

tūturu.



Community  
Consultation:

# Health Education

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Supporting schools to consult with their  
community about the health education  
teaching and learning programme

Tūturu 2020



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# Foreword

These resources help schools to consult with their communities about their delivery of health education. Consulting with the school community about the health education programme every two years is a Board of Trustees requirement. These resources provide direction and practical ideas on how to consult effectively.

Materials include a video and handbook of activities to help schools plan and implement their consultation process, and document the outcomes. This material adds to the suite of resources already developed by the Tūturu project.

Although this material has been developed to support New Zealand schools take a whole-school approach to wellbeing that prepares students for a world where alcohol and other drugs exist, it applies to community consultation for all health education. This is similar to the information in Sexuality education: A guide for principals, boards of trustees and teachers.

Community consultation relates specifically to health education within a school's curriculum. However, high quality health education works best when it is supported by whole-school promotion of wellbeing for all students.

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## About Tūturu

Tūturu is a systems change project which helps New Zealand schools take meaningful action to improve the wellbeing of their students. Co-created by eleven New Zealand secondary schools, five alcohol and other drug services, and a network of health and education experts, Tūturu has been made for schools, by schools. It is led by the NZ Drug Foundation, with oversight from the Ministries of Health and Education, the Health Promotion Agency, and NZ Police. It continues to be co-designed through a committed network.

With Tūturu, your school will establish an ecosystem of support for student wellbeing – developing taiohi agency, critical-thinking skills, decision-making confidence; and offering proactive support to young people who need it.

Find out more at Tūturu <https://www.tuturu.org.nz/>



# Purpose and overview of this resource

This resource provides Boards of Trustees, school leaders, and teachers with materials to support the community consultation process required to be completed every two years.

It has been developed for **secondary schools**, although it could be adapted for primary schools.

The **main audience for these consultation materials is the parents of students** attending a school. But it can be used with other community members involved in the consultation process e.g. external providers of resources or services that support health education programmes.

The resource is divided into three sections:

## **Preparing for community consultation**

Information for schools preparing to consult their communities about their health education programme, including planning frameworks and ideas for engagement.

## **Resources and activities to inform parents and communities about health education**

Engaging parents in discussion and understanding of health education, so they can provide meaningful feedback.

## **Resources and activities for collecting and recording consultation feedback**

Ways of collecting, recording and reporting information from parents for use as part of the consultation process.

Included in the resource are:

- (i) **Information and instructional sheets** for leading, planning, and facilitating the consultation process; and
- (ii) **Information and activity sheets**, personalised to the school.

**These two resource materials are formatted and coded for the intended audiences:**

 School

 Parents & Community



# Section 1.

## Preparing for consultation

### Materials in this section

- ▼ ⓘ Schools must consult with their communities about the health education programme
- ▼ ⓘ How health education fits into a whole-school approach to wellbeing
- ▼ ⓘ Steps for a community consultation
- ▼ ⓘ Writing frame: Developing a draft health education statement
- ▼ ⓘ Preparing a draft statement of delivery of health education
- ▼ ⓘ How to provide an overview of your programme
- ▼ ⓘ Preparing for a parent workshop or meeting
- ▼ ⓘ Preparing for an online consultation
- ▼ ⓘ How to engage students in the consultation
- ▼ ⓘ How to engage teachers in the consultation
- ▼ ⓘ Using external providers for the health education programme



# Schools must consult with their communities about the health education programme

The most recent statement from the Ministry of Education on schools consulting their communities is in Sexuality education: A guide for principals, boards of trustees (2015). **Although the document is specific to sexuality education, the section on consultation applies to ALL aspects of health education.**

The Board of Trustees must consult with the school's community only in health education (see Section 60B of the Education Act). Consultation is a board responsibility, but the consultation process may be delegated to leaders and teachers with specialist knowledge.

<http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Sexuality-education-a-guide-for-principals-boards-of-trustees-and-teachers>

In summary, the board must:

- **Consult with parents of enrolled students** (plus proprietors of state-integrated schools).  
*Include any other person that the board considers is part of the school community.*
- **Prepare a draft statement on the delivery of health education**
- **Complete a consultation process at least once every two years**
- **Decide upon, plan and facilitate a method of consultation that it considers will**
  - Explain the content of health education;
  - Learn the community wishes of health education (*taken in good faith, an account of feedback, but not negotiation or agreement where community wishes contradict education policy*); and
  - Determine the health education needs of the students.
- **Consider any comments received on the draft.**
- **Following consultation**, adopt a statement for the delivery of health education.

There is no one way of doing this, but a consultation needs more than just provision of information.

It is important to engage with Māori, Pasifika, Asian, and other communities so all students are understood and provided for. Include parent-teacher associations, whānau, hapū, iwi, and aiga support groups, church groups, and school committees, and consider venues for in-person meetings.

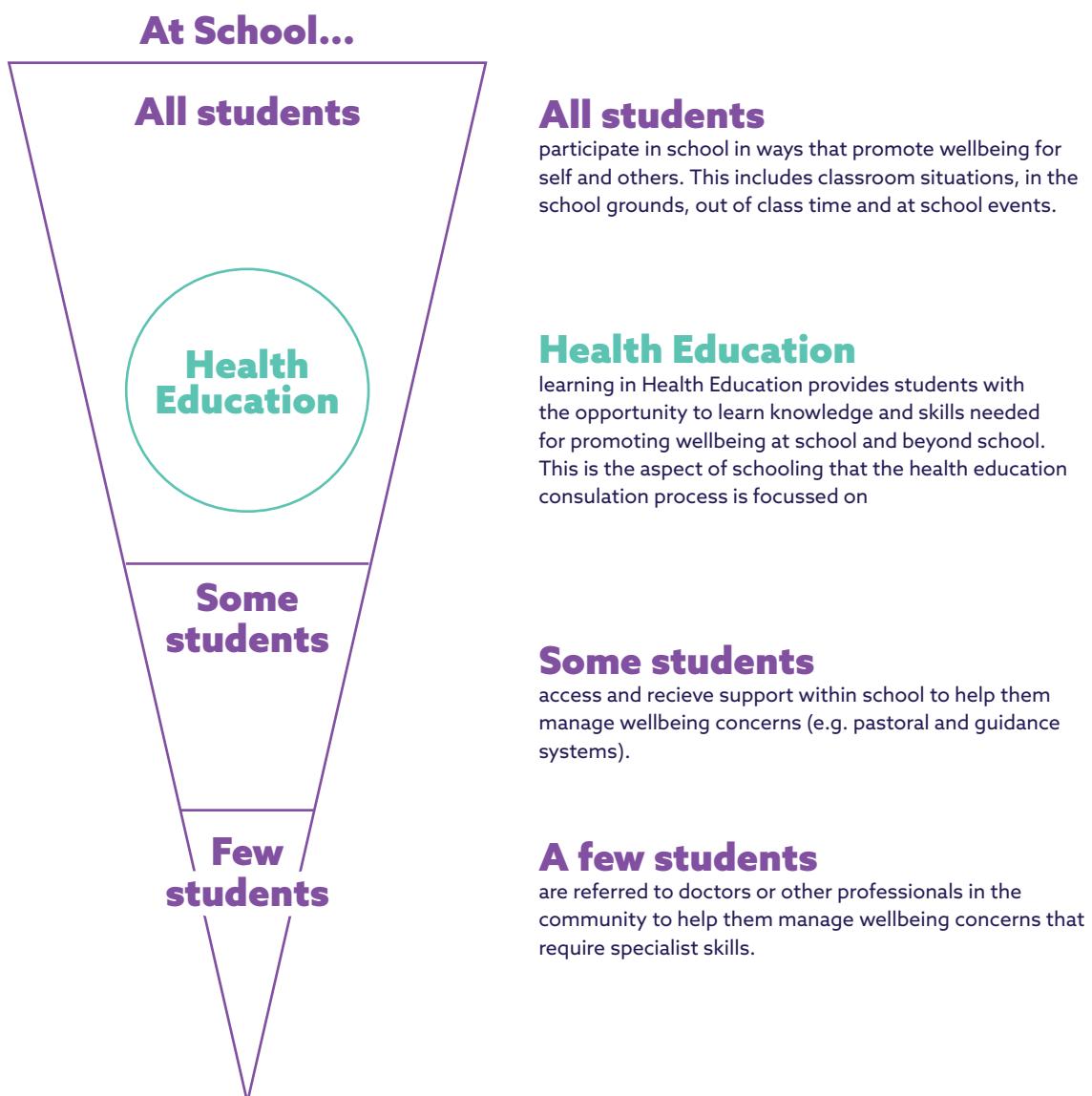
*For further community engagement resources see 'Partnering with community'*  
<https://www.education.govt.nz/communities-of-learning/partnering-with-community/> and  
*'Community engagement'* <https://nzcurriculum.tki.org.nz/Principles/Community-engagement>





# How health education fits into a whole-school approach to wellbeing

Health education consultation is just one part of the whole-school approach to student wellbeing.



