



# New Zealand Health Education Association

## Newsletter

May, 2026

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Tēnā koutou

The release of the [first tranche of the Phase 5 subject drafts](#) this month is a much-anticipated development and sets in motion the juggernaut of senior secondary curriculum and assessment changes for the rest of the decade. Health Education was included in this first group. Feedback on this draft is invited by **June 15<sup>th</sup>**. See the discussion and links later in this newsletter.

We're in something of a 'holding pattern' at present with our PLD offerings, mainly supporting teachers with various NCEA related queries and providing guidance for a few schools getting Scholarship planning underway. Behind the scenes Leigh is making great progress with the planning for Tuia ki Tawhiti – updates follow in this newsletter. We will prepare a range of new resourcing to support the new curriculum and will make that available as soon as possible after the release of finalised versions of the curriculum.

You will have noted the Minister's announcement on the 14<sup>th</sup> May about the new timeframe for implementation of the **Years 0-8** National Curriculum. Year 0-8 HPE will now be implemented in 2029 but **note that year 9&10 are still to be implemented in 2027 to meet the new assessment system starting in 2028.**

We understand that the Ministry will also be providing a new suite of resources to support the new curriculum for example on Tāhūrangi it states there will be new a HPE Learning kit in term 2. The first attempt had a few teething problems, so we hope the next iteration is a more accurate representation of the intent of the new curriculum.

On the 16<sup>th</sup> May the Ministry confirmed the [new senior secondary qualifications replacing NCEA](#). Health Education will be a subject in the NZCE (Year 12) and NZACE (year 13) qualifications. Year 11 assessment is focused on literacy and numeracy only. Pay attention to the capabilities and the disciplinary writing sections at the front of the draft Phase 5 curriculum as it is anticipated that these materials (common across all subjects) will feature somehow in this new system.

#### From the Kaikōtuitui Arataki Oranga - Leigh Morgan

Regional cluster meetings will start again this term although we envisage most of these will occur across terms three and four once the year 9&10 materials are available.

For all NEX queries about NZHEA support email us at [kaiarahi@healtheducation.org.nz](mailto:kaiarahi@healtheducation.org.nz)

### In this newsletter

- Tuia ki Tawhiti (combined NZHEA, PENZ, EONZ conference).
- Update on the way Level 1 exams are marked - comm's from NZQA
- Scholarship resource and promo
- Reflecting on the Phase 5 draft curriculum

Ngā mihi

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

## Events – Tuia ki Tawhiti



The poster features a dark blue background with a subtle Maori pattern. At the top left is a small geometric logo. The main title 'Tuia ki Tawhiti' is in large white font, with 'BE PART OF THE KŌRERO' in pink below it. A circular badge on the right says '6-7 July 2026'. The central text reads 'THREE ORGANISATIONS. ONE WEAVE.' followed by 'Working together to connect, inspire and transform learning across Health, Physical Education and Outdoor Education.' Below this are three overlapping circles containing the logos for PENZ (Physical Education New Zealand), NZHEA (New Zealand Health Education Association), and EONZ (Education Outdoors New Zealand). At the bottom, it says 'TO SEW THE DISTANCE TOGETHER.' and 'WHANAUNGATANGA | MANA ŌRITE | PARTNERSHIPS | PROGRESSIVENESS'.

# Tuia ki Tawhiti

6-7 July 2026

**BE PART OF THE KŌRERO**

**THREE ORGANISATIONS. ONE WEAVE.**  
Working together to connect, inspire and transform learning across Health, Physical Education and Outdoor Education.

**PENZ**  
PHYSICAL EDUCATION  
NEW ZEALAND

**NZHEA**  
NEW ZEALAND HEALTH  
EDUCATION ASSOCIATION

**EONZ**  
EDUCATION OUTDOORS  
NEW ZEALAND

**TO SEW THE DISTANCE TOGETHER.**

WHANAUNGATANGA | MANA ŌRITE | PARTNERSHIPS | PROGRESSIVENESS

## Only 6 Weeks to Go – Have You Registered Yet?

This year's Tuia ki Tawhiti Conference will be proudly hosted by Mount Albert Grammar School. Located in the heart of Auckland, MAGS provides an outstanding setting for our sector to come together, connect and explore the future of our curriculum in Aotearoa.

