail needed to avoid overly generalised statements about wellbeing not reflective of teaching and learning in Health Education.

In Mental Health education, a single activity is not always considered suitable as an assessment context. For example, a stress management activity on its own may not be sufficient. Effective strategies for managing stress often require a combination of stress-reduction activities. Where stress management is the focus of assessment, students should have the opportunity to reflect on a combination of stress-reducing actions that are personally relevant to them (or others).

While participating in a physical activity (e.g. Zumba) might be considered beneficial for stress relief, the primary focus of the assessment needs to be on managing mental health, not just the physical activity itself. To maintain the integrity of Health Studies and avoid overlapping with Physical Education (PE), physical activity contexts should be regarded as PE contexts and are not considered suitable for assessment in Health Studies.

### **Focus for reflection of effects on wellbeing**

The standard requires that effects on wellbeing be described in relation to self (the student) or others (another individual or a group), and that students demonstrate an understanding of the concept of hauora. Descriptions must cover all aspects of wellbeing: mental and emotional, physical, social, and spiritual.

When descriptions of effects (and the chosen model) did not cover all aspects of wellbeing as required by Explanatory Note 3 of the standard, understanding of the concept of hauora could not be demonstrated.

When the focus for reflection was the student's own wellbeing, even if the evidence included flow-on effects for others in relation to different aspects of wellbeing, it was still required to show how the activity directly affected all aspects of the student's own wellbeing, as framed by the chosen model.

When the evidence did not focus on either 'self' or 'others', but instead moved between the two, it was difficult for students to apply the model holistically as required (that is, to describe effects and their interconnections as they specifically related to either 'self' or 'others'). Had the task instructions clearly directed students to focus on 'self' or 'others', this may have been avoided. Furthermore, taking this approach sets students up to achieve higher grades and helps make the evidence more coherent and succinct.

### **Excellence**

For Excellence, a clear conclusion needs to be drawn in relation to the effects of the activity for short and long-term wellbeing. Regarding long-term wellbeing, conclusions need to show foresight and be realistic (credible). For example, in food and nutrition contexts the conclusion drawn could relate to the anticipated long-term impacts for wellbeing of the activity for 'self' or 'others', in reference to changes in behaviours and practices related to food choice and/or changes to attitudes and values which underpin food decisions.

However, where the activity was narrow in scope and duration, i.e. simply involving the preparation of a single meal or recipe as a one-off event, and explanations for long-term effects were predominantly focused on the activity's direct contribution to the prevention of complex lifestyle diseases such as diabetes and coronary heart diseases, this was considered to be an unrealistic long-term effect of the activity.

## For reference: 2025 Additional ideas for learning and assessment contexts (see also Section 4)

One of the (many) unintended consequences of the piloting of these standards, and sample assessments for 1.1 in particular, is that it made the 'experience' of health and wellbeing (ie hauora) an 'event' instead of something that is experienced in people's everyday lives.

**Rather than think only about one-off or special events which are not repeated nor sustained in any way, think instead about the possibilities of everyday health and wellbeing behaviours and actions that are, or can be, done in an ongoing and sustained way.**

We're not dismissing the possibility of using 'events' (and still include some ideas for this) but if we want HEd/HS learning to contribute knowledge and skills to young people's everyday wellbeing, then it's the everyday actions that are more important to focus on.

**Given the challenges presented by many contexts selected for the activity/experience/action for participation-based 1.1 assessments in 2024, we revisit some earlier ideas that we think should work, as well as highlight the sort of teaching and learning needed to support students provide meaningful context specific reflections about the way a health model can be applied to the situation.**

### For participation-based assessments

- The actual experience, action, situation, or activity MUST clearly relate to a recognisable MHEd, RSE or F&N topic. Simply applying a health model to any life situation or circumstance situation does not make it 'Health Studies. Ref EN 2.**
- The assessment must relate to an individual – either self **OR** another person, otherwise the interconnections between the dimensions are meaningless. See EN5.
- To show the interconnections of the features of a model the student must talk about an individual – either themselves or another individual.

*Evidence to date suggests it is easier for students to focus on self rather than others who need to be observed and interviewed to collect 'evidence' of the ways the experience has impacted their wellbeing.*

**Impacts on hauora and wellbeing can be positive and/or negative.** However, if it appears the impacts of a situation are dominated by negative experiences, check with the student whether this is an appropriate context for them to use **for assessment purposes**.

For many health-related situations the impacts on hauora – in relation to a model of health – may not be **obvious and direct**. Students need to give most focus to those dimensions of the model most significantly impacted by the situation and then be prepared to reflect further on how other dimensions might be impacted, using evidence from their experiences.

Mental Health (MHEd) Key Area of Learning	Examples of some of the <b>teaching and learning needed to support using this experience for assessment purposes</b> . Ideas only - amend and adapt these.
<b>Everyday activities/experiences</b>	
Managing screentime – <i>this may be underpinned by goal setting although the goal setting process here is not the point of the assessment, it's the experience of the actual actions taken.</i>  See the Tūturu <i>Discussing the data</i> resource for activity ideas	<ul style="list-style-type: none"> <li>How excessive screentime impacts health and wellbeing – research, own investigations</li> <li>How engagement with specific types of online platforms impacts mental health e.g. social media sites</li> <li>How specific online behaviours impact mental health e.g. cyberbullying, doom scrolling – and many more</li> <li>The amount of exposure to negative online material with excessive screentime – and the impact on, mental health and wellbeing</li> <li>Time management for wellbeing</li> </ul>

	<ul style="list-style-type: none"> <li>Strategies for resisting screentime and how to self-monitor, and how to get others to help</li> </ul>
Getting enough sleep each night  <i>See goal setting comment above.</i>	<ul style="list-style-type: none"> <li>Importance of sleep for mental health</li> <li>Impacts of lack of sleep on physical and mental health (including anxiety and depression) and how this then impacts all dimensions of hauora – especially relationships with others</li> <li>What helps people to sleep</li> <li>What gets in the way of getting enough quality sleep (link with screentime ideas above)</li> <li>Strategies that can support getting a good night's sleep</li> </ul>
Using interpersonal communication skills in everyday life.  <i>See goal setting comment above.</i>	<ul style="list-style-type: none"> <li>Learn the skills of effective listening, showing empathy, being assertive, joint problem solving (etc)</li> <li>Track the use of these over a period and reflect on the impact that using these skills had on own wellbeing.</li> </ul>
Spending quality time with family or friends  <i>See goal setting comment above.</i>	<ul style="list-style-type: none"> <li>What quality relationships looks, sound, feel like</li> <li>The qualities of good friendships and relationships,</li> <li>The skills needed for maintaining quality friendships and relationships - a range of interpersonal communication as well as self-management skills</li> <li>What gets in the way of good friendships and strategies for managing disruptions to friendships</li> <li>Record reflections about a succession of sustained interactions with a family member or friend, noting particularly the ways the skills used to communicate, support etc – see <i>interpersonal communication skills above</i></li> </ul>
Managing stress – with a focus on activities that specifically target mental and emotional wellbeing  <i>See goal setting comment above.</i>	<ul style="list-style-type: none"> <li>Learning what stress is and how it impacts all dimension of hauora and wellbeing</li> <li>Self-assessment of main stressors and identification of what needs to change to eliminate, reduce and/or manage these stressful situations</li> <li>Learning and using a range of relaxation skills and mindfulness skills</li> <li>Actioning a plan to include a selection of these skills into daily life</li> <li>Learning what added supports might be needed to support mental health when self-management strategies are not enough</li> </ul>
Being deliberately and purposefully body positive or body neutral  <i>See goal setting comment above.</i>	<ul style="list-style-type: none"> <li>Understand what body image means</li> <li>Exploring a wide range of personal, interpersonal and societal factors that impact body image</li> <li>Learning what body positivity or neutrality means</li> <li>Skills and mindsets need for being body neutral/positive – what to think and say and what NOT to think and say and how to reframe negative thinking and negative language used by self and others.</li> <li>How to challenge others who body shame or just talk about/refer to the appearance of other people's bodies</li> </ul>
Managing a personal health issue that impacts health and wellbeing  <i>See safety note</i>	<ul style="list-style-type: none"> <li>Understanding how physical health conditions impact all dimensions of wellbeing and how managing a condition is not just about managing the disease or disorder but managing many life choices and often how well people manage physical conditions is as much or more about their mental and emotional health.</li> </ul>

<p>This approach may be useful for students who are working to an individualised learning programme (e.g. students who are distance learning), or students for whom the ‘experience’ the class participated in was not meaningful.</p> <p><i>In addition to students with health and wellbeing conditions, it could also be used by students with diverse abilities (e.g. neurodiverse or physical disability), or students with diverse sexuality or gender identities, students who have experience of bullying or discrimination (and have been able to take action against this), etc.</i></p>	<ul style="list-style-type: none"> <li>Explore how having a health or wellbeing condition impacts teenagers – often in different ways to children or adults – because they are teenagers and all of the social and emotional changes associated with this period of life</li> <li>Stigma around health status, perhaps branching in ableism etc.</li> </ul> <p><b>SAFETY NOTE</b></p> <p>For safety and ethical reasons students cannot be ‘required’ to choose a personal health and wellbeing circumstance for assessment. <b>Students’ right to privacy must be protected.</b></p> <p>However, it opens up many possibilities for a diversity of students. <b>This approach would need to be managed carefully</b> and would only apply to students who openly manage a health situation like asthma, diabetes (likely Type A), ADHD, extreme allergies, or other condition that peers tend to know about and the student is happy to have the teacher know/read about. <b>This would need to be seen only as an option in situations where students have choice over the context for their assessment and not an expectation any/every student could do this.</b></p>
<p><b>Event or specific occasion activities/experiences</b></p> <p>Participating in bullying-free events like Pink Ribbon Day</p>	<ul style="list-style-type: none"> <li>Learning about forms of bullying, impacts of bullying on wellbeing short and long term, what causes/influences and sustains bullying behaviours</li> <li>Laws and polices related to bullying</li> <li>How bullying is similar and different to other behaviours such as harassment, discrimination, intimidation, abuse – and different laws about these</li> <li>What can be done to reduce and eliminate bullying</li> <li>Own school survey about bullying and compare to national research</li> <li>Planning and taking action about an aspect of bullying for Pink Ribbon Day based on survey findings</li> </ul>
<p>Supporting another person to learn skills that support their wellbeing – with the reflection focused on either the wellbeing impacts for the person providing the support OR the person being supported</p>	<ul style="list-style-type: none"> <li>Learning about a variety of communications skills needed when supporting others e.g. asking open questions, showing empathy etc.</li> <li>Learning how to teach someone else a skill – how to unpack the steps of the process, the language to use when explaining something (for an age group or a person with another first language)</li> <li>Working with a group of primary school students, or students in a supported learning class</li> </ul>
<p><b>Food and Nutrition (F&amp;N) Key Area of Learning</b></p>	<p>Food and nutrition for wellbeing needs to consider nutrition in some way (as related to physical wellbeing) but the experience should give scope for other dimensions of hauora to feature</p>
<p><b>Everyday activities/experiences</b></p> <p>Being a critical consumer of food products e.g. doing a supermarket food shop with a parent, or when ordering prepared food over a succession of takeaway, café or restaurant-</p>	<ul style="list-style-type: none"> <li>Understanding what being an informed, ethical and/or critical consumer is and how this affects wellbeing</li> <li>Making food choices/decisions based on ethical or sustainable food production practices and supporting personal values about ethical/sustainable food sources; use</li> </ul>