For more information about wellbeing in schools, visit the Education Review Office (ERO) document 'Wellbeing for success: a resource for schools' at <https://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/>. New Zealand Council for Educational Research (NZCER) also has a range of reports about wellbeing at school <https://www.nzcer.org.nz/research/student-health-and-wellbeing>



# Steps for a community consultation

Use this activity sheet to determine the time frame, people, resources, and requirements for your consultation process.

Suggested questions to start your consultation process	Use this column to map out how this will look in your school
<p><b>1. Board of Trustees starts the consultation, to be completed every two years</b></p> <p>What is the consultation timeframe? What is the consultation completion date for the process? <i>Planning for the next cycle could start at the completion of the previous cycle, especially if a diverse range of activities are planned to reach different parts of the parent community.</i></p>	
<p><b>2. Leadership</b></p> <p>Who will lead the planning?</p>	
<p><b>3. Development of a draft health education statement so the community knows what is being proposed</b></p> <p>Who will be involved in writing the draft statement? Consider:</p> <ul style="list-style-type: none"> <li>▪ A Board of Trustees member for governance.</li> <li>▪ The principal or other senior leader for curriculum.</li> <li>▪ The head of HPE and health education teachers for health education knowledge.</li> </ul>	



<p><b>4. Decide the method(s) for consulting</b></p> <p>Who will decide the following?</p> <ul style="list-style-type: none"> <li>▪ How will parents and caregivers be informed about consultation?</li> <li>▪ Which groups will need a tailored consultation? e.g. Māori and Pasifika communities</li> <li>▪ How will parents give feedback?</li> <li>▪ What was successful before (and worth repeating)? What can we do better? What are our solutions?</li> <li>▪ How will students be consulted? <i>(Student voices should be an ongoing part of the teaching and learning process.)</i></li> <li>▪ Who else is part of the school community and how will they be included?</li> <li>▪ Will the consultation be a single event or multiple activities/events? <i>Why this approach?</i></li> </ul>	
<p><b>5. Creating support materials</b></p> <p>What materials and resources are needed?</p> <ul style="list-style-type: none"> <li>▪ How can the Tūturu video and other materials be used? As is, or tailored for school/community use? Should we simplify text, or have it translated?</li> <li>▪ What materials do we already have? (e.g. an overview of the current health education programme, samples of student work)</li> <li>▪ How do we currently, and effectively, collect feedback from parents? (e.g. online survey)</li> </ul>	
<p><b>6. Organising a successful consultation</b></p> <p>What should be organised for a successful consultation?</p> <p>Consider: Meeting times, parent newsletters (print or digital), invitations, school events that the consultation could be attached to, identifying key community members for support (especially if using community groups and venues), booking venues, organising catering, sending out the delivery statement and overview in advance of meeting, printing resources, and setting up an online feedback form (as applicable).</p>	



<p><b>7. Informing the community</b></p> <ul style="list-style-type: none"> <li>■ Who will inform parents/community members and who decides which resources will generate informed feedback?</li> <li>■ Where English is not the first language, what other ways can families be informed?</li> <li>■ How will parents and caregivers know that they can provide feedback? e.g. Presentations, displays at school events, newsletters, information, etc.</li> <li>■ Do materials need to be simplified?</li> </ul>	
<p><b>8. Collecting, collating and summarising feedback</b></p> <p>How will feedback be collected?</p> <ul style="list-style-type: none"> <li>■ An online or print survey? Ideas recorded at in-person meetings? Students interviewing parents? Consider the strengths and limitations for these forms of data collection.</li> <li>■ What is a reasonable timeframe for collecting feedback?</li> <li>■ Who is responsible for collecting and collating it?</li> </ul>	



<p><b>9. Understanding the feedback</b></p> <ul style="list-style-type: none"> <li>■ Who can interpret the feedback?</li> <li>■ Who will verify that the interpretation is fair and reasonable?</li> <li>■ What changes are recommended to the delivery statement and the learning programme? Are they consistent with education policy/school curriculum, and can they be implemented? <i>If not, how will this be conveyed to parents?</i></li> <li>■ Who will write changes to the delivery statement?</li> <li>■ Who will lead changes to the health programme (assuming they're consistent with The New Zealand Curriculum (NZC), the school's curriculum, and students' learning needs)?</li> <li>■ What discussions are needed to plan, resource, and implement these changes? Who is accountable for completion of these tasks?</li> </ul>	
<p><b>10. Board of Trustees to document consultation process and final agreed statement</b></p> <p>The Board of Trustees:</p> <ul style="list-style-type: none"> <li>■ Adopts the agreed delivery statement;</li> <li>■ Documents the completed consultation process; and</li> <li>■ Schedules a start time for the next consultation round.</li> </ul>	





# Writing frame: Developing a draft health education statement

A ‘health education delivery statement’ is a summary of health education in the school’s curriculum. *Sexuality education: A guide for principals, boards of trustees* (page 32) states that the draft must **‘describe how the school will implement the health education components of The New Zealand Curriculum.’**

It is usually no more than 1-2 paragraphs about what will be taught and how.

## This statement is mainly for parents.

Use language with the parent community in mind, that can be translated when needed.

## It should reflect the school’s curriculum, the national curriculum, and other education policy.

There are aspects worth considering that require only 1-2 sentences.

- **Use key phrases from the school charter.** Health education should mirror the vision, principles, and values of the school charter and curriculum statement.
- **Provide the value and purpose of health education.** Position underlying concepts as ‘big ideas’ to give focus and purpose to the programme. Health education is more than health advice as a reaction to social issues. Show teacher accountability for learning, achievement and progress (not behavioural outcomes), and the pathway that health education offers, including NCEA. Show the benefit that health education may contribute to individuals and communities
- **Include the topics and themes taught.** Focus on how the programme develops to meet student needs and that teachers know what those needs are. Teachers plan individual lessons in response to learning needs, so that intended outcomes are achieved for the main topics or units. Delivery statements are usually accompanied by a 1-2-page overview of topics, themes or units for all levels. (See following section.)
- **Show how health education will be taught,** with all teacher expectations now framed by *‘Our Code Our Standards: Code of Professional Responsibility and Standards for the Teaching Profession’*. This document provides useful phrases for health education. Mention the importance of students’ critical thinking, and building meaning using health education ideas, rather than ‘right and wrong’.
- Show how health education contributes to whole-school approaches that promote wellbeing. Mention any use of external providers, and why.



**Remember that this statement must align with the NZ curriculum and education policies.**

Community consultation helps to tailor student learning to reflect what they may have seen, heard, and experienced. However, communities do not have the right to demand content or delivery that goes against the NZC and other education policy. The consultation process is undertaken in good faith to generate feedback about the health education programme, but not to negotiate or agree to terms.

If feedback suggests the school is not doing enough in health education, and the community can show that the school should be offering more, a separate conversation should be started.

*For more information about writing a draft delivery statement and examples of these, visit <https://healtheducation.org.nz/resources/>*





# Example draft statement of delivery of health education

Area	Prompt	Write your response in a sentence
<b>Our School</b>	What is your school vision?	Our school's vision is to "evoke a desire to learn in all our students."
	What are your school values?	We have values that guide everything we do and they are integrity, contribution, exploration, and relationship.
<b>We are growing people who are</b>	What is your graduate or learner profile?	We are growing people who are: Trustworthy, honest, and reliable. Adaptable and value diversity. Respectful and empathetic. Enthusiastic about learning with a curious mind. Capable, with the academic and social skills to succeed in a modern world. Passionate about making the world a better place.
<b>So we offer</b>	What does health education contribute to the curriculum (in one sentence)?	We offer health education, that gives every student opportunities to develop their critical thinking. They also learn the knowledge and skills they need to be healthy and well, and contribute to the wellbeing of others and their communities.
	How does the health education programme link to the whole school curriculum (marautanga), principles (whanonga pono) or culture (ahurea) of the school?	Health education helps students learn the values and key competencies of the New Zealand curriculum. We teach in a way that helps our school's strategic focus of helping students to develop the skills needed in a modern world and become confident and socially responsible digital citizens.