As the countdown continues, excitement is building for a conference designed to challenge thinking, strengthen connections and provide practical ideas you can take back into your own context. Whether you work in physical education, health education, outdoor education, sport, recreation or leadership, there will be something meaningful for everyone.

[Secure and Register your place today!](#)

### Featuring Our Keynote Speaker



#### Dr Claire Achmad

We are honoured to welcome Dr Claire Achmad, New Zealand's Children's Commissioner and independent advocate for all mokopuna.

Dr Achmad works to ensure the voices, experiences and perspectives of children and young people are heard by decision-makers across Government and the wider community sector. Her work strongly aligns with the values that underpin our professions – supporting the wellbeing, belonging, participation and success of young people in every setting.

Delegates can look forward to powerful insights into the opportunities and challenges facing tamariki and rangatahi, and the important role our sector plays in shaping positive futures.

### Explore the Workshop Programme

Tailor your conference experience with a diverse range of workshops and learning opportunities across:

- Health Education
- Physical Education
- Outdoor Education
- Leadership and curriculum innovation
- Wellbeing and hauora
- Inclusive practice
- Current sector challenges and future-focused thinking

Whether you are looking for practical classroom strategies, fresh programme ideas, opportunities for professional reflection or big-picture inspiration, the programme has been designed to offer relevant and engaging learning for educators across all contexts.

[Check out the full programme of workshops here](#)

### Connect, Share & Learn

TKT Conference is your opportunity to:

- Network with colleagues from across Aotearoa
- Share ideas, experiences and effective practice
- Explore emerging trends and sector developments
- Engage in important conversations shaping the future of our professions
- Be inspired by innovative thinking and real-world application

It's also a valuable chance to reconnect with your professional community, strengthen relationships and return home re-energised for the work ahead.

## Conference App Sponsor

Waipapa Taumata Rau | University of Auckland

## Marketplace Exhibitors

We're excited to showcase a fantastic range of organisations and partners in the Marketplace space, providing delegates with opportunities to connect, discover new resources and explore experiences that support learning both inside and outside the classroom.

- [Defining Moments](#)
- [Mountain Adventure](#)
- [Sportslink Travel](#)
- [Haka Educational Tours](#)
- [Waipapa Taumata Rau | University of Auckland](#)
- [Waka Pacific Trust](#)

Don't miss your chance to be part of the conversations, connections and learning experiences shaping the future of health education, physical education and outdoor education in Aotearoa.

We extend our sincere thanks to the staff, students and wider MAGS community for welcoming delegates from across the country and supporting what promises to be an inspiring and energising event.

**Secure your place and register today!**

[www.tuiakitawhiti.org.nz](http://www.tuiakitawhiti.org.nz)

# NCEA Advice and Guidance – Level 1 Health Studies exams

When writing this year’s practice exams we noted a shift in practice about the way evidence was considered for making NAME judgements. This is an apparent shift in practice from when these Level 1 standards were first redeveloped, as things seem to have slipped back to the ‘semantic incrementalism’ approach of Levels 2&3 (and the previous Level 1 standards). We contacted NZQA about this, specifically with reference to the 1.3 and 1.4 Health Studies exams.

First, some background. Each year NZHEA prepares practice exams for our membership, generally based on previous years' questions from the NZQA externals for Years 11, 12 and 13 (with context changes).