bought meals, or when selecting food to eat that has already been bought for the home	<p>of additives vs additive free; no or low processed vs highly processed food etc.</p> <ul style="list-style-type: none"> <li>Considering the various physical health reasons, mental and/or spiritual wellbeing reasons for such an approach to food choices etc</li> <li>Reading food labels and deciding what information is important given a person's ethics and values about food choices</li> </ul>
<p>Healthier drink choices or snack choices – <i>this may be underpinned by goal setting although the goal setting process here is not the point, it's the experience of the actual actions taken</i></p>	<ul style="list-style-type: none"> <li>Learn about the ways 'lifestyle' drink and food products are marketed to young people and how this impacts food choices</li> <li>Apart from advertising, what influences the selection of less healthy snacks and drinks over healthier options for some/many young people?</li> <li>What are healthier (more nutritional) snacks and drinks for teens</li> <li>Deliberate strategies to resist pressure from advertising and other factors to select less healthy snacks and drinks</li> </ul>
Preparing own school lunches	<ul style="list-style-type: none"> <li>Overview of healthy balanced eating for teenagers – and critique of nutrition guidelines related to this</li> <li>Selecting healthier food on a limited budget</li> <li>Selecting food that does not need special storage and keeping food in hygienic ways when there might not be a fridge for storage (for example)</li> <li>Managing time to allow for food preparation</li> <li>Lunch food choices for other siblings who go to school</li> </ul>
<p>Preparing food for a person with specialised nutritional needs (self or another person) (<i>but going beyond just the biological health reasons for this</i>)</p>	<ul style="list-style-type: none"> <li>Understanding a selection of specialised nutritional needs – medical, cultural or lifestyle choice</li> <li>Social, and mental as well as economic and other implications for people with diverse nutritional needs</li> <li>Understanding the implications of this nutritional need for food preparation – selection of raw or individual ingredients, preparation process etc.</li> </ul>
<p>Preparing food hygienically (<i>but going beyond just the biological health reasons for this</i>) – <i>this may feature as part of one of the above ideas rather than a standalone focus</i></p>	<ul style="list-style-type: none"> <li>Understanding safe and hygienic food preparation methods and how these support health</li> <li>The mental wellbeing and social implications of safe food preparation – e.g. when preparing food for others</li> </ul>
<b>Event or specific occasion activities/experiences</b>	<p><b>Think carefully about some of these ... useful learning but do they work for assessment purposes?</b></p>
<p>'Cultural' foods event – ensuring focus on eating food (so there is a nutritional aspect involved) and another major aspect of wellbeing like the social considerations, or the way engaging in traditions can support identity</p>	<ul style="list-style-type: none"> <li>Understanding a selection of 'cultural' food practices and specifically how these can be seen as a feature of individual and collective wellbeing. <i>Think of 'cultural' foods in terms of ethnic groups, national identity, global(ised) identities, interest groups (ie think beyond culture just as ethnicity).</i></li> <li>Participation in preparation of, or experience of consuming examples of 'cultural' foods.</li> </ul>
<p>Contributing to a food charity service – noting the focus here is giving time to this NOT simply donating food</p>	<ul style="list-style-type: none"> <li>Learn about a variety of ways communities support people experiencing economic disadvantage to have enough food – give added focus on those local in the school community</li> </ul> <p><b>Note that 'service' type participation events can be problematic as it requires either reflection about themselves and what it is like to support in charitable ways, which may draw attention away from those whose wellbeing is intended to be supported by such actions,</b></p>

	OR put people experiencing poverty and food insecurity in a challenging situation being asked about how charity like this impacts their wellbeing (which would be needed as evidence of impact).
<b>Relationships and Sexuality Education (RSE) Key Area of Learning</b>	<b>Participation in RSE situations is limited for obvious ethical reasons but there are some experiences that could feature in learning and assessment programmes. Alternatively the experiences of others – as viewed in a video for example – could be used.</b>
<b>Everyday activities/experiences</b>	
Menstruation (for people who menstruate) <i>or interview someone who does</i>	<ul style="list-style-type: none"> <li>• Overview of / understanding the biology of menstrual cycles</li> <li>• Understanding factors that influence menstruation and menstrual cycles</li> <li>• Period poverty and menstruation stigma and the impact of these on wellbeing</li> <li>• Cultural meanings surrounding menstruation – do these help or hinder wellbeing?</li> <li>• Types of period products available/ can be afforded</li> <li>• Period ‘problems’ – experience of painful or heavy periods and medical conditions associated with menstruation and how these impact several dimensions of hauora and wellbeing, not just the physical dimension.</li> </ul>
<b>Event or specific occasion activities/experiences</b>	<b>Think carefully about some of these ... useful learning but do they work for assessment purposes?</b>
Participating a school event focused on gay pride or rainbow awareness raising activities and being inclusive of diversity	<ul style="list-style-type: none"> <li>• Overview of the ways communities can support sexuality and/or gender diversity e.g. language use, how to be an ally</li> <li>• Policy and legal considerations supporting diverse identities.</li> <li>• Impacts of inclusive and non-inclusive communities on the wellbeing of people with marginalised identities.</li> </ul> <p>Again this may be problematic for assessment purposes as students cannot speak on behalf of one of the few students in a school with marginalised identities and expecting the few rainbow students in a school to provide responses to questions around ‘what was it like for them’ is not appropriate, which means students need to focus on how participation in such events supports their own wellbeing which misses the point.</p>
Participating in a programme to distribute free period products at schools – and raise awareness about these	<p>See menstruation idea above.</p> <p>Again this ‘service’ type participation may be problematic for assessment purposes.</p>
<b>Be wary of ...</b>	
<ul style="list-style-type: none"> <li>• <b>Physical activities</b> – too much overlap with PE1.3 and not MHEd, RSE or F&amp;N (PA is a PE KAL), and these PA still need to be located within mental health such as physical activity for stress reduction. But as students tend to default straight to the physical activity losing all sight of the point about managing stress, any focus on physical activity is NOT recommended. Where it may work is a community event which happens to focus on a physical activity but the PA is not the focus for the assessment reflection, it’s the community building and social interaction.</li> <li>• <b>Overtly cultural and quasi-social studies activities</b> that detract from the health and wellbeing focus of the standard {ref EN2]. To locate cultural activities in Health Edciaon they need to be seen in terms of how they contribute to mental health through matters to do with identity – knowing who you are what’s important etc, cultural events as a from of mental health promotion (which can be quite sophisticated at year 11).</li> </ul>	

- **Goal setting** without the added focus on an overtly health and wellbeing goal – and then decide whether students are reflecting on the actual goal setting process for the reflection (which can get tricky) or the actions they took implementing the goal (which is what they tend to default to).
- **Hobbies and pastimes** – think about the mental health reason for these and focus the links to the health model.
- **Covering two Key Areas of Learning** – keep the focus on where the wellbeing ideas come through most strongly – often as not the place this seems to work is where a mental health aspect need to add value (and more scope to talk to each dimension) to a F&N experience.

The importance of selecting clear and explicit HPE Key Area of Learning topics ie from Mental Health, Relationships and Sexuality, and/or Food and Nutrition have been reinforced with minor RAMP changes to the assessment task instructions.

### 3.3. PART C: Influences on hauora and wellbeing

Learning in this section the Learning Journal and Workbook contributes to:

#### HEALTH STUDIES 1.3 AS92010, 5 credits, external Demonstrate understanding of factors that influence hauora

Achievement	Achievement with merit	Achievement with excellence
<b>Demonstrate understanding of factors that influence hauora</b>	<b>Explain factors that influence hauora</b>	<b>Evaluate factors that influence hauora</b>
<p><i>Demonstrate understanding of factors that influence hauora involves:</i></p> <ul style="list-style-type: none"> <li>identifying and describing a variety of factors that influence hauora</li> <li>describing how the factors influence hauora, using examples.</li> </ul>	<p><i>Explain factors that influence hauora involves:</i></p> <ul style="list-style-type: none"> <li>discussing how and why the factors interrelate to influence hauora, using examples.</li> </ul>	<p><i>Evaluate factors that influence hauora involves:</i></p> <ul style="list-style-type: none"> <li>drawing conclusions about the implications of the factors, in relation to how they influence hauora.</li> </ul>
<p><b>Explanatory Note 2</b>  <i>For the purposes of this standard, a factor is a circumstance, fact, or influence relevant to a context. Factors can be personal, interpersonal, and societal. The nature of factors can be economic, social, cultural, lifestyle-related, political, or environmental.</i>  <i>Examples include:</i></p> <ul style="list-style-type: none"> <li>knowledge, beliefs, and values</li> <li>whānau relationships, vā, and peer pressure</li> <li>laws, iwi structures*, cultural norms, and media.</li> </ul> <p>*To date, no explanation of the intended meaning of ‘iwi structures’ has been offered, or how this idea can be applied to MHEd, RSE or F&amp;N.</p>	<p><b>Explanatory Note 3</b>  <i>A context is related to any of the Key Areas of Learning:</i></p> <ul style="list-style-type: none"> <li>Food and Nutrition</li> <li>Mental Health</li> <li>Relationships and Sexuality.</li> </ul>	<p><b>Explanatory Note 4</b>  <i>For the purpose of this achievement standard, implications are wider considerations, flow-on effects, or potential impacts of the factors in the context, for an individual, group, or society.</i>  <i>Examples include:</i></p> <ul style="list-style-type: none"> <li>the significance of some factors compared to others</li> <li>the extent to which factors can or cannot be controlled</li> <li>short and long-term effects</li> <li>secondary or unintended consequences.</li> </ul>

Check the 2025 assessment specifications [here](#).

#### Contexts for the 1.3 and 1.4 exams

The Assessment Specifications for 2025 signal that scenarios and resources will be available for all of **the three Key Areas of Learning** – that is, Mental Health Education, Relationships and Sexuality Education, and Food and Nutrition.

January 2024 [abbreviated]

Health Studies NCEA NZC Level 1

**Subject Learning Outcomes for Assessment** Companion to the Health Studies Learning Matrix**What are the Subject Learning Outcomes and how can I use them?**

Subject Learning Outcomes identify the knowledge and skills that students need to be ready for assessment. Subject Learning Outcomes are informed by the Achievement Standards. They should be used in conjunction with the full suite of NCEA materials.

- Subject Learning Outcomes do not replace any documents. This includes the External Assessment Specifications and Conditions of Assessment.
- Students are entitled to teaching that supports them to achieve higher levels of achievement. Subject Learning Outcomes mainly align with outcomes for the Achieved level. However, outcomes for higher levels of achievement are also included.\*
- The knowledge and skills in the Subject Learning Outcomes are the expected learning that underpins each Achievement Standard. Students will draw on this learning during assessment. It is important to note that assessment is a sampling process so not everything that is taught will be assessed.