Area	Prompt	Write your response in a sentence
<b>We do that by</b>	<p>What are the main topics or themes taught in health education at your school and at which levels?</p>	<p>At this school, health education is integrated. Key areas of learning provide contexts for students to develop skills to become physically, mentally, emotionally, and spiritually healthy. We explore: hauora and wellbeing; friendships and relationships; managing change and building resilience; food for health and wellbeing; sexuality and gender; and alcohol and other drugs. Throughout all of these topics, students will develop their ability to think critically, manage themselves, participate and contribute, and relate to others - key competencies in the NZ curriculum.</p> <p>This is offered throughout all year levels, with a NCEA programme from year 11 to year 13. The table on the following page has more information about this.</p>
	<p>How does your school ensure that teachers are suitably qualified, experienced, and resourced to teach health education?</p>	<p>Health education is taught by qualified teachers who are trained through health education specialist courses to identify student learning needs and design a learning programme in this subject.</p>
	<p><i>If your school uses external providers</i></p> <p>Which external providers do you use and what do they contribute to the health education programme?</p> <p>How do you ensure that what they are delivering is safe, reflects the values and principles of your school curriculum, and meets to the learning needs of your students?</p>	<p>We also use external providers, such as [list here] to complement the health programme. Classes from these providers add real-life context to the learning students have already had in their health classes. All of the material covered in these classes and the people providing these classes are reviewed by our Head of Health Education before delivery to ensure it aligns with our school curriculum and meets the learning needs of our students.</p>
	<p>How does learning in health education at your school link with other approaches to support students and improve their wellbeing?</p>	<p>All health and wellbeing initiatives at our school build on what is taught in these classes. Some groups of students are supported to be involved in student-led programmes that create an inclusive school community where being healthy and well is encouraged.</p> <p>Health education is provided to every student. Some may need further support, and we have a pastoral support team who can provide this. Where possible, our pastoral team build on the learning students have received in these health classes.</p>





## Our statement on how we deliver health education

Our school's **vision** is to "evoke a desire to learn in all our students." We have values that guide everything we do and they are integrity, contribution, exploration, and relationship.

### We are growing people who are:

- Trustworthy, honest, and reliable.
- Adaptable and value diversity
- Respectful and empathetic.
- Enthusiastic about learning with a curious mind.
- Capable, with the academic and social skills to succeed in a modern world.
- Passionate about making the world a better place.

**We offer health education, that gives every student opportunities to develop their critical thinking. They also learn the knowledge and skills they need to be healthy and well, and contribute to the wellbeing of others and their communities.**

Health education helps students learn the values and key competencies of the New Zealand curriculum. We teach in a way that helps our school's strategic focus of helping students to develop the skills needed in a modern world and become confident and socially responsible digital citizens.

At this school, health education is integrated. Key areas of learning provide contexts for students to develop skills to become physically, mentally, emotionally, and spiritually healthy. We explore: hauora and wellbeing; friendships and relationships; managing change and building resilience; food for health and wellbeing; sexuality and gender; and alcohol and other drugs. Throughout all of these topics, students will develop their ability to think critically, manage themselves, participate and contribute, and relate to others - key competencies in the NZ curriculum.

This is offered throughout all year levels, with a NCEA programme from year 11 to year 13. The table on the following page has more information about this.

**Health education is taught by qualified teachers who are trained through health education specialist courses to identify student learning needs and design a learning programme in this subject.**

We also use external providers, such as [list here] to complement the health programme. Classes from these providers add real-life context to the learning students have already had in their health classes. All of the material covered in these classes and the people providing these classes are reviewed by our Head of Health Education before delivery to ensure it aligns with our school curriculum and meets the learning needs of our students.

**All health and wellbeing initiatives at our school build on what is taught in these classes.** Some groups of students are supported to be involved in student-led programmes that create an inclusive school community where being healthy and well is encouraged.

Health education is provided to every student. Some may need further support, and we have a pastoral support team who can provide this. Where possible, our pastoral team build on the learning students have received in these health classes.



# Preparing a draft statement of delivery of health education

These prompts help you to draft your statement of delivery of health education.  
 You can leave out questions that aren't relevant or add in extra information as needed.

Area	Prompt	Write your response in a sentence
Our School	What is your school vision?	
	What are your school values?	
We are growing people who are	What is your graduate or learner profile?	
So we offer	What does health education contribute to the curriculum (in one sentence)?	
	How does the health education programme link to the whole school curriculum (marautanga), principles (whanonga pono) or culture (ahurea) of the school?	

	<p>What are the main topics or themes taught in health education at your school and at which levels?</p>	
	<p>How does your school ensure that teachers are suitably qualified, experienced, and resourced to teach health education?</p>	
<b>We do that by</b>	<p><i>If your school uses external providers</i>            Which external providers do you use and what do they contribute to the health education programme?            How do you ensure that what they are delivering is safe, reflects the values and principles of your school curriculum, and meets to the learning needs of your students?</p>	
	<p>How does learning in health education at your school link with other approaches to support students and improve their wellbeing?</p>	

Combine these sentences to write your statement. You might need to change some parts that are repeated.

*Visit [healtheducation.org.nz](http://healtheducation.org.nz) for more information.*



# How to provide an overview of your programme

It's helpful for parents to see an overview of the programme.

Knowledge of your community will determine how much information is useful. Provide enough so it is informative, and parents can provide feedback. Too much detail may overwhelm them and dilute the message.

## A 1-2-page programme overview could include:

- Year levels
- Time-tabling arrangement (number of periods across a whole year, modules/semesters etc.)
- Main topics, units or themes taught at each year level. Show how programme design is based on learning needs, cultural considerations, local context, topical issues, and student interests.
- Key concepts or big ideas covered
- Main assessment points that show understanding of the key concepts or big ideas
- How Achievement Standards contribute to a qualification pathway.

## Themes or integrated approaches

Show parents where aspects of health education feature in the themed units. If they know how the school organises the curriculum, this will make sense.

## Be prepared for parent questions

Avoid overloading parents with information. Start simply, and they will ask for more detail if they want it.

- Which teaching resources are used and why?
- What external providers are used and what they contribute?
- Topic-specific issues that are a feature of the local community or are in the media at the time
- Controversial topics





# Preparing for a parent workshop or meeting

The time frame, people, resources, and requirements for a parent consultation.

Suggested activities for a 2-hour session	Resources required  (Formatted handouts are in sections 2 and 3 – these can be adapted for school use)
<b>Greeting and introductions</b> <i>Open the meeting in an appropriate manner for the people attending. Consider size of audience, location, and who is attending. Cover housekeeping and other instructions e.g. health and safety.</i>	PowerPoint presentation (PPT)
<b>Set the agenda</b> <i>Timing, structure, process, what will be covered.</i>	Agenda
<b>Introduction to a health education consultation:</b> <ul style="list-style-type: none"> <li>▪ Explain why schools must consult about health education.</li> <li>▪ Summarise how the school is collecting feedback.</li> <li>▪ Explain what they are asking attendees to do.</li> </ul>	Summary of school requirements for consultation Handout (optional)
<b>Health Education in the NZ Curriculum video with discussion questions:</b> Explain that the Health Education in the NZ Curriculum video provides a summary of health education. Help participants discuss their ideas about health education (using the questions that appear in the video). <p>OPTION 1</p> <ul style="list-style-type: none"> <li>▪ Screen the 5-minute video in full and then ask parents in groups to discuss the questions raised.</li> </ul> <p>OPTION 2</p> <ul style="list-style-type: none"> <li>▪ Screen the video in 3 segments, allowing time to discuss the questions after each segment (which may cover 2 questions).</li> </ul> Share ideas with the group.	Activity instruction Video complete OR in segments – embed in PPT or separate link A suitable system for streaming/playing and viewing video Handout – discussion questions linked to video





Activities to inform parents and community about health education	Resources required
<p><b>Overview of health education in the NZC</b></p> <ul style="list-style-type: none"> <li>▪ Explain the main features of the HPE learning area. Refer to the video and previous discussion where you can.</li> <li>▪ Briefly explain health education opportunities at NCEA level (if offered at the school).</li> </ul>	Summary of main points about health education in the NZC Summary of NCEA – matrix of Ach Std titles Handout – NZC overview Handout – NCEA overview
<p><b>Overview of the school's health education programme</b></p> <ul style="list-style-type: none"> <li>▪ Explain the reason for the topics or units, (or how the programme is designed), what factors are considered (ie. student learning needs – and how the school knows this, learning pathways, NZC policy requirements, resourcing, topical and local issues, and student interest, etc.)</li> <li>▪ Encourage questions and feedback on the programme.</li> </ul>	Summary of main topics or units at each level  Handout – overview of the health education programme – this may have been sent out prior to the meeting
<p><b>How teachers teach health education</b></p> <ul style="list-style-type: none"> <li>▪ Explain teacher practice in health education. Refer to the video and previous discussion where relevant.</li> </ul> <p><b>Critical thinking scenarios and activity</b></p> <ul style="list-style-type: none"> <li>▪ Highlight critical thinking as important and a capability expected of all students. Give each group a 'wellbeing' scenario and discussion questions – allow 5-10 minutes for activity. Depending on the time, allow groups to discuss 2 or 3 scenarios.</li> <li>▪ Invite feedback about how this compares to their own schooling experiences in health education.</li> </ul>	Summary of points about the way teachers teach Summary of the main purposes and features of critical thinking Activity instruction Handouts – scenarios and questions