Our NZHEA query	NZQA reply (edited)
<p>We noticed a shift in how Level 1 is assessed; it now appears to adopt the incremental assessment approach still used for Levels 2 and 3, rather than what was originally designed for the revised Level 1 standards whereby each of the AME criteria required a specific and different task and unique evidence.</p> <p>Consequently, this has created issues when writing the NZHEA practice exams.</p> <p>Does NZQA have a statement about this or is it something unique to Health Studies?</p>	<p>You’re not imagining the shift you’ve noticed, and it’s not unique to Health Studies.</p> <p>One of the key principles behind achievement standards is that criteria should flow up through the grades, with Merit and Excellence representing higher-quality performance of the same aspects, rather than introducing new requirements.</p> <p>The examination development team is therefore designing externals in ways that try to mitigate these issues and make the standards more manageable in practice. As a result, this can look more like an incremental approach, similar to Levels 2 and 3.</p> <p>There isn’t currently a formal NZQA statement reframing the intent of the Level 1 Health standards, and the Ministry has indicated it is unlikely to reopen Level 1 standards in the near term. Our focus is on making the current standards work as effectively as possible.</p>

## Notes:

- This same practice has NOT been extended to the internal assessments at this time.
- We are told there will be no further changes to NCEA Level 1 since it only has to last until the end of 2027.

## Practice exams:

- Our annual practice exams are available through the NZHEA website. Note you need the password that comes with your school membership to access these.
- Can we stress as always, these practice exams have no official status. They are just a resource NZHEA, like many other subject associations, offer each year. You can swap out the resource material, rewrite the scenarios etc if for any reason you don’t like what is there. Our main recommendation is to stick closely to the framing of the previous year’s NZQA exam as this is the closest to current practice we can get.

# HPE Scholarship

Term 2 tends to be the time schools start supporting students to plan for making a HPE Scholarship submission. Our annually revised resource to support students is now [online](#). It is much the same as last year with the small addition of some further guidance around the ‘perspectives’ requirements based on the assessment report.

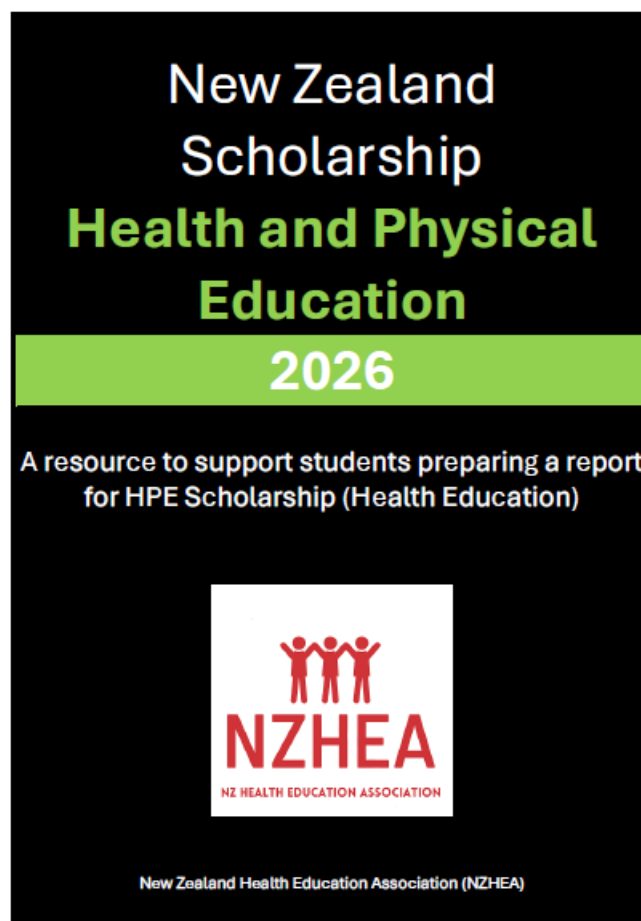
For those of you familiar with the HPE Scholarship process, please make sure you have read the [assessment report](#) as it highlights how many students last year missed the point and importance of making clear at least two perspectives – noting there are MANY ways to do this. This was a new requirement in 2025 stated in the assessment specification, which remains for 2026.

We’re sometimes asked about teacher PLD for this. The schools that have long histories of students doing HPE Scholarship tend to ‘do their own thing’ using established expertise and, if anything, combine schools regionally and provide sessions for students.

Consider reaching out to any neighbouring schools in your region to find out who supports students with HPE Scholarship submission to see if anything like this is happening. Getting enough teachers to a workshop in one place at one time can be a challenge so if you are new to HPE Scholarship or working in isolation in provincial schools and are wanting support, we can offer this on a one-to-one basis.