*\*Additional material is provided in the Teacher guide and Student Learning Journal and workbook about learning for this higher level of achievement.*

What is being assessed	Subject Learning Outcomes for Achievement Standard 1.3 (92010): Demonstrate understanding of factors that influence hauora
Factors that influence hauora	<p>Students are able to:</p> <ul style="list-style-type: none"> <li>• identify and describe personal, interpersonal, and/or societal factors that influence hauora that are indicated by, and relevant to, a health-related situation or scenario. A factor is a circumstance, fact, or influence relevant to a context. This involves thinking critically about attitudes and values integral to the factors, such as: <ul style="list-style-type: none"> <li>○ principles of social justice (fairness, equity, and inclusivity)</li> <li>○ care, concern, and respect for self and others</li> <li>○ attitudes and values integral to tiakitanga, manaakitanga, and whanaungatanga.</li> </ul> </li> </ul> <p>Personal factors include, for example, an individual's knowledge, values and beliefs, prior experiences and choices, curiosity, and preferences. Interpersonal factors include, for example, the quality and nature of relationships between people, whānau relationships, whanaungatanga, manaakitanga, vā, and peer pressure. Societal factors include, for example, laws and policies, societal and cultural norms and expectations, economic situation, and various forms of media.</p> <p>A health-related situation/scenario needs to be grounded in one or more of the Key Areas of Learning: Food and Nutrition, Mental Health, and/or Relationships and Sexuality.</p>
How hauora is influenced	<p>Students are able to:</p> <ul style="list-style-type: none"> <li>• describe how factors influence hauora in a health-related situation. This involves giving reasons for how relevant factors influence hauora. Hauora should be described in a way that shows the holistic nature of health and wellbeing. This may also include thinking critically about how the presence or absence of particular health promoting actions are, of themselves, influencing factors that impact hauora.</li> <li>• use context-specific examples as evidence of the descriptions, explanations, or conclusions about how hauora is influenced by factors.</li> </ul> <p>For higher levels of achievement, students will be able to:</p> <ul style="list-style-type: none"> <li>• discuss: <ul style="list-style-type: none"> <li>○ how one factor leads to, connects with, or follows on from, another factor</li> <li>○ how factors work together to influence hauora</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ how a combination of personal, interpersonal, and/or societal factors (and in many cases, all of these) influence hauora</li> <li>● draw conclusions about the implications of factors. Implications are wider considerations, flow-on effects, or potential impacts of the factors in a health-related context, for an individual, group, community, or all of society. This could include considering: <ul style="list-style-type: none"> <li>○ the significance or dominance of some factors compared to others</li> <li>○ the extent to which factors can or cannot be controlled by individuals or groups, and where the power lies in some situations</li> <li>○ short and long-term effects for hauora as a consequence of factors having an impact</li> <li>○ secondary or unintended consequences for hauora.</li> </ul> </li> </ul>
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### **Somewhere across the learning programme you will need to include ... for 1.3**

- Personal, interpersonal and societal factors that influence hauora and wellbeing in a range of different contexts. Keep the societal factors Level 1 appropriate and avoid ‘drifting’ toward level 2 expectations.
- Essential learning includes how to recognise and extract relevant information about P-IP-S influences from a range of source materials – print and video.
- Get students used to working with unfamiliar source material and issues so that when presented with a situation in the 1.3 exam (that they may not have specifically studied), they can still extract relevant information. THIS IS VITAL.
- Even though the Assessment Specifications look like they will say that each year there will be a F&N option and either a RSE OR a MHEd option in the exam, don’t limit the learning in a Health Education course just to the stated MHEd or RSE topics. Learning how to recognise P-IP-S influences can happen in ANY context, and a lot of MHEd is useful for understanding RSE (and vice versa).

*See the material in Part C of the student Learning Journal and Workbook.*

## Socio-ecological (P-IP-S) ideas at Level 1

	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	<ul style="list-style-type: none"> <li>Values and beliefs about the situation – and whether or not these support their wellbeing</li> <li>Feelings of self-worth, self-belief, self-confidence, etc</li> <li>State of mind – self-esteem, etc</li> <li>State of health – whether the person is physically or mentally well or not well</li> <li>Knowledge – <i>do they have knowledge to know how to deal with this situation?</i></li> <li>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</li> <li>Life experiences – do they have experience of managing situations like this before – do they know what to do?</li> <li>Circumstances – what financial resources they have, where they live, how stable is their family life, do they have friends, hobbies, interests, etc.</li> </ul>	<ul style="list-style-type: none"> <li>The quality of people's relationships with their friends, family and peers, and relationships with romantic/sexual partners</li> <li>The quality of communication between people</li> <li>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</li> <li>The fact that a person has quality relationships with others</li> <li>How supportive and equal their relationships are – or if there is a power imbalance in the relationship.</li> <li>The values and beliefs of people about their relationships and how these are shown in their interactions</li> <li>Whether or not a people are being pressured or mistreated by those that they know (e.g. bullied, cyberbullied, harassed, abused intimidated, victimised, assaulted).</li> </ul>	<p>Keep this level 1 appropriate. This DOES NOT include specific understanding of the determinants of health but is starting to lay foundations for this concept.</p> <p><b>[Cultural] Social norms</b> – attitudes, values, beliefs and practices that are shown and impact people through things like:</p> <ul style="list-style-type: none"> <li>Media – news, film &amp; TV, social media, music, etc</li> <li>Community events</li> <li>Social organisations (like schools)</li> <li>The provision of services in communities – what's valued and available - and what isn't</li> <li>Who communities 'include' (and celebrate or embrace) and who they 'exclude' (and discriminate against or marginalise)</li> <li>Globalisation (through multinational companies marketing of their goods, social media, internet, etc)</li> <li>The practices and traditions of ethnic and other cultural groups, or subcultures</li> </ul> <p><b>[Political factors]</b> What <b>laws and policies</b> how well operate at national and local/community level (including school policy)</p> <p><b>People's access to resources</b> – 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.</p> <p>Think of societal as also being about (local) communities and not just nationwide.</p>

## 3.4. PART D: Strategies that enhance hauora and wellbeing (including decision-making)

Learning in this section the Learning Journal and Workbook contributes to **1.2 (since decision making is one of many strategies for taking action) and 1.4.**

### HEALTH STUDIES 1.4 AS92011, 5 credits, external Demonstrate understanding of strategies that enhance hauora

Achievement	Achievement with merit	Achievement with excellence
<b>Demonstrate understanding of strategies that enhance hauora</b>	<b>Explain strategies that enhance hauora</b>	<b>Evaluate strategies that enhance hauora</b>
<p><i>Demonstrate understanding of strategies that enhance hauora involves:</i></p> <ul style="list-style-type: none"> <li>identifying and describing strategies that enhance hauora with reference to a relevant underlying concept</li> <li>describing how the strategies enhance hauora, using examples.</li> </ul>	<p><i>Explain strategies that enhance hauora involves:</i></p> <ul style="list-style-type: none"> <li>discussing how the strategies work together to enhance hauora with reference to a relevant underlying concept, using examples.</li> </ul>	<p><i>Evaluate strategies that enhance hauora involves:</i></p> <ul style="list-style-type: none"> <li>drawing conclusions about the effectiveness of the strategies to enhance hauora in relation to a relevant underlying concept, using examples.</li> </ul>
<p><b>Explanatory Note 2</b>  <i>For the purposes of this standard, the underlying concepts are:</i></p> <ul style="list-style-type: none"> <li>attitudes and values</li> <li>health promotion</li> <li>socio-ecological perspectives.</li> </ul>	<p><b>Explanatory Note 3</b>  <i>For the purpose of this achievement standard, strategies are plans of action to enhance hauora. They involve selecting and planning the implementation of individual or collective actions or practices. They draw on personal and interpersonal skills, and may be reflective of diverse values and perspectives.</i></p>	

Check the 2025 assessment specifications [here](#).

### Contexts for the 1.3 and 1.4 exam

The Assessment Specifications for 2025 signal that scenarios and resources will be available for all of **the three Key Areas of Learning** – that is, Mental Health Education, Relationships and Sexuality Education, and Food and Nutrition.

January 2024 [abbreviated]

Health Studies NCEA NZC Level 1

**Subject Learning Outcomes for Assessment** Companion to the Health Studies Learning Matrix**What are the Subject Learning Outcomes and how can I use them?**

Subject Learning Outcomes identify the knowledge and skills that students need to be ready for assessment. Subject Learning Outcomes are informed by the Achievement Standards. They should be used in conjunction with the full suite of NCEA materials.

- Subject Learning Outcomes do not replace any documents. This includes the External Assessment Specifications and Conditions of Assessment.
- Students are entitled to teaching that supports them to achieve higher levels of achievement. Subject Learning Outcomes mainly align with outcomes for the Achieved level. However, outcomes for higher levels of achievement are also included.\*
- The knowledge and skills in the Subject Learning Outcomes are the expected learning that underpins each Achievement Standard. Students will draw on this learning during assessment. It is important to note that assessment is a sampling process so not everything that is taught will be assessed.

*\*Additional material is provided in the Teacher guide and Student Learning Journal and workbook about learning for this higher level of achievement.*

What is being assessed	Subject Learning Outcomes for Achievement Standard 1.4 (92011): Demonstrate understanding of strategies that enhance hauora
Strategies that enhance hauora	<p>Students are able to:</p> <ul style="list-style-type: none"> <li>• identify and describe possible personal, interpersonal, and/or societal strategies to enhance hauora that are relevant and appropriate to a health-related context. This involves recommending and describing possible strategies that consider a relevant combination of personal, interpersonal, and/or societal skills or actions. <ul style="list-style-type: none"> <li>○ Here, a strategy is a plan of action, relevant to an underlying concept, that is deliberately selected and used in a particular situation for the purpose of enhancing hauora for self, others, and/or community/society. Strategies to enhance hauora, and their implementation, draw on specific personal and interpersonal skills such as effective communication, listening skills, assertiveness, SMART goal-setting, problem-solving, and help-seeking.</li> </ul> </li> <li>• describe hauora in a way that shows the holistic nature of health and wellbeing. This includes recognising specifically what needs to change to enhance hauora in a context.</li> </ul> <p>A health-related context needs to be grounded in one or more of the Key Areas of Learning: Food and Nutrition, Mental Health, and/or Relationships and Sexuality.</p>
How strategies enhance hauora	<p><b>What is being assessed? How strategies enhance hauora</b></p> <p>Students are able to:</p> <ul style="list-style-type: none"> <li>• describe how the use of possible strategies enhances hauora for the person/people in a context. This involves showing consideration of attitudes and values among recommended strategies, such as: <ul style="list-style-type: none"> <li>○ principles of social justice (fairness, equity, and inclusivity)</li> <li>○ care, concern, and respect for self and others</li> <li>○ the attitudes and values integral to tiakitanga, manaakitanga, and whanaungatanga.</li> </ul> </li> <li>• use context-specific examples as evidence of the descriptions, explanations, or conclusions about how strategies could enhance hauora.</li> </ul> <p>For higher levels of achievement, students will be able to:</p> <ul style="list-style-type: none"> <li>• discuss how one strategy leads to, connects to, or follows on from, another strategy</li> </ul>

	<ul style="list-style-type: none"> <li>discuss how strategies work together to enhance hauora in the context of a health-related situation</li> <li>draw conclusions about the effectiveness of strategies to enhance hauora, for example: <ul style="list-style-type: none"> <li>explaining how well strategies consider hauora holistically</li> <li>explaining to what extent strategies show positive attitudes and values that support hauora</li> <li>explaining to what extent a range of personal, interpersonal, and societal strategies are considered</li> <li>identifying any important strategies that are missing and what else needs to be included to enhance hauora.</li> </ul> </li> </ul>
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Teachers are encouraged to **spread learning about strategies for taking health promoting or wellbeing enhancing action across the learning programme**. This learning has relevance for the assessment of ALL Health Studies Achievement Standards.

<b>Learning about strategies contributes to Health Studies Achievement Standards assessments in various ways.</b>	
For Achievement Standard 92008 (Health Studies 1.1) <b>Demonstrate understanding of hauora in a health-related context through the application of a model of health</b>	One of the many possible ‘activities’ students could participate in for this assessment is a skill-based activity such as goal setting or problem solving. See assessment sample 1.1C.
For Achievement Standard 92009 (Health Studies 1.2) <b>Demonstrate understanding of decision-making in a health-related situation</b>	<b>There is a major focus on learning about decision-making at the centre of this standard.</b> See <i>additional notes following</i> .
For Achievement Standard 920010 (Health Studies 1.3) <b>Demonstrate understanding of factors that influence hauora</b>	The presence or absence of skills or strategies is an example of an influence on hauora and wellbeing, and this idea can be applied at personal, interpersonal or societal level
For Achievement Standard 92011 (Health Studies 1.4) <b>Demonstrate understanding of strategies that enhance hauora</b>	<b>There is a major focus on a range of skills needed to respond to hauora and wellbeing situations. The more skills students know how to apply to a range of situations, and why, the better.</b> Most of these skills don’t need to be learnt about or practiced in detail unless they are to feature as an integral part of an assessment.