Activity for collecting feedback for the consultation	Resources required
<p><b>Review the school's draft delivery statement</b></p> <ul style="list-style-type: none"> <li>▪ Explain that parents are being consulted about the draft delivery statement. Make copies of this available.</li> <li>▪ Allow time to read the statement and ask questions.</li> <li>▪ Ask parents to discuss the statement in groups using the questions provided, and record main ideas from their discussion (positive and negative).</li> </ul>	Activity instruction Handout – draft delivery statement – this may have been sent out prior to the meeting Handout – recording sheet (based on survey items)
<p><b>Review the overall health education programme</b></p> <ul style="list-style-type: none"> <li>▪ Explain that the overview of the health education programme is part of the consultation – the broad intents, not the detail. Make copies of this available to all.</li> <li>▪ Allow time to read the overview, considering the delivery statement and other information, and ask questions for clarification.</li> <li>▪ Ask parents to discuss the statement in groups using the questions provided, and record main ideas from their discussion (positive and negative).</li> <li>▪ Answer questions, or ask parents to write down any concerns, collect these and offer to provide feedback later – either individually or made available online for the group.</li> </ul>	Activity instruction Handout – overview of the health education programme  Handout – recording sheet (based on survey items related to the programme overview)
<p><b>How the feedback will be used</b></p> <ul style="list-style-type: none"> <li>▪ Explain how feedback, and other consultation data may be used to make modifications to the delivery statement and the programme overview (if the need has been identified and is consistent with education policy).</li> <li>▪ Explain what will be shared, when and how they will be notified of the outcomes.</li> </ul>	Summary of how participant feedback will be considered and how any revised documents will be made available

Closing	Resources required
<p><b>Summary of meeting</b></p> <ul style="list-style-type: none"> <li>▪ Highlight key points from the meeting.</li> <li>▪ Invite attendees to provide further feedback e.g. survey form provided.</li> <li>▪ Explain how to access the video and materials.</li> </ul> <p>Identify how to get more information or provide a list of information sources (e.g. NGOs and other wellbeing support or advocacy group websites – personalise this for the school community and the programme.)</p>	URL to school website where materials used in the meeting can be accessed Who to contact for further information? Optional – make available the survey form from section 3 for anyone wishing to provide individual feedback, along with online access to the materials used in this meeting Handout of other information sources (optional)
<p><b>Thank you and farewell</b></p> <ul style="list-style-type: none"> <li>▪ Thank attendees for their contributions.</li> <li>▪ Close the meeting in an appropriate manner.</li> </ul>	



## Other ways to use resources and video

Parent-teacher meetings (e.g. report evenings, student-parent-teacher conferencing), sports and cultural events do not have the focus of a dedicated workshop, but they may provide another way to access parents.

### Suggestions

In a waiting areas/foyers:

- Set up a display with examples of student-learning artefacts. Head the display with a 'health education' banner and invite viewers to participate in the consultation process.
- Screen the Health Education in the NZ Curriculum video, either on a computer or projected onto a screen.
- Have the draft delivery statement and programme overview available in a large format and displayed, and/or as a handout. Add some prompt questions about health education.
- Write consultation questions on A2 sheets of paper and hang these on the walls of the school entrance or during parent-teacher-student meetings. Parents write responses on post-its and stick them on the sheets.
- Provide a survey about the draft delivery statement and programme overview to fill out at the event, OR a takeaway sheet with a URL to go online, get more information and give feedback.
- Have students and teachers available to talk with parents and collect feedback.





# Preparing for an online consultation

If an online approach is more suitable the material would firstly inform parents about health education, and then ask them to fill in the survey.

A website or digital learning platform can help parents to read information before completing a feedback survey. A suggested sequence is provided below.

The process requires uploading the information sheets from Section 2 of this resource.

Sequence of files online	Suggested resource page(s) from this document	Instructions to parents*
Overview sentence of consultation – purpose, requirements	pg. 13	Read this ... Take about 30 minutes ...
What parents are being asked to do	pg. 23	Read this ...
Health Education in the NZ Curriculum video	Ask some of the same Q as in video – own reflections	Watch video Think about this ... Have a conversation about this ...
Provide some additional information about: <ul style="list-style-type: none"> <li>▪ Overview of health education in the NZC</li> <li>▪ Overview of health education and NCEA</li> <li>▪ How teachers teach health education</li> </ul>	See section 2 information pages for parents:  pg. 31  pg. 34  pg. 39	Read this ...
Your school's draft health education delivery statement	(School to insert own delivery statement)	Read this ... Have a conversation about this ...
Your school's health education programme overview	(School to insert own health education programme overview)	Read this ... Have a conversation about this ...
Feedback	Survey form	Please complete the survey form ....





# How to engage students in the consultation

## Consulting with students about their health education programme

When teachers use a teaching as inquiry approach (NZC, page 35), gathering student voices is a key way of finding out:

- Where are my students 'at'? (focusing inquiry phase)
- What strategies help my students learn? (teaching inquiry)
- What happens as a result of my teaching? (learning inquiry)

For this to be successful, teachers continuously gathering potential 'consultation' information from their students.

For example, tailored activities at the beginning of a course gives teachers information that contributes to the consultation process. These activities include:

- Post box
- Graffiti sheet or brainstorm activities
- Think-pair-share discussions
- Values continuum (with questions about what's important)
- Quizzes and feedback to questions using digital apps
- Activities that require students to reflect- what helps them to learn, what was enjoyable and what was not, what had relevance (or not) and why, and what they want to learn more about, could also be used.

This 'naturally occurring evidence' is information that can be used for the consultation process.

## Involving students in the broader consultation process

Students may join the parent and community consultation or talk to other students about health education.

Students who design, administer, and gather data through surveys or interviews, and analyse and interpret the data, will develop investigative skills needed for further learning.

Depending on the context of learning, parts of the consultation process may also link with the Achievement Standards for example:

- AS91237 (Health 2.3) Take action to enhance an aspect of people's wellbeing within the school or wider community and
- AS91465 (Health 3.5) Evaluate models for health promotion.





# How to engage teachers in the consultation

## HPE teachers

In secondary schools, planning and facilitating aspects of the consultation process are often assigned to a middle leader or health education teacher. However, all health education teachers should be able to talk with parents about health education at their school.

The materials in this resource can inform teachers and help them to get feedback about:

- The implications of the school's delivery statement on their health education planning and teaching;
- The overview of the health education programme, why particular units or topics are taught at each level, how they develop across the levels, and how they link with PE and other subjects;
- How to respond to questions from parents about the school's health education programme (e.g. rehearse responses to challenging questions);
- Which resources (and external providers where relevant) reflect the vision, principles and values of the school curriculum, and health education specifically – and why some resources are used, and others are not.

## Engaging non-HPE teachers

When possible, request a session at a staff meeting or PLD session, to showcase what health education is.

- Using the delivery statement, ask teachers to draw parallels between their subject and health education, especially departmental/subject links with the vision, principles and values detailed in the school charter and school's curriculum. Point out that the health education programme must be consulted on.
- Provide teachers with the overview of units or topics, and invite suggestions where connections could be made across subjects in junior programmes and/or at NCEA/senior level.
- Model interactive approaches to education, especially those that include critical thinking.
- Highlight any topic areas where the school has a content policy, or where concerns or issues have been raised, e.g. when students in other subjects investigate health-related topics that are inconsistent with school policy (e.g. suicide or eating disorders).





# Using external providers for the health education programme

A school can decide to consult external providers of services and resources to the health education programme. However they are not able to direct a school's education programme, and are in a school by invitation.

## Guidance for engaging with external providers

To ensure that their services are appropriate, schools are encouraged to inform their external providers of their delivery statement and their programme overview.

An external provider should be able to demonstrate how its services, programmes, or resources reflect the vision, principles and values of the school's curriculum. It should also be able to show how it contributes to the health education programme in both content and method of delivery, and where its services and resources sit within the overall programme.

Schools could qualify the capability of external providers by providing the following questions which encourage them to ask about the school's consultation process, and how they can best support the school's health education programme.

- Provide a copy of the school's delivery statement. How do the services or programmes you offer reflect this?
- Where in the overall health education programme does your service or programme sit?
- How will you adapt your resources, delivery method, services, or programme to reflect the school's curriculum, and learner needs identified by the teacher?

*For more information about engaging external providers that support health education visit <https://healtheducation.org.nz/resources/>*



# Section 2.

Resources and activities to inform parents and community about health education

## Materials in this section

- ▼ ⓘ The role of parents in the community consultation
- ▼ ⓘ Overview: Health education in the New Zealand Curriculum
- ▼ ⓘ The learning pathway – Senior secondary health education and NCEA
- ▼ ⓘ The 'Health Education in the New Zealand Curriculum' video: How to facilitate a group discussion
- ▼ ⓘ Group discussion – Based on the 'Health Education in the New Zealand Curriculum' video
- ▼ ⓘ For Schools: How teachers teach health education
- ▼ ⓘ For Parents and Community: How teachers teach health education
- ▼ ⓘ Critical thinking and why it is important in health education
- ▼ ⓘ How to facilitate a meeting or workshop about critical thinking
- ▼ ⓘ Critical thinking
- ▼ ⓘ How to engage your children in discussions about health education



# The role of parents in the community consultation

Section 60B of the Education Act requires schools to consult with their community about their health education programme

Health education is the only part of the school's curriculum where the law specifically requires the Board of Trustees to consult with the school's community.