Even if you don’t have students entering HPE Scholarship, some of the [resources published each year](#), including the Top Scholar report, are worth a browse. Think about what might be possible in your school in future. If students get underway in term 3, the submission date in late October is still achievable.

Contact us via the kaiārahi email [kaiarahi@healtheducation.org.nz](mailto:kaiarahi@healtheducation.org.nz).



## Reflecting on changes to Health Education Phase 5

In addition to the 'guided tour' presentation provided after the release of the Phase 5 Health Education draft, mainly to help orient teachers to the content of the document and to aid giving feedback, the following item pulls some threads from the draft and starts to unravel them.

**See the NZHEA PowerPoint** (55minute recording or slides only) accessed through the website for a 'guided tour' of the draft.

- Go to the NZHEA website home page - use the link [New Curriculum PLD and resources](#). The link at the bottom of this page goes to a temporary Google folder, and the PPT is in the folder labelled Phase 5. There is also a 'slides only' version if needed/preferred.
- Note that *the* voiceover PPT should be downloaded to your computer and you need to play the slide show through PPT - as with any PPT presentation. Being a PPT you can easily skip over things or jump back and forth.

Feedback is due by June 15<sup>th</sup>.

See the link to the [survey form](#) on the Phase 5 HPE page.

### Looking to the bigger picture rather than the details ... for the moment

There is a tendency with documents like this, when the subject matter is your core business, and there are some very real and immediate health issues to attend to in society, to get drawn into the specific details of the topics (which are really important). However this inward-looking, details focus risks being at the expense of seeing the bigger picture of what this curriculum, and all other senior secondary curriculum, are aiming to achieve by way of a sustainable and enduring knowledge learning pathway that gives choices about further study, as well as work and careers beyond school.

To address the knowledge demands of these learning pathways, this Health Education curriculum aims to broaden the scope around how 'health' is defined – well beyond the concept of hauora that has dominated for the past two curriculum statements and for the duration of NCEA, and to frame a study of and about health which is informed by knowledge from across health sciences (and human biology), and aspects of psychology and sociology.

These different ideas about health appear as knowledge to be taught and learned in the Physical health strand (noting this is not an exhaustive account of the ways health can be understood but it relates to the knowledge disciplines that underpin a school curriculum study of health). Arguably this knowledge lies across all strands but needed to be located somewhere.

### Year 11 Approaches to health (extracts only)

- The World Health Organization (1948) definition of 'health' is the most globally recognised definition, that describes health as 'a state of complete physical, mental, and social well-being, rather than merely the absence of disease or infirmity'. The World Health Organization definition of well-being is 'a positive state experienced by individuals and societies'.
- Health and well-being are understood from bio-medical, Indigenous, sociological and psychological perspectives:
  - a **biomedical approach** focuses on the physical body and biological processes
  - **Indigenous approaches** tend to have a holistic focus, often making connections to the wider environment (e.g. hauora: taha tinana (physical well-being), taha hinengaro (mental well-being), taha wairua (spiritual well-being), and taha whānau (family and social well-being))
  - a **socio-ecological approach** views health as the result of interactions between individuals and their environments. It emphasises multiple levels of influence (personal, interpersonal, and societal) rather than focusing only on the individual
  - a **psychological approach** includes consideration of people's thoughts, emotions, behaviours, and social context related to health and well-being.

- Many models have been developed to help understand these approaches to health and well-being such as Te Whare Tapa Whā (Durie, 1994).
- The term ‘dis-ease’ (hyphenated) shifts the focus from a biomedical, diagnostic-driven approach to a holistic, preventive perspective that views illness as a ‘lack of ease’.
- Health promotion enables people to increase control over their own health (World Health Organization). Health promotion for supporting health and well-being encompasses:
  - skills (self-management skills such as personal decision-making and problem-solving, interpersonal skills like effective communication)
  - actions (advocacy for changes to policy and practices, creating healthy environments through community participation)
  - strategies that respond to the specific needs of people and communities in relation to a health issue such as those related to sexual and reproductive health (e.g. reducing period poverty and menstruation stigma) and making healthier food choices.