## Strategies, skills or actions?

- **Strategies** – think of a strategy as an approach. It's a way to go about doing something to achieve a desired outcome, which in this case is improved or enhanced hauora/health and wellbeing. If something is said to be 'strategic' it means to identify the long(er)-term or overall aims and interests specific to the situation and the means of achieving them.
- **Actions** – simply refer to what is done to improve or enhance hauora and wellbeing.
- **Skills** – refer to the named actions that need to be taken to improve or enhance hauora and wellbeing. Skills often require a series of steps to be worked through or a process to be followed that puts the skill into action. In some situations skills may also be called capabilities.

**Skills or actions become strategies** when they are selected to be used in a particular health context to achieve a desired outcome for hauora and wellbeing. That is there is a health-enhancing (or health promoting) reason and purpose for using the selected skill(s)/action(s) in a particular situation.

*Where an action can't be named as a known skill, the nature of the action can be described.*

## Somewhere across the learning programme you will need to include ... for 1.4 (and with possible application for 1.1 and 1.3).

**Skills commonly used in Health Education ... The more of these skills students can learn about in the better in preparation for assessment with Health Studies 1.4 Demonstrate understanding of strategies that enhance hauora.** To understand these skills as strategies, students need as many different learning experiences as possible to recognise **which skills** need to be applied in which situations – and importantly – **why these skills are needed** to enhance hauora and wellbeing in specific situations. Also emphasise the need for the *use of a combination of skills as part of an overall strategies*. In many situations, enhancing wellbeing requires several different actions to occur.

Teaching about a wide range of personal, interpersonal and societal strategies (but keep these at a Level 1 understanding) includes but is not limited to:

Personal actions and skills for managing self	Interpersonal skills support the wellbeing of the other person and/or support the relationship between people, such as:	Local community or nationwide ('societal') health promotion strategies include using knowledge and skills when working collectively to take action. This includes actions such as:
<ul style="list-style-type: none"> <li>• Self-management e.g. stress management, time management, self-nurturing</li> <li>• Positive self-talk (rational thinking)</li> <li>• Decision making - taking personal responsibility for acting in ways that promote wellbeing. <b>See following for details.</b></li> <li>• Personal goal setting, action planning, implanting, reflecting and evaluating</li> <li>• Critical thinking and using reliable information</li> <li>• Values clarification</li> </ul>	<p>When interacting with others <u>using</u>:</p> <ul style="list-style-type: none"> <li>• Effective listening</li> <li>• Assertiveness and using I statements,</li> <li>• Joint problem solving,</li> <li>• Giving positive and negative feedback</li> <li>• Negotiation and compromise,</li> <li>• Supporting and caring</li> <li>• Showing empathy</li> <li>• Valuing others - respecting the</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy – letter writing, petitioning, protesting, campaigning for change</li> <li>• Group processes for identifying issues to know where to target actions, e.g. questioning, surveying, interviewing ...</li> <li>• ... Critical thinking to understand situations – e.g. who is advantaged/disadvantaged, seeing different perspectives and using these understandings to make decisions about actions</li> <li>• Collective goal setting, action planning, implementing,</li> </ul>

\*Sometimes, deciding what is a ‘personal skill’ and what is an ‘interpersonal skill’ is situation specific. Generally speaking interpersonal skills are any skills we use when we interact and communicate with other people.

- Sometimes we might say these skills are personal when we are talking about having **personal knowledge** of these skills – knowledge of what the skills are and the ‘skill’ of knowing how and when to use them.
- In other situations we use interpersonal skills when contributing to community actions, especially when we need to communicate our ideas.
- This can be confusing so in most cases it pays to say that **interpersonal skills** are any skills used to interact or communicate *directly with another person*.

**When learning about 'strategies' ...** Give plenty of learning focus to WHY certain skills/actions are needed in a particular situation AND WHY/HOW the P-IP-S actions are needed in combination.

An **ESSENTIAL** resource for teaching about skills and strategies for wellbeing is [Mental health education and hauora: Teaching interpersonal skills, resilience and wellbeing](#) (Fitzpatrick, Wells, Tasker, Webber, and Riedel. NZCER, 2018). Note that a copy was sent to all schools and further copies can be purchased from NZCER. The (free) digital text of the book is located on the NZHEA website at the link provided above.

[Mental Health and Resilience](#) (2021) NZHEA contain teaching and learning ideas suited to senior secondary students. Several of the skills and strategies activities in this section are from this resource.

Many of these ideas feature in the student Learning Journal and Workbook.

## Te ao Māori concepts applied to strategies

Applying te ao Māori concepts across a collection of strategies that students learn about may help them to understand how they interrelate. It may also enhance understanding about WHY certain skills are selected in certain situations, especially in the way particular values underpin the selection of skills and what makes this an appropriate strategy or approach to the situation.

Possible te ao Māori concepts	Possible te ao Māori concepts
Whanaungatanga	Diversity / Kanorautanga
Manaakitanga	Equal status, equity, equality / Mana taurite, Noho ūrite, Mana ūrite
Kaitiakitanga (Health Studies Big ideas)	Self-esteem, self-worth, self-respect / Kiritau
(Managing) Change	Compassion / Ngakau aroha
(Building) Resilience / Manawaroa	Respect, appreciation / Ngākau whakaute
Fairness / Matatika	Tolerance / Manawanui
Inclusiveness / Whakakotahi	Sustainability
Kotahitanga	Identity/ tuakiritanga

Mana	Rights & Responsibilities / Tika Tūāpapa & Haepapa
Add other ideas	

## Supporting students to link te ao Māori concepts to the strategies

The sorts of strategies that could link to te ao Māori concepts may be direct or indirect.

**Personal skills and actions** include having knowledge and skills for:

- 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

**Interpersonal skills and 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:

- 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*

Add others

**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:

- 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, implementing, 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

Add others

## D3.4.1. Decision-making

Decision-making is a specific strategy or skill used in Health Education (Studies). As it is assessed of itself in AS92009 (1.2) it requires a detailed teaching and learning focus.

### HEALTH STUDIES 1.2 AS92099, 5 credits, internal Demonstrate understanding of decision-making in a health-related situation

Achievement	Achievement with merit	Achievement with excellence
<b>Demonstrate understanding of decision-making in a health-related situation</b>	<b>Explain decision-making in a health-related situation</b>	<b>Evaluate decision-making in a health-related situation</b>
<p><i>Demonstrate understanding of decision-making in a health-related situation involves:</i></p> <ul style="list-style-type: none"> <li>describing factors relevant to decision-making and possible consequences of a health-related situation</li> <li>describing a proposed decision in response to the health-related situation, in relation to hauora, with reference to the factors and anticipated consequences of the decision.</li> </ul>	<p><i>Explain decision-making in a health-related situation involves:</i></p> <ul style="list-style-type: none"> <li>discussing why the factors and anticipated consequences are significant to the proposed decision</li> <li>explaining how the factors and anticipated consequences interrelate to influence the proposed decision, in relation to hauora.</li> </ul>	<p><i>Evaluate decision-making in a health-related situation involves:</i></p> <ul style="list-style-type: none"> <li>drawing conclusions about the significance of the decision-making in response to the health-related situation, in relation to hauora.</li> </ul>
<p><b>Explanatory Note 2</b> A health-related situation refers to a circumstance or a dilemma that requires a decision which can affect hauora. It can be addressed through the application of a decision-making process.</p> <p>The health-related situation must occur in any of the Key Areas of Learning:</p> <ul style="list-style-type: none"> <li>Food and Nutrition</li> <li>Mental Health</li> <li>Relationships and Sexuality.</li> </ul>	<p><b>Explanatory Note 3</b> For the purpose of this achievement standard, a factor is a relevant circumstance, fact, or influence that is considered as part of the decision-making. Factors can be personal, interpersonal, and societal. The nature of factors can be economic, social, cultural, lifestyle-related, political, or environmental. Examples include:</p> <ul style="list-style-type: none"> <li>knowledge, beliefs, and values</li> <li>whānau relationships, vā, and peer pressure</li> <li>laws, iwi structures*, cultural norms, and media.</li> </ul> <p>*To date, no explanation of the intended meaning of 'iwi structures' has been offered, or how this idea can be applied to MHEd, RSE or F&amp;N.</p>	<p><b>Explanatory Note 4</b> Consequences are outcomes and wider impacts of a decision. Consequences can be personal, interpersonal, and societal.</p> <p><b>Explanatory Note 5</b> For the purpose of this achievement standard, decision-making is a process that involves identifying and considering different factors and anticipated consequences to inform a proposed decision.</p>

January 2024 [abbreviated]

Health Studies NCEA NZC Level 1

**Subject Learning Outcomes for Assessment** Companion to the Health Studies Learning Matrix

#### What are the Subject Learning Outcomes and how can I use them?

Subject Learning Outcomes identify the knowledge and skills that students need to be ready for assessment. Subject Learning Outcomes are informed by the Achievement Standards. They should be used in conjunction with the full suite of NCEA materials.

- Subject Learning Outcomes do not replace any documents. This includes the External Assessment Specifications and Conditions of Assessment.
- Students are entitled to teaching that supports them to achieve higher levels of achievement. Subject Learning Outcomes mainly align with outcomes for the Achieved level. However, outcomes for higher levels of achievement are also included.\*
- The knowledge and skills in the Subject Learning Outcomes are the expected learning that underpins each Achievement Standard. Students will draw on this learning during assessment. It is important to note that assessment is a sampling process so not everything that is taught will be assessed.

*\*Additional material is provided in the Teacher guide and Student Learning Journal and workbook about learning for this higher level of achievement.*

What is being assessed	Subject Learning Outcomes for Achievement Standard 1.2 (92009): Demonstrate understanding of decision-making in a health-related situation
Decision-making	<p>Students are able to:</p> <ul style="list-style-type: none"> <li>• Describe a proposed decision, which affects hauora, in a health-related situation. This involves independently proposing a decision when faced with a dilemma that can affect hauora, and showing the reasoning behind it in relation to hauora.</li> <li>• Decision-making is used when a situation presents a dilemma and when there is more than one path of action to take. A decision-making process can be used to ‘weigh up’ a situation before proposing a decision. There is not always a single ‘right’ or pre-determined decision; decisions need to be made after weighing up relevant factors and the anticipated consequences.</li> <li>• A health-related situation needs to be grounded in one or more of the Key Areas of Learning: Food and Nutrition, Mental Health, and/or Relationships and Sexuality.</li> </ul>
Factors & consequences	<p>Students are able to:</p> <ul style="list-style-type: none"> <li>• Identify and describe relevant factors and their significance to a situation and the decision-making. Here, a factor is a relevant circumstance, fact, or influence. Factors are derived from the underlying concept of the socio-ecological perspective. Factors can be personal, interpersonal, and societal. <ul style="list-style-type: none"> <li>○ Personal factors can include, for example, an individual’s knowledge, values and beliefs, prior experiences and choices, curiosity, and preferences. Interpersonal factors can include, for example, the quality and nature of relationships between people, whānau relationships, whanaungatanga, manaakitanga, vā, and peer pressure. Societal factors can include, for example, laws and policies, societal and cultural norms and expectations, and various forms of media.</li> </ul> </li> <li>• Describe anticipated consequences in relation to hauora. Here, consequences are possible outcomes or wider impacts of a decision. They might be experienced personally by the person making the decision, as well as by other people, and/or at community or societal level.</li> <li>• For higher levels of achievement, students will be able to: <p>Discuss why particular factors are significant to a proposed decision and indicating (for example) which are more/less important to take notice of, and why. This may include discussing how the significance of the factors connects to the likely consequences of acting upon a proposed decision, and/or rejecting other possible options.</p> </li> </ul>
Propose a decision informed by factors and consequences	<p>Students are able to:</p> <ul style="list-style-type: none"> <li>• Describe the factors and consequences that support a proposed decision. This involves considering specific, relevant factors and consequences (anticipated</li> </ul>