## **The board must:**

- Consult with the school community at least once every two years on how the school will implement health education.
- Consult with:
  - The parents of students enrolled at the school and, in the case of a state-integrated school, the school's proprietors.
  - Any other person that the board considers is part of the school community.
- Prepare a draft statement that describes how the school will implement the health education components of The New Zealand Curriculum.
- Plan a consultation that it considers will inform the school community, determine what they want (in terms of how health education should be implemented), and, in broad terms, what the student health education needs are.
- Allow the community enough time to comment.
- After consultation, adopt a statement on the delivery of health education.

*For a more detailed information about the consultation process and requirements, see: Sexuality education: A guide for principals, boards of trustees, <http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Sexuality-education-a-guide-for-principals-boards-of-trustees-and-teachers>*





# Overview: Health education in the New Zealand Curriculum

Health education is best known by the topics covered. The topics are grouped into key areas of learning and health education at secondary school focuses mostly on three of these.

## 1. In mental health education students learn about:

- Friendships, relationships, and interpersonal communication skills, and ways of supporting self and others that enhance these
- Personal identity and self-worth
- How to manage situations of change, loss and disappointment, and gain knowledge and skills for building resilience and managing stressful situations
- Minimising risk by making health-enhancing decisions in situations involving alcohol and other drugs
- Preventing harm from and responding to behaviours like bullying, cyberbullying, harassment, discrimination, abuse and violence

## 2. In sexuality education students learn about:

- Pubertal development and sexual health (prevention of unplanned pregnancy and STIs), sexual readiness
- What makes a respectful romantic or sexual relationship, roles and responsibilities in relationships, and consent
- Inclusiveness of diverse sex, sexuality and gender identities
- Gender roles and stereotypes

## 3. In food and nutrition education students learn about:

- Nutritionally balanced diets and what helps people to achieve and maintain such a diet
- Factors that influence what people eat, and how to overcome barriers to achieving nutritional balance





# Underlying concepts

To shape all of this into a 'health education' programme, the learning is based around 4 underlying ideas. These ideas are applied to topics in increasingly complex ways as students move from junior to senior secondary school

## 1. Hauora

A holistic understanding of wellbeing where students learn how aspects of wellbeing are interconnected, and that achieving and maintaining a balance within and between the dimensions is required.

The main dimensions of wellbeing students learn about are:

- Taha tinana – Physical wellbeing
- Taha hinengaro – Mental and emotional wellbeing (thoughts and feelings),
- Taha whānau – Social wellbeing
- Taha wairua – Spiritual wellbeing

*Spiritual wellbeing in this sense refers to our:*

- *Beliefs and values (this may or may not include religious beliefs)*
- *A sense of belonging and connectedness*
- *Having faith that life has meaning and purpose*
- *Having a sense of ourselves and what is important to us (who we are, our identity.)*

Students may also learn about models of wellbeing from other cultures and traditions.

## 2. The socio-ecological perspective

Students learn about the interconnected ways wellbeing is affected through:

- What we personally know and do as individuals,
- The way we support, communicate, and interact with other people in our interpersonal relationships, and
- How we engage with, and are supported by, members of our community and the society in which we live.

## 3. Health promotion

Students learn the skills and processes for taking individual and collective action to promote wellbeing.





#### 4. Attitudes and Values

Students learn that when we take action to promote wellbeing, we need to show the attitudes and values of respect, a sense of care and concern for ourselves, other people, and our community, and that our actions are fair and inclusive.

**An overview of the school's health education programme is provided for this consultation.**

*If you are interested in learning more about the way health education in The New Zealand Curriculum is structured visit <https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum/Health-and-physical-education>*

*The Ministry of Education also provides a range of guideline documents for schools, especially for areas like sexuality education, alcohol and other drug education. If you are interested in finding out more about these aspects of health education as a matter of education policy, visit <http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines>*





# The learning pathway

## Health education and NCEA

All students participate in health education learning across years 1-10. Health education topics may be taught in a dedicated and timetabled health education class, in combination with PE, or as part of a themed unit involving other subject areas.

Students in years 11-13 can choose to take health education courses offered by the school. Assessment in these courses contributes to students' NCEA qualifications. The range of Achievement Standards at each level is listed below.

### Achievement Standards in Health Education

Level 1	Level 2	Level 3
1.1 Take action to enhance an aspect of personal wellbeing.	2.1 Analyse an adolescent health issue.	3.1 Analyse a New Zealand health issue.
1.2 Demonstrate understanding of influences on adolescent eating patterns to make health-enhancing recommendations.	2.2 Evaluate factors that influence people's ability to manage change.	3.2 Analyse an international health issue.
1.3 Demonstrate understanding of ways in which wellbeing can change and strategies to support wellbeing.	2.3 Take action to enhance an aspect of people's wellbeing within the school or wider community.	3.3 Evaluate health practices currently used in New Zealand.
1.4 Demonstrate understanding of interpersonal skills used to enhance relationships.	2.4 Analyse an interpersonal issue(s) that places personal safety at risk.	3.4 Analyse a contemporary ethical issue in relation to wellbeing.
1.5 Demonstrate understanding of strategies for promoting positive sexuality.	2.5 Analyse issues related to sexuality and gender to develop strategies for addressing these.	3.5 Evaluate models for health promotion.
1.6 Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.		

### Scholarship: the New Zealand Scholarship in Health and Physical Education

Students prepare a report that details a critical evaluation of a health education topic or issue.

*Information about HPE Scholarship is at <https://www.nzqa.govt.nz/qualifications-standards/awards/new-zealand-scholarship/scholarship-subjects/scholarship-health-and-physical-education/>*

### School information sheet

*If you are interested in learning more about the health education Achievement Standards for NCEA see <https://ncea.tki.org.nz/Resources-for-Internally-Assessed-Achievement-Standards/Health-and-physical-education/Health-education> and <https://www.nzqa.govt.nz/ncea/subjects/health/levels/>*





# The 'Health Education in the New Zealand Curriculum' video

## How to facilitate a group discussion

This video provides a summary of health education.

### Using the video in a consultation meeting/workshop:

- Screen the 5-minute video in full and then facilitate group discussions about the questions raised, OR
- Screen the video in 3 segments, allowing time to discuss the questions after each segment (which may cover 2 questions), OR
- Use events like parent-teacher meetings, sports and cultural events: set up a display where the Tūturu video can be continuously screened and add questions to prompt discussion.

After the video, ask all participants to discuss their ideas using the same questions that appear in the video.

## What is covered in the video

Questions posed in video	Main themes/statements in video
What do you remember about health education class?	Parent recalls experiences of health education. Teacher responds to the recollections and the misconceptions of health education based on past narrow approaches to health education (mainly biological) and to focus now on the broadness of the topic.
Why is health education important?	Teacher explains the importance of health education skills and knowledge. Students describe the holistic nature of health education, some specific examples of what is learned, and the value of seeing the bigger picture around wellbeing.
What content is covered in health education?	Teacher talks about examples of health education content and skills, including the importance of critical thinking. Student reiterates and adds to teacher's list of content... <i>"helps you see the bigger picture"</i> Teacher mentions the possibilities for health education ideas being interwoven cross-curriculum and the Tūturu materials.
What's the school's role in health education?	Teacher mentions the role and purpose of consultation.
What's the role of whānau in health education?	Parent comments on the value of being able to engage with aspects of student's learning, what his daughter has come home with, how whānau can act on some aspects of what students take home, and how talking with your children is the responsibility of a parent... And that your children need to feel ' <i>comfortable and loved enough to be able to talk to you about what's on their mind.</i> '
Final statement	Teacher sums up by talking about empowering young people in ways they can support their own wellbeing, that of others, and contribute to the wellbeing of communities through collective action.



# Group discussion

Based on the 'Health Education in the New Zealand Curriculum' video

1. What do you remember about health education class?
  
  
  
  
  
  
2. Why is health education important?
  
  
  
  
  
  
3. What content is covered in health education?
  
  
  
  
  
  
4. What's the schools' role in health education?
  
  
  
  
  
  
5. What's the role of whānau in health education?



# How teachers teach health education

This sheet is for teachers, leaders, Board of Trustees, and external providers. There is a separate handout for parents.

The teachers Code of Professional Responsibility and Standards for the Teaching Profession details the way all New Zealand teachers are expected to teach.

The New Zealand Curriculum also outlines the expectations of the way teachers will teach.