### Discussion:

Instead of continuing to frame the curriculum with the long familiar four underlying concepts, this senior secondary curriculum expands the scope of conceptual ideas that provide us with disciplinary knowledge understandings about the nature of health.

### Question:

By expanding the range of ways to understand health, including deliberate consideration of biomedical, indigenous, sociological (or socio-ecological) and psychological approaches, and some added focus on dis-ease (rather than disease) **what opportunities does this open for more understanding about:**

- what health is and people’s diverse experiences of health
- what contributes to health, and
- what can be done to maintain or improve health?

### Year 12 Approaches to health

- The socio-ecological approach is a fundamental framework in public health that reflects a comprehensive, multi-level understanding of the determinants of health.
- Determinants of health include the social and economic environment (e.g. political factors, cultural or social norms, psycho-social factors), the physical environment (e.g. safe water and clean air, access to safe housing), and a person’s individual characteristics and behaviours. The determinants of health help to explain the prevalence of disease in populations.
- Health promotion covers a wide range of social and environmental interventions that are designed to benefit and protect individual people’s health and well-being by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.
- The Ottawa Charter (World Health Organization, 1986) provides the foundation for public health promotion. It posits that the fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity. Ottawa Charter actions for public health promotion require a combination of building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health services, and moving into the future.

### Discussion:

The requirement to include more deliberate and specific knowledge teaching about health means balancing the introduction of new concepts across the three-year levels of the curriculum. This includes the required (not just the optional) introduction of the basics of the determinants of health and some entry level ideas about the nature of health promotion, based on the Ottawa Charter (given its status as a foundation document for public health).

### Question:

How do you see this Year 12 introduction about the basics of the determinants of health and the actions for health promotion in the Ottawa Charter support each other?

## Year 13 – Communicable and non-communicable disease (extracts only)

- **Salutogenesis** is an approach to human health that examines the factors contributing to the promotion and maintenance of physical and mental well-being rather than disease (pathogenesis) with particular emphasis on the coping mechanisms of individuals which help preserve health despite stressful conditions.
- **Epidemiology** is the scientific study of how often diseases occur in different groups of people, why they happen, and how to control them. It examines the distribution (who, where, and when) and determinants (causes and risk factors) of health to prevent illness.
- The **global burden of disease** describes the societal and clinical burden imposed by a given disorder, in terms of economic and human costs. In public health terms it also considers costs to the health system.

### Discussion:

In the 2007 curriculum and NCEA standards, notions of disease are tucked away behind adolescent, NZ or international health issues. In effect, a focus on disease sitting just out of view. This curriculum brings that focus to the fore BUT not with a biomedical, pathological, or etiological (biomedical causes) focus, but a salutogenic and epidemiological focus.

*Note that although students will be learning something about a communicable and non-communicable disease of current concern to give context to their learning, they will NOT be learning and reproducing piles of biomedical content knowledge about these diseases. Instead they will focus on factors related to the social determinants of health that explain why so many preventable diseases are still prevalent.*

### Question:

Focusing on the three concepts above, what can you see you already teach in a year 13 programme that reflects these ideas, and what opportunities do these ideas open for further learning? *Keep in mind this knowledge is building on the approaches to health in Years 11&12.*

If this document hasn't yet featured among the internal PLD offerings at your school, it is well worth a browse. It's a quick easy read and helps to explain what a knowledge rich curriculum is, and how cognitive science (aka the sciences(s) of learning) are integral to this approach.

[Australian Education Research Organisation](#). (2024). **A knowledge-rich approach to curriculum design**.

Note particularly the four key features of a knowledge-rich curriculum:

1. **Selective** – Content is chosen purposefully for each subject, in alignment with a vision of education.
2. **Coherent** – The curriculum ensures content is interconnected across topics, subjects and stages.
3. **Carefully sequenced** – The curriculum is designed to develop deep and broad knowledge over time by building on prior content and gradually increasing complexity.
4. **Specific and clear** – The curriculum explicitly outlines what students are expected to know, understand and be able to do for subjects and topics across all stages.