	<p>outcomes and wider impacts) that may influence a decision, in relation to hauora.</p> <ul style="list-style-type: none"> <li>○ This may also involve thinking critically about the attitudes and values related to the proposed decision, such as those that feature as part of the principles of social justice (fairness, equity, and inclusivity); care, concern and respect for self and others; and/or the attitudes and values integral to tiakitanga, manaakitanga, and whanaungatanga.</li> <li>● For higher levels of achievement, students will be able to: <ul style="list-style-type: none"> <li>○ Explain how personal, interpersonal and/or societal factors interrelate to influence a proposed decision, in relation to hauora.</li> <li>○ Explain how anticipated consequences interrelate to influence a proposed decision, in relation to hauora.</li> <li>○ Draw conclusions about the significance of factors in relation to hauora by thinking critically about, for example: the range of factors considered; if sufficient or the most relevant personal, interpersonal and/or societal factors were considered; the range of attitudes and values that influenced the decision-making; if any considerations were especially important (like respect for self and others, and fairness and inclusiveness); or if some important values were overlooked</li> </ul> </li> <li>● Draw conclusions about the significance of the decision-making in relation to hauora by thinking critically about (for example) the impacts of the decision-making on hauora, the possible short and long-term consequences of the decision, and how realistic the decision would be to put into action.</li> </ul>
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## **Somewhere across the learning programme you will need to include ... for 1.2**

- Very detailed teaching about the use of a decision-making process.
- Clarification about what decision making is for and when it is used and avoid confusing it with problem solving (which it overlaps with).
- Students will need to learn how to fill out a decision-making grid in detail (which is needed as a preparatory task for the assessment) AND ...
- Have ample opportunity to explore the influences on and consequences of decisions – preferably across lots of different hauora and wellbeing contexts (to give them practice prior to the assessment task).
- Consider also including learning about strategies for implementing a decision. Although this is not needed for 1.2 assessment it links well to 1.4 strategies.

*See the material in Part D of the student Learning Journal and Workbook that highlights the detailed teaching needed around influences on decision making.*

## **Avoid confusing decision making with problem solving or goal setting**

These are all ‘processes’ and they overlap in some situations. However they all have a distinct purpose and process.

### **The distinction is as follows:**

**Decision-making** is the cognitive/thinking process a person goes through when they are in a situation that presents them with a number of possible options, choices, or pathways each of which must be weighed up or evaluated to decide the best course of action. The decision-making process is about the steps the person works through to decide which is the best choice to make to support their wellbeing (and that of others in the

situation), and which options are rejected – and why. **Decision-making is about sorting out which option to choose when there are two or more to choose from.**

*“Decision-making is the process of choosing a solution based on your judgement, situation, facts, knowledge or a combination of available data. The goal is to avoid potential difficulties. Identifying opportunity is an important part of the decision-making process. Making decisions is often a part of problem-solving.”*

Source [Decision-Making and Problem-Solving: What's the Difference?](#)

**Problem solving** is the process an individual, pair or group go through to resolve or find a solution to a known problem. Problem solving can look very like decision-making but the point of difference is that **problem solving is about sorting out a solution to a problem.**

*“Problem-solving is an analytical method to **identify potential solutions to a situation**. It's a complex process and judgement calls, or decisions, may have to be made on the way. The primary goal is to find the best solution. Problem-solving involves identifying an issue, finding causes, asking questions and brainstorming solutions. Gathering facts helps make the solution more obvious.”*

Source [Decision-Making and Problem-Solving: What's the Difference?](#)

**Goal setting:** After a person has decided what they want to achieve over a particular period, the goal setting process requires them to set a goal stating what is to be achieved (to enhance wellbeing) and the development of action plan that responds to this goal. As the plan is implemented, progress towards the goal is monitored, and the impact of the actions is evaluated once the planned action(s) have been completed.

All of these skills can be carried out individually, or in a group however, a lot of the Level 1 application for decision making tends to be individual. Group decision-making runs the risk of turning into problem solving if the focus is not maintained around a defined decision-making process.

## Possible contexts for decision-making (1.2)

Note that these ideas have not been ‘put to the test’. Some may not provide suitable opportunity for a substantial decision-making process for assessment purposes – although they can still be used for teaching and learning.

### Mental health education

*Deciding ...*

*[Note that in many of these situations the d-m Q could in part be ‘whether’ or not a person acts or responds, in addition to the various ways of ‘how’ they act or respond – depends on context/scenario)*

- how to respond to a cyberbullying situation
- how to respond to a situation where there is pressure to use substance [vaping alcohol, cannabis or other drugs]
- how to have a safe party (as related to alcohol and other drug use)
- how to regulate screentime and what material is viewed online (e.g. limiting time spent, avoiding disturbing online content)
- how to manage a stressful situation e.g. differences between cultural world of friends and family
- how to manage a major life change e.g. an extended period of illness, an injury that takes a long time to heal or leaves a permanent difference, changing the place where a person lives (town/city, country)
- how to be an upstander when witnessing, or becoming aware of someone being bullied
- how to respond when there are competing priorities for time e.g. school work, sport or cultural commitments, family and friends etc.
- how to challenge a peer for friend who constantly puts down others e.g. by commenting on body appearance, their physical or intellectual ability etc
- how to resist / respond to the pressure to conform to societal ‘ideal’ of appearance

- challenging the behaviour of a friend who make the relationship all about them, always draws attention to themselves, always decides for others
- how to manage a disappointment or loss situation
- how to support a friend or family member who has experienced a distressing life event
- how to reconnect with culture where this has been lost, or stay connected with culture where other life changes make this more difficult
- how to express individuality, especially in situations where identity does not reflect dominant social norms
- how (or whether or not) to assert own attitudes, values and beliefs when those of friends or family members
- how to challenge unhelpful (e.g. underinformed, non-inclusive) attitudes, values beliefs and behaviours of friends or family members

## Relationships and sexuality education

*Deciding ...*

*[Note than in many of these situations the d-m Q could in part be ‘whether’ a person acts or responds, in addition to ‘how’ they act – depends on context/scenario)*

- how to show romantic or sexual attraction to someone else (before a relationship has started)
- which menstrual product(s) to use
- which contraceptive method(s) to use/ how to prevent an unplanned pregnancy
- how to prevent STI transmission
- how to manage a workplace sexual harassment situation
- whether to respond to sexual pressure to ‘keep’ a partner/stay in a relationship
- whether or not to send a nude photo
- how to express / let others know about [an individual’s own] sexuality or gender identity
- how to respond to traditional or non-inclusive gender role expectations
- how to break up or leave an intimate relationship
- what to do in a controlling or manipulative relationship
- how to challenge the behaviours of peers/friends that watch a lot of porn
- what to say and do when someone asks to have sex
- how to exercise own rights and responsibilities in a relationship
- how to address homophobic or other non-inclusive attitudes in the school or community

## Food and nutrition education

*Deciding ...*

- how to request that the person in the house who buys the food to include a greater diversity of food options (e.g. foods that support nutritional health and wellbeing, more fresh food/less processed food)
- how to encourage the preparation of a greater diversity of meals in a family home
- which sources of information about healthy eating for teens are most reliable
- which marketing claims to the nutritional value of food are genuine (based on evidence) and which are manipulation of evidence used as marketing ploys
- how to challenge diet fads, or food trends promoted through social media
- how to challenge or resist fast food, unhealthy snack food, or sugary drink product marketing and advertising
- how to challenge the attitudes and behaviours of friends or family whose food choices are manipulated by marketing and advertising
- how to resist the pressure from friends or peers to conform with their food behaviours e.g. related to dieting or fad foods, etc
- how to make food purchasing choices on a limited budget
- how to cater to the preferred food choices and/or nutritional needs of people with diverse food and nutritional needs e.g. based on one of health status, culture, age etc
- how to challenge peers or family (or community) about dominantly physical and biomedical-only approaches to understanding food choices

- how to manage tensions or challenges about making food choices when the food traditions of family differ from those food behaviours of peers, or social norms in the community

**Please avoid:**

Getting caught up with decisions that perpetuate ‘healthism’ or disease and deficits discourses instead of holistic understandings of food choices that support health and wellbeing.

Excessively consumer-driven decision-making where the decision lies around which products to use (e.g. menstrual products, contraception method, food products, hygiene products etc. Keep the focus on the wellbeing reasons for the product selection.

**Moderators report to use as guidance in 2026**

**This contains IMPORTANT information**

<https://www2.nzqa.govt.nz/ncea/subjects/select-subject/health-studies/nmr/>

**Insights**

**92009: Demonstrate understanding of decision-making in a health-related situation**

**Performance overview**

This standard requires students to demonstrate understanding of decision-making in a health-related circumstance or dilemma. This involves describing factors relevant to the decision-making situation and the possible consequences, and proposing a decision in response to the situation (in relation to hauora) with reference to the factors and anticipated consequences.

The standard assesses understanding of factors and anticipated consequences as they relate to a circumstance or dilemma that affects wellbeing, where compromises to some aspects of wellbeing may need to be made to reach a decision. The factors and anticipated consequences for wellbeing are therefore central to the decision-making process and are expected to be the focus of the discussion. When the context for decision-making posed a clear circumstance or dilemma, students were able to determine the decision the situation required and identify factors relevant to the health-related situation.

When the context for decision-making posed a clear circumstance or dilemma, rather than simply a problem to be solved, students were better able to apply critical thinking to the broader attitudes, values, and beliefs (factors), as well as the consequences related to all aspects of wellbeing in the situation and decision. This enabled them to provide the quality of evidence needed to achieve higher grades.

When the circumstance or dilemma was sufficiently complex, students had a better opportunity to explore a range of factors (and anticipated consequences) and demonstrate their influence on wellbeing. For example, a food and nutrition scenario that captured family dynamics, time pressures, and dietary information better enabled students to show understanding of decision-making in a health-related situation. It provided more opportunities for complex thinking (needed for higher grades) compared to a narrowly focused scenario that only required a simple choice between recipes or food products, where effects could only be considered in relation to physical wellbeing.

When students placed the factors and their anticipated consequences for wellbeing at the forefront of the discussion and considered these in relation to the proposed options, they were more likely to achieve the standard.

## Practices that need strengthening

### Use of standard decision-making templates

The standard requires thinking and consolidation of ideas that extend beyond the confines of a standard decision-making template to consider the health-enhancing purpose of the process. **The use of a standard decision-making template on its own is inadequate for carrying out this process.**

A decision-making template may be a useful preparatory tool. However, it should be used with caution, as it may steer students toward overly focusing on the options rather than the factors and consequences, limiting opportunities to achieve higher grades.

If a decision-making template is used as a preparatory activity, it should be clearly stated in the assessment materials that the template is included for this purpose and is not the assessable aspect.

There is no requirement in the standard for students to explore a range of health-enhancing options associated with putting a decision into action. Options for health enhancement are best explored in relation to factors and anticipated consequences, as this ensures that factors and consequences remain central to the discussion.

### Context for Assessment

Explanatory Note 2 of the standard states: “A health-related situation refers to a circumstance or a dilemma that requires a decision which can affect hauora. It can be addressed through the application of a decision-making process.”

A dilemma requires a difficult choice to be made between two or more alternatives, each of which has undesirable or conflicting consequences for wellbeing. It often includes conflicting values, priorities, or pressures and may not be bound by specific timeframes. For example, a student wants to eat healthily but also wants to fit in with friends who regularly eat fast food. Choosing between social acceptance and personal health creates a dilemma.

A circumstance is similar to a dilemma, but is often more pressing or subject to time constraints. For example, a situation, event, moment that affects a person's wellbeing where the person can often influence the outcome by using decision-making skills to choose how they respond, and where the response might be immediate or delayed.

### In Health Studies a health-related situation may include, but is not limited to:

- being bullied at school
- experiencing a breakup
- attending a party where alcohol or drugs are present
- navigating cultural food preferences that may not align with what's available or accepted at school
- navigating social events where there is no suitable food to eat for reasons related to culture/ethics/allergies
- navigating expectations of peers, coaches, parents, and teachers that may conflict with messages on social media (e.g. in relation to study, sports performance, dietary advice).