Teacher actions (p35-36 NZC)	Teachers of health education
Creating a supportive environment	To develop and foster respectful communication and positive relationships within the classroom (or other learning environment), teachers of health education engage students in many interactive, cooperative and collaborative activities. They use group activities that require a lot of discussion and verbal communication of ideas. This approach helps students learn and use knowledge and interpersonal skills, to promote learning relationships that are caring, inclusive, non-discriminatory, and cohesive.
Reflective thought and action	To encourage all students to think critically, teachers select activities that require students to think reflectively and build their own knowledge about wellbeing. Teachers of health education help students learn about the big ideas and concepts that underpin health education knowledge, alongside the health and wellbeing topics they are studying. <i>Health education teaching is not just transmitting health 'facts' or telling students what to do and how to do it.</i>
Relevance of new learning	Teachers of health education select topics or themes that are age-appropriate and relevant to the students they are teaching. Students are often involved in making decisions about which topics or aspects of topics will feature in their learning programme. They may have specific local interest, or they may be of interest at national or global level – or all these things.
Shared learning	Teachers of health education select learning activities that require students to work cooperatively and collaboratively, so students share ideas to help each other understand different perspectives and work together to suggest solutions for enhancing wellbeing. The teacher is not the source of all knowledge. They will encourage students to question existing beliefs, structures, and practices and use ideas generated by other students as a resource for learning.
Connections to prior learning and experience	Teachers of health education use learning contexts that reflect their students likely life experiences, community participation, and experiences of the wider world. These are matched to identified student learning needs. They carefully consider how they teach to have safe and ethical classroom discussions that mean students can engage in the learning opportunities without being required to talk about their own lives.





Opportunities to learn	Teachers ground all learning in the big ideas underpinning health education. This means that whatever the topic, the same big ideas are applied and reapplied to help students develop depth of understanding about wellbeing. Developing literacy skills is as important as thinking skills. To analyse and evaluate health and wellbeing situations requires substantial vocabulary and comprehension skills, plus writing and speaking skills for communication learning.
Teaching as inquiry	Teachers use an approach that means they are continuously monitoring how well their students are learning, and adjusting the way and what they teach. They may plan the main teaching points well in advance, but the specific detail of the learning activities for each class are decided in response to the learning needs of the students. Depending on what they observe of students, they may adapt the details of a lesson or activity for the whole class, a group of students or an individual. Teachers may adapt a whole topic or unit to meet the learning needs of students and this may mean the learning programme looks quite different across classes, but the big ideas being taught remain the same. Teachers also use this approach to plan whole programmes, ensuring students have a quality learning pathway in health education across their years of learning. This ensures students at senior secondary level who wish to carry on learning are provided with a qualification pathway.
e-Learning	Teachers also help develop students to become responsible digital citizens. They develop student capability for thinking critically about the information they source online, the information they contribute online, and help students use digital technology in ways that support and communicate their learning.

### Answering student questions

Students ask many curious and sometimes challenging questions, often about sensitive issues. Teachers are legally entitled to respond to any questions that students, but can refuse, for example:

- Personal questions about themselves
- Questions where students are seeking medical advice
- Asking for advice that is outside of a teacher's expertise

Teachers should know who to speak to for further guidance and how to help students access further support at their school.

### Anonymous questions

Where a student wants anonymity, strategies such as a question box allow teachers to have time to consider their response and answer in a respectful way.

*If you are interested in knowing more about the expected practices of all teachers, visit Our Code Our Standards: Code of Professional Responsibility and Standards for the Teaching Profession <https://teachingcouncil.nz/content/our-code-our-standards>*





# How teachers teach health education

Health education IS	Health education IS NOT ....
Teachers engaging students in <b>critical thinking</b> processes to build knowledge of health and wellbeing. This includes learning about social, mental, emotional, spiritual, and physical wellbeing.	Teachers telling students medical facts about how to be healthy.
Teachers engaging students in <b>group work</b> to share ideas that support their learning about a range of health and wellbeing issues.	Teachers standing at the front telling students what they need to know.
Teachers providing <b>opportunities for understanding wellbeing</b> , the diversity of people, and different perspectives on issues.	Teachers giving students 'one-size-fits-all' messages.
Teachers providing opportunities that <b>develop understanding of the complex factors affecting wellbeing</b> , personal and lifestyle choices, such as relationships both in communities and as a society.	Teachers promoting an individual-only focus to being healthy.
Teachers providing <b>opportunities that clarify personal values, beliefs</b> and to develop understanding of actions that support and promote health and wellbeing for self and others.	Teachers making moral judgements about what is 'right' and 'wrong' on issues like sex, sexuality, alcohol and other drugs.
Teachers <b>responding to learning needs</b> and class interest by selecting topics/activities, using the direction provided by the New Zealand Curriculum.	Teachers teaching to a prescribed curriculum of things that 'must be taught'.
Teachers creating a <b>safe, supportive learning environment</b> . Students can challenge ideas and be challenged, while learning and developing a deeper understanding about factors that affect wellbeing, and how to promote wellbeing for all people.	Teachers ignoring the social and cultural context of their students.
Teachers <b>encouraging students to question and challenge</b> what they see and hear, and use ideas generated by other students as a resource for learning.	Teachers having all the knowledge.





# Critical thinking and why it is important in health education

## What is critical thinking?

Health education in the New Zealand Curriculum has relied on critical thinking as an important part of learning and knowledge building. It is recognised globally as an important skill for learning and for work.

### Health education uses the definition that:

Critical thinking is about examining, questioning, evaluating, and challenging taken-for-granted assumptions about issues and practices.

Critical thinking helps students to become adventurous ‘big picture’ thinkers who can generate innovative solutions to problems, by use their reasoning skills to analyse and evaluate situations and to plan and think strategically.

Critical thinking enables students to:

- Evaluate their own thinking and behaviour on wellbeing issues
- Make fair, reasonable, and defensible decisions about issues impacting their own, others, and community wellbeing
- Take individual and collective action to address social, cultural, economic, and political inequities
- Challenge actions that fail to do this





## Questions for critical thinking

- What do you know about this issue or situation?
- How did you come to know this?
- How do you feel about this issue or situation?
- What is the evidence for this knowledge?
- What are your beliefs about this knowledge? Why do you believe this?
- What information is missing from this picture? Why is this information missing?
- Have the social, cultural, economic, political, and/or ethical aspects of this situation been considered?
- Whose voice is heard in this writing, article, or classroom activity?
- Who is being advantaged? Whose interests are being served?  
Who has the power in this situation?
- Who is being disadvantaged? Who is not being heard or whose interests are not being served?
- What are the inequalities that exist in this situation?
- What needs to change?
- How can you contribute to this change?

Source: Based on Brookfield, 1995, and Smyth, 1992 in the New Zealand Curriculum.

In *The Curriculum in Action: Making Meaning Making a Difference*, Ministry of Education (2004).

If you are interested in learning more about critical thinking in health education, visit 'The Curriculum in Action: Making Meaning Making a Difference' <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Importance-of-critical-thinking/> and The Foundation for Critical Thinking contains many resources for use across the curriculum <https://www.criticalthinking.org/>





# How to facilitate a meeting or workshop about critical thinking

This group discussion task gives the opportunity for parents to apply a selection of critical thinking questions to a scenario.

## Preparation

- Pre-select scenarios suitable for your community. Ten are provided though it is not anticipated that all will be used.
- Consider removing scenarios that may be confronting or insensitive for some members of the community.
- Consider changing the scenarios to reflect local and topical situations.
- Print off the selected scenarios and questions — the number of copies will depend on number of attendees and individual group size. Print enough for everyone in each small group to have a scenario and set of questions.
- As an alternative to the scenarios, recent newspaper headlines and images with wellbeing related themes could be used.

## Process

- Use the previous information sheet to explain what critical thinking is. Also provide any definitions of critical thinking used by your school and if your school uses a SOLO taxonomy (or other) approach within Health and Physical Education (HPE) or across the curriculum. Highlight how this helps students to develop the cognitive skills required for critical thinking.
- Organise attendees into groups of 3-4 people.
- Allocate each group a scenario and set questions.
- Have the group read their scenario and engage in a discussion using the questions. Encourage groups to get to the final questions which is seeking a solution to the issue.
- If time allows, repeat the process so that groups have access to different scenarios.





## Debrief after activity

- How was that activity similar or different to your own experiences of health education at school?
- What benefit do you see that an approach like this has over a transmission/expert knows best/'tell the students what they need to know' approach?
- What questions do these scenarios raise for you as a parent, an adult, or as a member of this community?

## Heated conversations

When the subject matter amplifies conversation, acknowledge that this is a small part of one activity that would sit within a much broader programme of learning, and that the issues being raised would be worked through across the learning programme. If concerns focus on the teacher pedagogy that seeks to develop students to become critical thinkers, refer to the teacher standards and code and the expectations of contemporary teaching practice, and the key competencies in the NZC.

## Closing the workshop

- Complete the activity by acknowledging the place and importance of critical thinking in health education. Where possible link back to information and comments made earlier in the meeting.
- Direct parents to further sources of information about critical thinking.

