

Main changes resulting from the review

- All NZC level 6 (NZQF Level 1) outcomes derived from the NZC are now assessed using achievement standards, and there are no longer any unit standards linked to the NZC.
- Existing achievement standards were reviewed and new achievement standards were developed to align with the NZC. See [table](#) below.
- Grading criteria for achievement standards were reviewed in accordance with the Standards Review Guidelines.
- Unit standards that recognised similar outcomes as achievement standards were recommended for expiry. See [table](#) below.

For a detailed description of the review of, and the changes to, the *Health Education* standards see appendix 1 at the end of this report.

Impact on Accreditation and Moderation Action Plan (AMAP)

All new achievement standards have been registered on AMAP 0233.

Impact of changes on [NCEA Exclusions List](#)

None.

Review Categories and changes to classification, title, level, and credits

The following summary shows the changes made to the standards as a result of the review. All changes are in **bold**. Where a new or a new version of an externally assessed achievement standard is registered, the following designation appears after the title [Externally Assessed].

Key to review category	
A	Dates changed, but no other changes are made - the new version of the standard carries the same ID and a new version number
B	Changes made, but the overall outcome remains the same - the new version of the standard carries the same ID and a new version number
C	Major changes that necessitate the registration of a replacement standard with a new ID
D	Standard will expire and not be replaced

Externally assessed achievement standards categorised as category D expire at the end of	December 2010
Internally assessed achievement standards and unit standards categorised as category D expire at the end of	December 2011

Humanities > Health and Physical Education > Health Education
Subject Reference Health

ID	Ref	Title	Level	Credit	Review Category
14235	-	Examine concepts, influences and choices for achieving well-being	1	3	D
14236	-	Explore and develop personal goals that contribute to well-being	1	2	D

ID	Ref	Title	Level	Credit	Review Category
14237	-	Examine success and strategies for dealing with success	1	2	D
14238	-	Demonstrate understanding of changing states of health	1	3	D
14244	-	Demonstrate personal and interpersonal skills within a health education context	1	4	D
14245	-	Examine friendship and explain strategies for managing friendship	1	2	D
14247	-	Demonstrate strategies to manage interpersonal conflict	1	3	D
14253	-	Describe and plan to meet nutritional needs	1	2	D
14254	-	Demonstrate knowledge about conception and investigate methods of contraception	1	2	D
14255	-	Describe sexually transmitted infections and strategies to reduce the risk of infection	1	2	D
14256	-	Demonstrate knowledge of issues relating to HIV and AIDS	1	2	D
14260	-	Demonstrate knowledge and skills to make safe choices in situations involving alcohol	1	3	D
14261	-	Identify and examine the effects of smoking tobacco	1	2	D
90061	1.1	Describe and apply concepts of and strategies for achieving well-being	1	2	D
90062	1.2	Describe influences on adolescent eating patterns and promote healthier food choices	1	4	D
90063	1.3	Describe changing states of health and strategies for managing these changes	1	4	D
90064	1.4	Understand skills required to enhance relationships and apply a problem-solving model	1	6	D
90065	1.5	Understand sexuality and describe strategies for enhancing sexual well-being	1	4	D
90066	1.6	Demonstrate understanding of issues relating to drug use	1	4	D
90971	1.1	Take action to enhance an aspect of personal well-being	1	3	New
90972	1.2	Demonstrate understanding of influences on adolescent eating patterns to make health-enhancing recommendations [Externally assessed]	1	4	New
90973	1.4	Demonstrate understanding of interpersonal skills used to enhance relationships	1	5	New
90974	1.5	Describe understanding of strategies for promoting positive sexuality	1	4	New

ID	Ref	Title	Level	Credit	Review Category
90975	1.6	Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations [Externally assessed]	1	4	New
91097	1.3	Demonstrate understanding of ways in which well-being can change and strategies to support well-being	1	4	New

Appendix

Development of Health Achievement Standards

Process of Aligning Standards with the New Zealand Curriculum

There has been little change in the Health outcomes from the Health and Physical Education learning area in the NZC.

Past examiners and moderators' reports were considered in conjunction with the alignment project guidelines and the Principles for Standards Review. In addition, materials from the NZC Learning Area essence statement development were also revisited.

This material did not identify a need to make any fundamental changes to the existing Health achievement standards.

However, in accordance with the principles of the alignment project, of particular relevance to health education was the need to:

- address the duplication of standards (by removing unit standards that duplicated the achievement standards)
- address the issue of context-specific unit standards that were limiting in the range of learning they could assess
- address the requirement for all standards to be at Level 6 of the NZC and above
- consider mode of assessment of some achievement standards in light of the duplication issue
- refine some of the wording of the remaining achievement standards in light of NZC developments.