Moderation has shown that a **health-related situation posing a dilemma for wellbeing** provides students with a much better opportunity to achieve the standard than situations that simply present a problem to be addressed, where the influence of factors on wellbeing are often not direct or are less obvious. For example, problems or goals associated with lifestyle choices such as not eating enough vegetables or not getting enough exercise or sleep.

When the health-related situation was a problem to be solved or a goal to achieve, students were:

- More likely to overly focus on factors not directly connected to wellbeing, without showing how those factors influenced the decision in relation to wellbeing.
- Less likely to demonstrate complex thinking in relation to wellbeing. The decision often involved a simple choice between solutions (e.g. health promotion strategies), and the discussion of consequences of solutions for wellbeing was narrowly focused on improving just one aspect of wellbeing.
- Less able to evaluate factors and anticipated consequences to determine their significance for wellbeing – that is, their degree of influence and importance, as required for Merit – because the discussion was narrowly focused on how factors and consequences related to only one aspect of wellbeing.
- Less able to justify the decision in relation to wellbeing. For example, the chosen solution was more likely to be justified using factors indirectly linked to wellbeing, such as family income, cost of food, lack of time, knowledge and/or skills.

## For reference: From the October 2024 newsletter

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

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

HEALTH STUDIES 1.2 AS92099, Demonstrate understanding of decision-making in a health-related situation		
Achievement	Achievement with merit	Achievement with excellence
<b>Demonstrate understanding of decision-making in a health-related situation</b>	<b>Explain decision-making in a health-related situation</b>	<b>Evaluate decision-making in a health-related situation</b>
<i>Demonstrate understanding of decision-making in a health-related situation involves:</i> <ul style="list-style-type: none"> <li>describing a proposed decision in response to the health-related situation, <b>in relation to hauora</b>, with reference to the <b>factors and anticipated consequences</b> of the decision.</li> <li>describing <b>factors</b> relevant to decision-making and possible <b>consequences</b> of a health-related situation</li> </ul>	<i>Explain decision-making in a health-related situation involves:</i> <ul style="list-style-type: none"> <li>discussing why the <b>factors and anticipated consequences</b> are <b>significant to the proposed decision</b> <b>Comment:</b> if this is not well set up in the assessment task with the Achievement level response there is little to work with for Merit</li> <li>explaining how the <b>factors and anticipated consequences</b> interrelate to influence the proposed decision, <b>in relation to hauora</b>.</li> </ul>	<i>Evaluate decision-making in a health-related situation involves:</i> <ul style="list-style-type: none"> <li>• drawing conclusions about the <b>significance</b> of the decision-making in response to the health-related situation, <b>in relation to hauora</b>. <b>Comment:</b> This is reasonable but it needs unpacking and prompting so students are not left guessing what is expected of them around the notion of '<b>significance</b>' for both M&amp;E.</li> </ul>

**Comment:** The **factors and consequences** languaging across A&M get really convoluted. While this is a reasonable expectation in context of d-m, the wording of the criteria is problematic - *although it makes more sense if students map out some ideas in a d-m grid as a preparatory exercise before answering the assessment task*. Also, the factors and consequences ideas can become repetitive if students are writing about them overall, and then (re)selecting the ones specific to the proposed decision.

#### **Explanatory Note 2**

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

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

#### **Explanatory Note 3**

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

Examples include:

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

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

#### **Explanatory Note 4**

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

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

#### **Explanatory Note 5**

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

#### **Assessment tasks**

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

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

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

For example, **they do NOT need to give three options and the factors and consequences for those three options** (as is typical in a d-m template) – there is NO requirement in the standard to do this. To step up to M&E MOST focus needs to go on the factors leading to the decision made. What is also helpful for

students to understand here – and this is where the Level 1 assessment rises above the level of simply filling in the template - is that the factors that are influencing the options NOT selected, can be reframed to endorse and support the factors leading to the decision that is made.

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

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

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

**Also note that the excellence level task in these assessments is not a good reflection of the criterion – see extended discussion below.**

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

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

asks for or a response that (re)states how all dimensions are impacted misses the point.

### **Recommendation for writing assessment tasks**

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

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

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

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

## 3.5. PART E. Achievement Standards and Assessment

**The final section of the student Learning Journal and Workbook contains:**

- A copy of the Achievement Standard with the explanatory notes describing the AME requirements
- A checklist of learning required before the assessment is completed – based on the Specific Learning Outcomes document (incorporated across this Teacher Guide), noting teachers may instead want to use this SLO document with students as the learning checklist
- Other Achievement Standard specific information.

**For the externally assessed standards**

- An example of an assessment schedule
- Samples questions that could feature in the 1.3 and 1.4 exam

# 4. Writing your own internal assessments

**It is not expected that the three assessment samples for 1.1 or 1.2 on the NCEA website will be appropriate for all students, in all contexts, in every Health Education course around the country.**

**For this reason we are encouraging teachers to design their own assessments using one of the internal assessment examples as a type of ‘template’ but swapping the context (and any related scenarios and source material)**

## 4.1. Designing your own assessment tasks

### Firstly a plea ...

- PLEASE DO NOT design your learning programme to ‘teach to’ one of the online sample assessments. That is NOT the way the internal assessments are to be used.

***It is recommended that teachers use the [sample assessments activities on the NCEA website as a guide to:](#)***

- The different ways assessment evidence can be documented or recorded.
- The different types of tasks that can be used for assessment (*noting this is only a small selection of examples and some of them are problematic as discussed in previous sections*).
- The sorts of questions and instructions students will need (*noting that some students may benefit from a more scaffolded approach to assessment – BUT keep this to a minimum*).
- The sort of level appropriate resources students will need access to complete the assessment.
- How aspects of mātauranga Māori or Pacific knowledges may be assessed.
- How more familiar aspects of Health Education/Studies may be assessed .
- As a design template whereby a different context, scenario, and/or resource can be swapped for the one(s) in the sample assessment.

### Assessment tasks are written differently to before

Shifting from the ‘semantic incrementalism’ approach to AME steps up with the previous standards (ie describe, describe in detail, describe comprehensively, etc) to the new ways of writing standards, changes how we approach assessment writing. *Previously we would have developed a task only for excellence level and how well the student ‘described’ what they were asked for then gave the A, M or E judgement.*

With this different approach to writing standards criteria – each with its own distinct requirements (and NOT just a better quality of the previous level as before), it means the wording of each of the AME criteria needs to feature in the assessment tasks/questions so that students know what is expected of them.

**It is STRONGLY recommended that you stick with the basic structure of the assessment task/questions as shown in the samples** – you will see the wording is much the same for each. You may *add a little more scaffolding* to what is there if needed, but don’t change the task/question.

**What you can change is the context**, the scenarios and other source material used in the assessment and recontextualise the sample assessment to your selected context.

Avoid breaking each of the AME ENs up into separate ideas – each bulleted point with each EN needs to stay as an intact and connected idea in the assessment task.

### Conditions of Assessment

Please note the conditions of assessment for each of the internally assessed standards (1.1 and 1.2) that state:

***“Assessor involvement during the assessment event is limited to providing general feedback. They can suggest sections of student work that would benefit from further development, or skills a student may need to revisit across the work. Student work that has received sustained or detailed feedback is not suitable for submission towards this Standard.”***

This means that the assessment needs to be a task that has not been specifically completed as part of the learning process (where there would be a lot of specific guidance and sustained feedback) that is then reproduced or submitted for assessment.

### The assessment either needs to be:

- A reflection on their own participation in a health-related activity (where the context/topic makes this approach safe and ethical) whereby students complete an assessment task based on their own experiences – BUT responding to a series of assessment tasks/questions in a way they have not done before, to ensure authenticity of individual student work.
- A task based on a health-related activity the students have not specifically seen or engaged with before (the participation of other people in an activity as seen on video or read about in a scenario for example – this approach is needed especially in health-related situations where it would not be safe or ethical to reflect on students own experiences such as substance use, bullying, or sexuality situations to name a few).

### Assessments – timing of internal assessments and preparing external submissions

#### Internals

- You can assess internal standards at any point in your course.
- That said, it is likely many schools will want to see the results of internal standards being reported in the earlier part of the year and that internal assessments do not create a bottleneck with the timing of external assessment submissions. This will have obvious implications for the overall shape of your programme and what teaching and scheduling of in class assessment time will need to occur earlier in the year.
- Check your school's decisions about the expected timing of internal assessments.

#### Externals

- Check the placement of the [1.3 and 1.4 exams in the external examination timetable](#).

### Internal assessments – in general – word or recording time limits

Note that all the sample internal assessments have:

- a word limit of 750-800 words
- or time limit of a recording of 3-4.

**THAT SAID, there is no stated regulation that a student must complete their internal or external assessment within these limits and any work submitted - regardless of its length - must be assessed.**

*Students cannot be failed because of the length of their submission.*

It is STRONGLY recommended that schools make a commitment e.g. through school wide literacy support, to make 800-word submissions the only acceptable submission length. It is also recommended that teachers collectively send a clear message that excessively long submissions are not good practice (or ‘smart’) from a literacy perspective, when writing short concise responses are required (and not a dump of everything the student happens to know about the topic).

This can be regulated at school level even though moderation of internally assessment and external assessment marking will not fail students on the basis of overly long submissions.

As part of monitoring student completion of internal assessments check on these submission lengths while the work is being produced. It is recommended (as far as possible to do so) that a piece of student work is not ‘accepted’ for submission until it meets this word or recording length requirements.

### **Internal assessments – submission format**

- Written report – students’ choice of format (750-800 words)
- Completing a (written) prepared template (with scaffolds/prompts to guide the documentation of assessment responses) (750-800 words)
- Video presentation or other oral recording (3-4 minutes)
- (Recorded) Interview with the student responding orally to the assessment prompts (4-5 minutes\*)
- Role play – live or recorded (4-5 minutes\*)
- A blog or journal ‘entry’ (750-800 words)
- A creative piece of work (see 1.2b for example)
- Another mode of submission as agreed.

\*It would appear from the samples that any oral/video recording that is solely the student talking is 3-4 minutes, but any oral presentation where others could be involved such as an interview or a role play (which take up some talking time) are 4-5minutes.

### **Internal assessments – ‘creative’ submissions**

- A creative piece of work (see sample 1.2b for example) can add value to an assessment, especially if the learning artefact produced is to be shared and viewed by others, or it is intended as a keepsake.
- However, teachers will need to monitor the production of creative work to ensure the Health Studies evidence is not lost in the creative process.
- Also keep a check on how much class time is being used and if the production of the creative work still involves learning – or if it is just busy work.

### **Internal assessments – suggesting word or recording time limits in an assessment**

- In addition to the overall word and time limit requirements, think about whether your students would benefit from additional guidance (*and it can only be ‘guidance’*) around approximately how much to write for each requirement in the assessment.
- For example, it will be hard to make a case for M/E if say 600+ words are used to answer the only Achievement aspects of an assessment, and the responses to the M/E requirements amount to only a sentence or two each.
- The main purpose for doing this (*if at all*) is to support learners to use the allocated word limit/recording time in a way that maximises opportunities for Achievement with Merit and Excellence.

## Internal assessments – how much scaffolding of assessment prompts?

- The prompts in the sample assessments that instruct students what they need to do for the assessment are quite succinct (ie brief), and the wording in some (e.g. 1.2) is quite sophisticated.
- Knowing your learners ... do they benefit from greater or less structure (ie scaffolding) of the task instructions?
- With the previous quality step ups of ‘semantic incrementalism’ (e.g. explain, explain in detail, explain comprehensively) too much scaffolding could disadvantage talented learners making connections between their ideas. With this revised way of writing standards, where there is a different task requirement for each of AME, the step ups generally require a different task to be completed (describe, explain, evaluate) meaning these concerns about scaffolding are not the same.
- Learners who struggle with subject-specific literacy may benefit from the use of a scaffolded assessment template, or other prepared format, that carefully steps them through each of the requirements for the assessment.