## Student examples of critical thinking

- Have examples of student learning artefacts to show the learning that results from a critical thinking process – from a collection of year 9 health promotion posters to a year 13 Level 3 NCEA assessment or HPE Scholarship report.



# Critical thinking

## Scenario 1

The school imposes a ban on alcohol consumption by all students, staff and adults (parent helpers) attending school camps. When this ruling was made clear to the parent helpers prior to departure, some of the parents said they wouldn't go, stating it was their right to have a drink in the evening after their duties were finished. This action means the school camp is unlikely to go ahead because the school won't have the required ratio of adults to students.

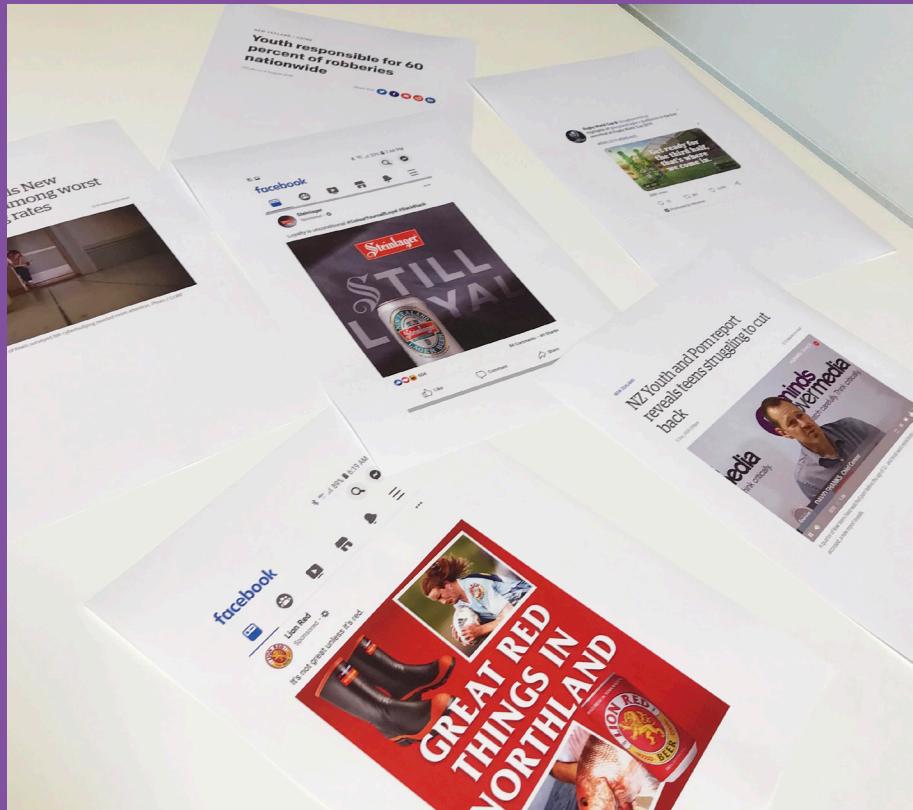
### Critical thinking questions

After reading the scenario, discuss the below questions with your group. Some questions may be more relevant than others. Make sure you get to the last question about what needs to change, and the actions needed to make these changes.

- What aspects of this situation are acceptable or unacceptable?  
Why do you say this?
- What are the beliefs and values of the people in this situation? What do you think has influenced these values and beliefs?
- Who benefits or whose interests are being served? Who has the power in this situation?
- Who is being disadvantaged? Who is not being heard or whose interests are not being served?
- What needs to change? What sort of actions are needed to promote wellbeing for everyone in this situation? Who needs to take responsibility for these actions?

# Critical thinking

## Scenario 2



Present examples of news articles, social media advertisements, and local billboards that show what students see in their community.

# Critical thinking

## Scenario 2

### Critical thinking questions

These are examples of what students see around them. In health, we help students make sense of what they see and hear. Discuss the below questions with your group. Some questions may be more relevant than others. Make sure you get to the last question about what needs to change, and the actions needed to make these change.

- Where would young people see this?
- Who created it and what was their intent?
- What methods are they using to grab attention and convey their message (e.g. humour, extreme views or language, bold claims)?
- Who is their target audience?
- Is their message factual? How do you know this? If you are not sure, what other information would be needed to decide this?
- Is there any bias (one-sidedness)? How do you know this?
- Do you think this message or image is socially responsible? Why or why not?
- Is this message or image fair for all people? Why or why not?
- Think about who benefits or gains from this message or image, and who is disadvantaged or possibly harmed by it.
- What impact could this message or image have on (some) people's wellbeing? Why do you say this?
- If unfair, what could you do (a) individually and (b) collectively, to make things fairer for all people?
- Who else is responsible for making matters fairer for all in this situation?



# How to engage your children in discussions about health education

Students may want to talk about what they are learning in health education with their family. This gives you opportunities to share your thoughts, values, and beliefs on different topics.

Remember that students are developing their abilities to critique information and make sense of what they see and hear. You can help them do that by asking questions such as:

- What do you think about that?
- What do you think our family values are, and how do you think they apply in this situation?
- What actions could be taken to improve wellbeing in this situation?

Asking questions is how you can help your child learn the critical thinking skills they need to be healthy and well as an adult. Avoid statements that your child might interpret as meaning they can't talk to you about a topic. Asking questions helps you to keep the conversation going and avoid shutting down the conversation.

## Framework for developing additional parent resources

This consultation is about how we provide health education. Some students will require further support for health and wellbeing issues, and how we provide that support is not part of this consultation.

Here are some local organisations that could help if you would like further support with your child

<b>The Ministry of Education provides a range of support materials for parents seeking information about student health and wellbeing, plus ways parents can engage their children in discussions about their learning.</b>	Parents are directed to the 'For Parents' part of the Ministry of Education website (select the secondary section, or other levels for children in early childhood, primary or tertiary situations) <a href="https://parents.education.govt.nz/secondary-school">https://parents.education.govt.nz/secondary-school</a> Select 'wellbeing' from the menu, which brings up options related to 'Bullying' and 'Wellbeing at home and school'. These sections of the website contain links to many other websites designed for parents <a href="https://parents.education.govt.nz/secondary-school/wellbeing">https://parents.education.govt.nz/secondary-school/wellbeing</a>
<b>Mental health</b>	Favour official NGO (usually .org) or .govt sites for consistency with education and other national policy on health and wellbeing matters.
<b>Alcohol and other drugs</b>	Consider what is locally relevant, and culturally responsive and inclusive e.g. use of online materials reflecting the perspectives and interests of Māori and Pasifika, and other ethnic communities, where these are available.
<b>Food and nutrition</b>	Direct parents to sections of large websites that have specific relevance for young people and/or parents.
<b>Sexuality education</b>	<i>NB. A brochure specifically for parents, and focusing on sexuality education can be found at <a href="https://parents.education.govt.nz/primary-school/learning-at-school/sexuality-education">https://parents.education.govt.nz/primary-school/learning-at-school/sexuality-education</a></i>



# Section 3.

Resources and activities for collecting and recording consultation feedback

## Materials in this section

- ▼ ⓘ How to collect consultation feedback from parents and community
- ▼ ⓘ Creating a consultation survey
- ▼ ⓘ Structure of the consultation survey
- ▼ ⓘ Parent consultation survey
- ▼ ⓘ Parent meeting – consultation feedback
- ▼ ⓘ Analysing and using the consultation feedback
- ▼ ⓘ Evaluation of the community consultation process
- ▼ ⓘ Recording template for the Board of Trustees – Consultation process and delivery statement agreement



# How to collect consultation feedback from parents and community

How you collect feedback is a key consideration of the consultation process. It will either be oral or written, and similar to the way you collect evidence of student learning. Choose a method that is relevant to your community, and the environment where you choose to collect it.

Consultation event or process	Ways of collecting feedback
<i>Parents and community</i>	
Meetings or workshops, including cultural centre events e.g. school or local marae, community fale, church, temple, or other location	<ul style="list-style-type: none"> <li>▪ Workshop discussion points are documented.</li> <li>▪ Parents contribute ideas to summary sheets during discussion</li> <li>▪ (Optional) An additional individual survey is completed at the event, or a digital link is sent after the event</li> </ul>
Online consultation	Survey
Other events that parents attend – student-parent-teacher conferences, sports and cultural events	<p>Survey</p> <ul style="list-style-type: none"> <li>▪ print version if completed at the venue, or</li> <li>▪ digital if a bank of computers can be set up at the venue to complete the survey online, or</li> <li>▪ send a digital link to complete after the event after collecting emails from interested parents</li> </ul>
School newsletter	Survey
<i>Students</i>	
Student survey: Interview parents as part of their learning programme	Survey or questionnaire
Teaching as inquiry: Regular reflections from students as part of their learning	Student voice – written or oral feedback
<i>Teachers</i>	
Staff or department meetings	Discussion points from staff or HPE department meetings documented





# Creating a consultation survey

Surveys are a popular way of collecting feedback and can be completed:

- by individuals online
- by individuals on a printed copy
- through a group discussion activity and responses documented (see following resource pages), or
- converted to an interview schedule and responses documented



## Things to consider

### Time given to your audience

The environment and how you are collecting feedback will impact the survey – be practical about how much time it will take. At home parents might have more uninterrupted time but no immediate way of asking questions. At a busy venue there is less time to stay focused, but questions about the consultation process can be quickly answered.