The 'essence' of Health Education

In health education, the focus is on the well-being of the students themselves, of other people, and of society through learning in health-related contexts.

Students develop their understanding of the factors that influence the health of individuals, groups, and society: lifestyle, economic, social, cultural, political, and environmental factors. Students develop competencies for mental wellness, reproductive health and positive sexuality, and safety management, and they develop understandings of nutritional needs. Students build resilience through strengthening their personal identity and sense of self-worth, through managing change and loss, and through engaging in processes for responsible decision making. They learn to demonstrate empathy, and they develop skills that enhance relationships. Students use these skills and understandings to take critical action to promote personal, interpersonal, and societal well-being (NZC p23).

If this is the essence of health education, then in health-related contexts we assess learning related to:

- factors that influence the health of individuals and populations (ie the determinants of health) and the impacts of these influences on well-being
- competencies for well-being (the knowledge, skills and understandings required for achieving well-being and therefore, building resilience)
- taking critical action by using knowledge, skills, and understandings to maintain or improve well-being.

This learning is founded on four underlying and interdependent concepts (NZC p22):

- **Hauora** – a Māori philosophy of well-being that includes the dimensions taha wairua, taha hinengaro, taha tinana, and taha whānau, each one influencing and supporting the others.
- **Attitudes and values** – a positive, responsible attitude on the part of students to their own well-being; respect, care, and concern for other people and the environment; and a sense of social justice.
- The **socio-ecological perspective** – a way of viewing and understanding the interrelationships that exist between the individual, others, and society.
- **Health promotion** – a process that helps to develop and maintain supportive physical and emotional environments and that involves students in personal and collective action.

Just as the dimensions of hauora are interdependent, the four underlying concepts are mutually defining. In other words, the breadth and scope of one concept is determined and given boundaries by the other concepts. For example, well-being encompasses four aspects or dimensions – physical, mental and emotional, social, and spiritual. However, we not only talk about the well-being of individuals, but the well-being of others (and relationships between individuals and others) and the well-being of a community or society. When taking action, the focus is on both individual and collective action. The type of action taken is determined by models of health promotion that reflect the values of the learning area – respect for self, others and society, and a sense of social justice. The health focus of health-promoting action is inclusive of all aspects of well-being. Even though a particular action may, for example, focus on physical well-being, all other aspects of well-being must be considered.

The key areas of learning (KALs) of most interest to health education at NCEA level are mental health, sexuality education, food and nutrition (**NZC, p22**). If these KALs form the central learning contexts for health education, the context specificity of the standards should be limited only as far as the KALs ie

- sexuality
- food and nutrition

and given the extensive scope of the mental health KAL, follow the themes of:

- drug and alcohol education
- relationships and communication
- change and resilience.

The development of the matrix from the Health and Physical Education learning area therefore involved:

Addressing Duplication

Duplication between the Health achievement standards and Health Education unit

standards (but not within the achievement standards) was a known issue as the achievement standards were developed by combining ideas from the more context-specific unit standards into more broadly focused achievement standards. In accordance with the principles, this meant that all Health Education unit standards needed to be expired as they that assessed learning aligned with the NZC.

It had been noted that the underlying concept of hauora was extensively assessed across the Level 1 achievement standards. Consequently, some of the refinements made to criteria sought to minimise repetitive approaches to the application of this concept.

Addressing Credit Parity

Issues relating to credit parity were addressed with the expiry of duplicating unit standards.

External and Internal Assessment

The decision about the balance of internal and external assessment was a made in relation to consideration of assessment load, and expectations of the sector (for example entrance to some tertiary courses placing value on the achievement and experience of external examinations).

The expiry of the unit standards, however, meant fewer internally assessed standards were to remain in Health. For this reason, it was decided (and extensively supported by consultation with health education teachers and stakeholders) that two external examinations per level would be retained leaving four internally assessed achievement standards at Level 1 and three internally assessed achievement standards at each of Levels 2 and 3.

The decision as to which standards were to change from internal to external was guided by the level of performance in the external examination. For Levels 1 and 2 this meant shifting the more conceptually challenging standards to internal assessment where teachers and students can select their own context for the assessment.

What Has Changed?

- All Health Education unit standards at Level 1 have been designated expiring to address issues of duplication.
- There are some small structural changes to the way the criteria are written (ie a single criterion for all internal and external achievement standards) which will allow more flexibility for the way tasks are written.
- All levels of achievement now require a qualitative judgement, with no quantitative distinctions separating Achievement, Merit, and Excellence.
- The Explanatory Notes contain more information to support decisions about the quality of the performance required for Achievement, Merit, and Excellence.