## Internal assessments – is relatively easy because ....

- With this revised way of writing standards, and the specific requirements for each AME, it is difficult to write assessment questions/ prompts differently while still maintaining clarity around the expectations of the standard, and not leave students guessing what they have to do.
- Most ‘difference’ will come from the RSE, MHEd, or F&N context, and the suggested format.
- This means that **the sample assessment task instructions** (which are all very similar across the 1.1 a-c and the 1.2 a-c samples on the NCEA website) **can be used as the basis for designing your own assessments**, perhaps with a little more scaffolding if and where required.

## Internal assessments – context selection

- In theory students should be able to select their own context for assessment, especially in situations where the assessment grows out of their own inquiry into a hauora and wellbeing situation.
- **HOWEVER, while these NCEA changes are NEW, it is strongly recommended that teachers have a common assessment and use the same context for all students, to help ensure consistency when assessing student work, and for establishing ‘the standard’.**

## Internal assessments – things that are discouraged

The ‘designing your own assessment’ materials following draw attention to which assessment task prompts are for each of AME. This is for teacher understanding only and it is NOT recommended that these indicators remain on the student copy of the assessment.

The reason: In setting high expectations for all learners, it is expected that all ākonga will do their best in all sections of the assessment. That some instructions are for excellence should not be seen as something students think they can leave out if they think just getting ‘Achievement’ is enough.

*That said, a comparison between the AME criteria in the standard and the assessment wording will quickly make it apparent which task requirements are for each of AME!*

## 4.2. Pointers for designing your own tasks for 1.1

Use these ideas in conjunction with section 3.2.

### HEALTH STUDIES 1.1 Demonstrate understanding of hauora in a health-related context through the application of a model of health

**Students need instructions that cover the following:**

- Describe a range of effects that the activity has had on hauora, using the [named model of health] to guide your observations. Give examples from the activity to illustrate your points. [A]
- Explain why the [named activity] affected hauora. Refer to a range of aspects of hauora, and provide evidence to support your explanation. [M]
- Describe interconnections you have observed between the different parts in the model of health, in relation to the activity. [A]
- Explain why different parts in the model of health interconnected, in relation to the activity. [M]
- Draw conclusions about how hauora would be impacted in the short-term and also in the long-term because of the activity. Use evidence to support your ideas. [E]

Make sure that your responses clearly show your knowledge and understanding of a range of different aspects of hauora, according to the model of health you have chosen.

Note how (out of necessity) the wording of the task is closely related to the wording of the criteria. Verbs like describe, discuss, explain etc need to remain intact as do the key words in each criterion.

#### 1.1 Unpacking - Possible contexts (from the NCEA website)

Some examples of assessment contexts that could be used for this Standard could include activities related to preparing and eating a meal together, attending a cultural event or activity (noting the need to clearly link this with RSE, MHEd or F&N), or developing and applying a self-management practice. Ākonga might also have the opportunity to reflect on activities that are a natural part of their family-life (such as meals with extended family or cultural events in their own communities).

There is no stated requirement that this has to be a ‘positive’ wellbeing activity. It would seem that ‘activities’ of others (to keep it safe and ethical) related to substance use (alcohol or vaping), using social media, viewing pornography, activities aiming to eliminate bullying, discrimination, period poverty (etc) at school, are all ‘activities’ that affect hauora and these impacts can be explored in relation to a selected health model.

The **practical\*** activity must be grounded in one or more of the Key Areas for Learning:

- Food and Nutrition
- Mental Health
- Relationships and Sexuality.

Engagement with the following Ministry of Education guides is recommended for all Health Studies kaiako for teaching and learning:

- Mental Health Education
- Relationships and Sexuality Education

**\*Note that the inclusion of the word ‘practical’ used in the online unpacking statement is inconsistent with Explanatory Note 5 and potentially confusing (given what ‘practical’ may come to mean in some RSE, MHEd or F&N contexts).**

**For reference: EN5.** An activity refers to an action or experience that can result in a change to the hauora of an individual, community, or society. A model of health can be applied to reflect on the changes for those involved. Ākonga may refer to an activity that they have participated in, or they may refer to an activity that others have experienced. The activity and the reflection can relate to one or more Key Areas of Learning.

## Choice of context for the assessment

**Explanatory Note 2 specifically states:**

***The application of a model of health must occur in any of the Key Areas of Learning:***

- ***Food and Nutrition***
- ***Mental Health***
- ***Relationships and Sexuality***.

Assessment outcomes from the piloting process have highlighted the importance of selecting contexts/topics for assessment that clearly, explicitly, and self-evidently relate to one of these three HPE key areas of learning, to be acceptable for **Health** Studies assessment.

We note that Sample assessment 1.1B *Hauora and the Pacific* is based around a cultural festival – which of itself is not a self-evident **Health** Education/Studies context (ie it is not an obvious Food and Nutrition, Mental Health, or Relationships and Sexuality context). If selecting and using this assessment as is (or using it as a ‘template’ to frame an assessment around a different cultural event), **it is essential that students have had opportunities for learning which highlight how engagement in cultural events is connected with Mental Health Education** through ideas like promoting a sense of belonging and connectedness, supporting identity and wellbeing, opportunities for meaningful and respectful social interaction, contributing to community identity and values, etc. **This means that the focus is not the cultural event per se, but the opportunity it provides for mental health promotion and the links with the selected health model need to make this clear.** It means that the ‘activity’ the students either personally participate in (or observe others participation in a video, or other form of media) needs to be viewed as a type of ‘mental health promotion activity’ (which just happens to be in a cultural context) and the application of the model needs to focus substantially on that aspects of wellbeing that directly relate to ‘mental health’ (noting ‘mental’ health is still framed holistically and features mental and emotional, social, spiritual and physical dimensions of wellbeing).

Alternatively, **if the cultural event was food focused, the Health Studies emphasis would shift to the food and wellbeing aspects of the event** (see Assessment Activity 1.1A).

Piloting has emphasised the need to avoid many quasi-Social Studies and quasi-Arts learning area contexts that have no self-evident Health Studies context – for assessment purposes. Creative and cultural contexts may add value to the learning programme and highlight ways to promote hauora and wellbeing, but **Health** Studies assessments must focus on and be grounded in self-evident **Health** Studies contexts – that is, ***Food and Nutrition, Mental Health, or Relationships and Sexuality***.

**Suggestions for ‘activity’ contexts – do not be limited by these and consider carefully which are safe and ethical for students to participate in and which will require viewing materials showing others participating in the activity. See also Section 3.2 for further ideas.**

Mental Health Education (MHEd)	Relationships and Sexuality Education (RSE)	Food and Nutrition Education
<ul style="list-style-type: none"> <li>• Taking action to eliminate bullying or discrimination (e.g. participating in pink shirt day or other event)</li> </ul>	<ul style="list-style-type: none"> <li>• Taking action to promote an inclusive environment at school (e.g. participating in rainbow events)</li> </ul>	<ul style="list-style-type: none"> <li>• Preparing a meal for/with family or friends</li> <li>• Sharing a meal for/with family or friends</li> </ul>

<ul style="list-style-type: none"> <li>• Vaping or alcohol use by other people</li> <li>• Participating in a tuakana-teina/ peer support programme at school</li> <li>• Using social media safely, or taking action to avoid unsafe situations online</li> <li>• Participating in a student led action group to promote wellbeing e.g. promoting awareness of a current social issue impacting students</li> <li>• Maintaining a friendship</li> <li>• Supporting someone to manage a major change in their life</li> <li>• Managing personal stress</li> <li>• Being assertive</li> <li>• Problem solving and negotiating</li> <li>• Goal setting and action planning (and implementing the action)</li> <li>• Communicating effectively</li> <li>• Showing empathy to someone who has experienced a loss</li> <li>• Participating in a cultural event where there are clear and explicit implications for mental and emotional wellbeing – <i>noting these mental health aspects of the activity will need to be clearly apparent in student responses</i></li> </ul>	<ul style="list-style-type: none"> <li>• Participating in a student led action group to promote wellbeing (e.g. promoting free period products at school)</li> <li>• Practicing consent</li> <li>• Viewing pornography (using established education resource materials as a source of evidence)</li> <li>• Taking action to challenge power imbalances in a relationship</li> <li>• Accessing sexual health services (for prevention of unplanned pregnancy or for STI checks)</li> <li>• Taking action to challenge gender role stereotyping (at school or in the media)</li> <li>• Taking action in relation to school or workplace policy to address sexual harassment</li> </ul>	<ul style="list-style-type: none"> <li>• Attending a food-focused cultural event</li> <li>• Learning how to cook a new range of foods</li> <li>• Taking action to reduce exposure to online food product advertising (e.g. pop ups on social media)</li> <li>• Taking action to resist fad diets/food trends</li> <li>• Learning how to interpret food information to make safe choices to manage a health condition (or educating family or friends about this)</li> <li>• (Learning how to) Shopping for food on a budget</li> <li>• Challenging friends or family about unhelpful food attitudes, values or behaviours</li> </ul>
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Please consider ethical, safety and Universal Design for Learning (UDL) matters when deciding whether the ‘activity’ is something that students can personally participate in and reflect on as the basis for assessment, or if the ‘activity’ needs to be based on the activities/actions of others (e.g. as depicted in a video, news item or story). See EN5.

## 4.3. Pointers for designing your own tasks for 1.2

### HEALTH STUDIES 1.2 Demonstrate understanding of decision-making in a health-related situation

**Students need instructions that cover the following:**

You are going to use [*named situation with reference to the scenario and/or other resource material*] to demonstrate your understanding of decision-making.

You need to carefully consider [*situation*] and use decision-making skills to propose the decision you believe [*the person*] should make, in relation to hauora. You will use a relevant decision-making process to help you work through this situation.

In your response you will:

- describe the factors that you believe are relevant to the situation that [*the person*] is in, and the possible consequences that these factors present [A]
- describe the decision you believe [*the person*] should make, with reference to the factors and anticipated consequences of the decision [A]
- discuss why the factors and anticipated consequences of your proposed decision are significant [M]
- discuss how these factors and anticipated consequences interrelate to influence the decision [M]
- show more complex thinking by looking broadly at the situation that [*the person*] is in and evaluating how, why, and the extent to which the decision-making will affect hauora. You might think about short-term, long-term, personal, interpersonal, and/or societal impacts. [E]

Note how (out of necessity) the wording of the task is closely related to the wording of the criteria. Verbs like describe, discuss, explain etc need to remain intact as do the key words in each criterion.

#### Decision making preparation task

It would appear that once students receive their assessment task, an obvious preparatory task is to complete a decision-making grid using the scenario and resources provided (or whatever materials are being used for the context of the assessment) and use this as an additional ‘resource’ to help them answer the assessment task.

**By itself completing the grid doesn’t provide enough evidence for assessment but it at least provides students with some structure around which to base their responses.**

**Please make clear to students that simply completing the grid and reproducing the contents in the assessment does NOT cover all requirements of the standard.**

## Decision making template (preparation only)

- Use what you have learned about the decision-making process to complete the decision-making grid below, based on the situation you have been given for the assessment.
- Note that completing this decision-making grid does not meet all requirements for assessment. Once you have completed it, use ideas from the process to help answer the assessment questions.
- Note that you DO NOT need to include information for all 3 options. Give most focus in your assessment to the option that IS selected, and use ideas from the other options as to why they were NOT selected to further support reasons for the decision that was made.
- You do NOT need to submit this decision-making grid for assessment.

<b>Define the health-related situation and the nature of the decision to be made.</b>		
<b>(At least 3) Choices that could be made:</b>		
<b>Consider influencing factors in making the decision: What are these and why/how are they influencing the decision-making process? For EACH choice consider a range of personal, interpersonal and/or societal influences.</b>		
<b>Consequences of each choice:</b>		
<b>Your own and others' feelings about each choice:</b>		
<b>Health-enhancing decision and justification:</b>		
<b>Evaluation of the decision:</b>		

### Suggestions for other assessment contexts

- Although the focus for this standard is very narrow – the skill of decision-making – the range of contexts it can be applied to is substantial.
- Consider a range of situations across the learning programme where decision making can be (re)taught and used in context, before the assessment task is completed. Remember that decision-making often goes hand in hand with other (inter)personal skills so consider how a range of other skills can also be taught about and applied alongside decision-making.
- The following lists are only ideas. Use these to explore many other possibilities of contexts, for learning and assessment.

## Suggestions for assessment contexts

*Note that decision making and problem solving can overlap. Ensure the selection of context and the scenario gives focus to the cognitive process of decision-making to sort out a dilemma about which choice to make when there are several possible pathways/options.*

<p>Mental Health Education (MHEd)</p>	<p><b>Deciding ....</b></p> <ul style="list-style-type: none"> <li>• how to respond to a cyberbullying situation</li> <li>• how to respond to a situation where there is pressure to use substance [vaping alcohol, cannabis or other drugs]</li> <li>• how to have a safe party (as related to alcohol and other drug use)</li> <li>• how to regulate screentime and what material is viewed online (e.g. limiting time spent, avoiding disturbing online content)</li> <li>• how to manage a stressful situation e.g. differences between cultural world of friends and family</li> <li>• how to manage a major life change e.g. an extended period of illness, an injury that takes a long time to heal or leaves a permanent difference, changing the place where a person lives (town/city, country)</li> <li>• how to be an upstander when witnessing, or becoming aware of someone being bullied</li> <li>• how to respond when there are competing priorities for time e.g. schoolwork, sport or cultural commitments, family and friends etc.</li> <li>• how to challenge a peer for friend who constantly puts down others e.g. by commenting on body appearance, their physical or intellectual ability etc</li> <li>• how to resist / respond to the pressure to conform to societal 'ideal' of appearance</li> <li>• challenging the behaviour of a friend who make the relationship all about them, always draws attention to themselves, always decides for others</li> <li>• how to manage a disappointment or loss situation</li> <li>• how to support a friend or family member who has experienced a distressing life event</li> <li>• how to reconnect with culture where this has been lost, or stay connected with culture where other life changes make this more difficult</li> <li>• how to express individuality, especially in situations where identity does not reflect dominant social norms</li> <li>• how (or whether or not) to assert own attitudes, values and beliefs when those of friends or family members</li> <li>• how to challenge unhelpful (e.g. underinformed, non-inclusive) attitudes, values beliefs and behaviours of friends or family members</li> </ul>
<p>Relationships and Sexuality Education (RSE)</p>	<p><b>Deciding ...</b></p> <ul style="list-style-type: none"> <li>• how to show romantic or sexual attraction to someone else (before a relationship has started)</li> <li>• which menstrual product(s) to use</li> <li>• which contraceptive method(s) to use/ how to prevent an unplanned pregnancy</li> <li>• how to prevent STI transmission</li> <li>• how to manage a workplace sexual harassment situation</li> <li>• whether to respond to sexual pressure to 'keep' a partner/stay in a relationship</li> <li>• whether or not to send a nude photo</li> <li>• how to express / let others know about [an individual's own] sexuality or gender identity</li> <li>• how to respond to traditional or non-inclusive gender role expectations</li> <li>• how to break up or leave an intimate relationship</li> <li>• what to do in a controlling or manipulative relationship</li> <li>• how to challenge the behaviours of peers/friends that watch a lot of porn</li> <li>• what to say and do when someone asks to have sex</li> <li>• how to exercise own rights and responsibilities in a relationship</li> </ul>

	<ul style="list-style-type: none"> <li>• how to address homophobic or other non-inclusive attitudes in the school or community</li> </ul> <p><b>Deciding ...</b></p> <ul style="list-style-type: none"> <li>• how to request that the person in the house who buys the food to include a greater diversity of food options (e.g. foods that support nutritional health and wellbeing, more fresh food/less processed food)</li> <li>• how to encourage the preparation of a greater diversity of meals in a family home</li> <li>• which sources of information about healthy eating for teens are most reliable</li> <li>• which marketing claims to the nutritional value of food are genuine (based on evidence) and which are manipulation of evidence used as marketing ploys</li> <li>• how to challenge diet fads, or food trends promoted through social media</li> <li>• how to challenge or resist fast food, unhealthy snack food, or sugary drink product marketing and advertising</li> <li>• how to challenge the attitudes and behaviours of friends or family whose food choices are manipulated by marketing and advertising</li> <li>• how to resist the pressure from friends or peers to conform with their food behaviours e.g. related to dieting or fad foods, etc</li> <li>• how to make food purchasing choices on a limited budget</li> <li>• how to cater to the preferred food choices and/or nutritional needs of people with diverse food and nutritional needs e.g. based on one of health status, culture, age etc</li> <li>• how to challenge peers or family (or community) about dominantly physical and biomedical-only approaches to understanding food choices</li> <li>• how to manage tensions or challenges about making food choices when the food traditions of family differ from those food behaviours of peers, or social norms in the community</li> </ul>
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### Teacher written scenarios

Teacher written scenarios are likely to be a popular option (see the sample assessments).

- Keep these to ~250 words.
- Check the suitability of the scenario context to ensure there is enough for the students to be able to see at least 3 options, and that the scenario has scope for a range of personal and interpersonal considerations, and ideally community or societal implications as well. Be thinking about influences on the decision-making process as well as consequences of making a decision.
- Existing video, (e.g. a segment from a movie or TV programme) focused on a decision a character needs to make a decision, or a news item, article extract, etc may be a suitable alternative to a written scenario.

# 5. Links to websites and navigation

Note that the NZQA and NCEA website are undergoing changes, and new material is being added periodically. Please update your bookmarks as these changes happen. **The following information was current in January 2024.**

**The NZQA website (note that Health Studies Level 1 materials have a dedicated page separate to Level 2&3 Health).**

<https://www2.nzqa.govt.nz/ncea/subjects/select-subject/health-studies/>

Note that the NZQA website changed considerably late 2023. These changes appear to be ongoing while we transition from the old to the new standards. **You should be able to navigate to everything you need from this page (below) with the exception of the internal assessment tasks and the Learning Matrix and Subject Learning Outcome documents. You need to scroll down the page as there are a lot of links from this landing page.**

**About Health Studies**

Health Studies covers food and nutrition, mental health, and relationships and sexuality in relation to the hauora of individuals, whānau, and communities.

This page contains resources and tools to help support:

- internal and external assessment (exams)
- teachers delivering this subject
- learners taking this subject.

[Read more about this subject on NCEA education](#)

**Related subjects**

[Health \(Level 2, 3 and Scholarship\)](#)  
[Home Economics \(Level 2, 3 and Scholarship\)](#)

**On this page**

- ↳ About Health Studies
- ↳ Assessor Support
- ↳ Health Studies standards
- ↳ Exemplars, past exams, assessment reports and schedules
- ↳ Assessment specifications
- ↳ Useful exam information
- ↳ Internal assessment resources
- ↳ Conditions of assessment
- ↳ Tools

## Health Studies standards



### Level 1 standards

Health Studies achievement standards

[Find Level 1 standards →](#)

## Exemplars, past exams, assessment reports and schedules



### Level 1

Past exams, exemplars, assessment schedules and reports

[Level 1 →](#)

## Assessment specifications



### Level 1

Get the latest assessment specifications

[Level 1 →](#)

## Internal assessment resources

### Internal exemplars

See exemplars for internally assessed Health Studies standards

[Go to exemplars](#)

### Alternative evidence gathering templates

Templates for student results when direct assessment is not possible

[Get templates](#)

### National moderator's report

Annual reports on issues and trends in assessment

[View moderator's report](#)

### 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 \[PDF, 72 KB\]](#)

## Conditions of assessment

[Level 1 internal conditions of assessment](#) → – NCEA.education

## Tools



### Level 1 assessment matrix

Health Studies matrix on NCEA.education

[Go to the matrix](#) →



### Health Studies resources on Pūtake

Online learning modules available for this subject

[Go to resources](#) →



### Make career plans and decisions

Find helpful tools and information on Tahatū Career Navigator

[Go to Tahatū](#) →

## The NCEA website – Health Studies

<https://ncea.education.govt.nz/health-and-physical-education/health-studies?view=learning>

From this page navigate to the LEARNING, TEACHING, ASSESSMENT (as shown below) and SUBJECT GLOSSARY.

The **LEARNING** page (which is the landing page) also contains the **Learning Matrix** and **Subject Learning Outcomes** documents.

Note also the **recent changes** button top right.

## Assessment Matrix

NCEA LEVEL 1 Standards			
Health Studies 1.1 Demonstrate understanding of hauora in a health-related context through the application of a model of health	Health Studies 1.2 Demonstrate understanding of decision-making in a health-related situation	Health Studies 1.3 Demonstrate understanding of factors that influence hauora	Health Studies 1.4 Demonstrate understanding of strategies that enhance hauora
92008    Internal    5 Credits	92009    Internal    5 Credits	92010    External    5 Credits	92011    External    5 Credits

When you click on one of the Achievement Standards you are directed to Achievement **STANDARD** criteria. Use the navigation bar to then find CONDITIONS of assessment, UNPACKING (background information about the standards *which the Subject Learning Outcomes document now expands upon*), and the ACTIVITIES - as shown for 1.1.

HEALTH STUDIES / ASSESSMENT

Recent Changes

**Health Studies 1.1**

**Demonstrate understanding of hauora in a health-related context through the application of a model of health**

92008 5 CREDITS

<b>Level</b> NCEA level 1	<b>Assessment type</b> Internal
<b>Status</b> Registered	<b>Planned review date</b> N/A
<b>Date published</b> 12 Dec 2023	<b>Version</b> 3
<a href="#">View Previous Versions</a>	

STANDARD CONDITIONS UNPACKING ACTIVITIES

## Purpose

Students are able to demonstrate understanding of hauora in a health-related context through the application of a model of health.

## Achievement Criteria

Achievement	Achievement with Merit	Achievement with Excellence
Demonstrate understanding of hauora in a health-related context through the application of a model of health	Explain hauora in a health-related context through the application of a model of health	Evaluate hauora in a health-related context through the application of a model of health

Clicking on the **ACTIVITIES** link then takes you to the three sample assessments – as shown for 1.1.

HEALTH STUDIES / ASSESSMENT

Recent Changes

**Health Studies 1.1**

**Demonstrate understanding of hauora in a health-related context through the application of a model of health**

92008 5 CREDITS

<b>Level</b>	<b>Assessment type</b>
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Registered	N/A
<b>Date published</b>	<b>Version</b>
12 Dec 2023	3
<a href="#">View Previous Versions</a>	

STANDARD CONDITIONS UNPACKING ACTIVITIES

## Assessment Activities

### 1.1 Activity A

#### Matariki Ahunga Nui



Ākonga will use a te ao Māori model of health to reflect on the effects on hauora of engaging in the 'Matariki Ahunga Nui' activity.

### 1.1 Activity B

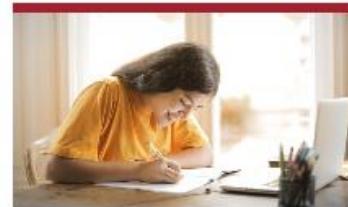
#### Hauora and the Pacific



Students will engage in a Pacific cultural activity, and apply a Pacific model of health to show their understanding of the effects of the activity on hauora.

### 1.1 Activity C

#### Personal action and hauora



Ākonga will explore the effects on hauora of a personal or interpersonal skill-based activity, and use a model of health to frame and express their understanding.