### Maintain survey focus

Prioritise questions that give a quality response. The purpose of the consultation is the draft delivery statement and intentions of the learning programme.

### The type of questions to use

Parents can respond more quickly to yes/no questions and they are easy to collate. Written feedback can take longer to collate and analyse, but it provides richer and more detailed feedback. Choose a balance of questions (see the sample survey).

### Collecting the right data

Including the right demographic questions is important for qualifying which sectors of your community gave feedback. Some examples:

- What is the year level(s) of their child/children;
- Which ethnic group(s) do the family/parents identify with (decide what level detail you need – the Ministry of Education and formal school documentation uses a 3-level ethnicity code which can be found at [https://www.educationcounts.govt.nz/data-services/collecting-information/code-sets-and-classifications/ethnic\\_group\\_codes](https://www.educationcounts.govt.nz/data-services/collecting-information/code-sets-and-classifications/ethnic_group_codes));
- Other demographic data that adds value to the consultation and can be collected ethically.





## Method of data collection

- **Workshops and meetings**

Consider how the same questions can be used in workshop discussion activity. They might also be converted to an interview format for a selection of parents.

- **Survey format**

- Digital options: Choose an app or website that will be simple to use. Make sure you test it before sending out the link.
- Print options: format the survey so it is easily followed and has plenty of room for written feedback.





# Structure of the consultation survey

The introductory statement should provide:	Suggested text
<i>A statement inviting parent participation in the survey</i>	Greeting (in language appropriate for your school community), We're inviting parents and community members to give feedback on: (1) the draft health education delivery statement, and (2) the overview of health education programme. This is part of our community consultation process for health education, a requirement we must complete every two years.
<i>What the survey is for and how the data will be used</i>	Feedback from the consultation process will be used to either: <ul style="list-style-type: none"> <li>▪ endorse our planned programme, or</li> <li>▪ refine our health education programme, where recommendations lie within education policy expectations.</li> </ul>
<i>What parents need to know and do</i>  <i>(Consider how information is given and how the survey is being completed)</i>	Your feedback is anonymous, and important to us. The information you need to answer the survey is provided. The survey asks you to rate your level of agreement with the documents and/or provide comment. Further information can be found at [state the schools consultation model or link to an online source].
<i>How long the survey will take</i>	After reading the consultation documents the survey will take 10-20 minutes.
<i>How parents find out the outcomes</i>	We'll then explain the outcome of the consultation process in the term [xx] newsletter.
<i>An appropriate contact person</i>	Any questions can be directed to [name of contact]
<i>Thank parents</i>	Thank you for your contribution in helping us design and plan our health education programme.



# Parent consultation survey

## 1. What year level(s) is your child/children in?

Tick all that currently apply.

 9 10 11 12 13

## 2. Which ethnic group(s) describe your family?

Tick all that apply.

*Please state further details where applicable e.g. iwi, nationality, or cultural group*

 Māori European/Pākehā Pasifika Asian Middle Eastern, Latin American, or African Other

## 3. Read, consider and discuss the draft delivery statement, and then respond to the following:

a) **What is your level of agreement with the overall intent of the health education draft delivery statement? Please select ONE option.**

 I agree with the statement I agree partly with the statement I don't agree with the statement I'm unsure and need more information

- b) If you partly or do not agree with the delivery statement, please provide us with further information describing what you think needs to change. OR what further information do you need to be able to respond?

4. Read, consider and discuss the overview of the health education programme, and then respond to the following:

- a) What is your level of agreement with the overall intent of the health education programme? Please select ONE option.

I agree with the statement

I agree partly with the statement

I don't agree with the statement

I'm unsure and need more information

- b) What would you consider to be a highlight or a strength of the school's health education programme?

- c) If you partly or do not agree with the overview of the health education programme, please provide us with further information describing what you think needs to change, your questions, or the nature of your concerns. OR what further information do you need to be able to respond?

# Parent meeting – consultation feedback

1. Read, consider and discuss the draft delivery statement, and then respond to the following:

- a) **What is your level of agreement with the overall intent of the health education draft delivery statement? Please put ONE tick for each person in your group against their selected option.**

I agree with the statement

I agree partly with the statement

I don't agree with the statement

I'm unsure and need more information

- b) **If you partly or do not agree with the delivery statement, please provide us with further information describing what you think needs to change. OR what further information do you need to be able to respond? Record all ideas.**

**The group does not have to agree unanimously on these ideas.**

## 2. Read, consider and discuss the draft delivery statement, and then respond to the following:

- a) **What is your level of agreement with the overall intent of the health education programme? Please put ONE tick for each person in your group against their selected option.**

I agree with the statement

I agree partly with the statement

I don't agree with the statement

I'm unsure and need more information

- b) **What would you consider to be the highlights or a strengths of the school's health education programme?**

- c) **If you partly or do not agree with the overview of the health education programme, please provide us with further information describing what you think needs to change, your questions, or the nature of your concerns. OR what further information do you need to be able to respond? Record all ideas. The group does not have to agree unanimously on these ideas.**



# Analysing and using the consultation feedback

You will need to analyse feedback from the consultation process and ensure it is considered in accordance with:

- The school's charter and local curriculum
- The requirements of the community consultation process
- Wider education policy

## Decisions you need to make

### Who will do the analysis?

It should be a fair and reasonable interpretation by someone who has appropriate knowledge and skills.

### What to look for in the feedback

- What is the data saying about the level of support for the delivery statement and the overview of the programme?
- What is the data suggesting about the changes required?
- What level of support would suggest no changes need to be made?
- At what point will changes be made? (How many voices need to be saying the same thing, or how loud do the voices need to be before changes are made? Who decides this?)

Remember, consultation does not require agreement or negotiation; the Board of Trustees is accountable here.

### What will you do with inconsistent feedback?

Some feedback may not align with the school vision, principles, and values, or wider education policy. How will you respond if a parent claims you did not consider nor act on their feedback?

### What to do with suggested changes

Before reacting to feedback, check that the changes indicated will mean that the delivery statement and the health education programme remain consistent with the school's charter and local curriculum, student learning (achievement, progress and pathways) needs, and NZC policy.





## How will you provide a summary of the consultation outcome?

Ethical practice is to report the findings back to the school community. The school newsletter would be the obvious way to do this but there may be other avenues, like community meetings at cultural centres.

## What information will you report?

The agreed wording of the delivery statement and the programme overview will be made available to parents along with a statement summarising the main findings from the feedback, what was changed and why, and what was not changed and why.

## Documenting the consultation process

Decide how to document a summary of the consultation process. An example of a summary template for the Board of Trustees to complete is provided at the end of this section.





# Evaluation of the community consultation process

A questionnaire to be completed by:

- The Head of Health Education
- Senior leader and/or Board of Trustee member directly responsible for/involved in the consultation process

Once the collection, analysis and interpretation of the consultation data is completed, leaders of the consultation process will need to reflect on and record the main points raised. This evaluation can be used as evidence for professional learning portfolios to show that relevant teaching standards have been met.

## Evaluation questions

- 1. What approach was taken for the consultation process, and why this approach at this time?** Include mention of who was consulted and by what methods.
- 2. How many people provided consultation feedback?** Include parents (and specific groups of parents e.g. different ethnic or cultural groups), other community members, HPE teachers, non-HPE teacher responses, and students.
- 3. Did we receive enough feedback from each group to consider it representative of our community?** Why or why not? What are the implications of this in future?
- 4. Thinking about the level of parent engagement and the number and quality of responses, what profile can we paint of who provided consultation feedback?** (If any) which parent group was not adequately consulted? Are there groups of parents we should target to get greater representation? How do we know this? What else can we do now or in future?
- 5. Are there other community members we need to engage with to consult with parents (e.g. cultural leaders)?**
- 6. (If any) What issues did parents raise that led to us modifying the delivery statement, and/or the programme overview?** What did we have to consider when making these changes/what were the implications for the health education programme (e.g. new resourcing, teacher PLD, or revising health education curriculum documentation)? When were/when will the required changes be made?





- 7. (If any) What issues did parents raise that were problematic for us (e.g. suggestions that were inconsistent with school, vision, principles and values, or the NZC, or teacher practice – things like parent recommendations about the way specific topics are taught, or what content is/is not included)? How did we adequately resolve these? Are there any further implications arising from these issues? If so what, and what sort of action is needed to resolve the situation e.g. more parent education, engaging other community members to advocate on behalf of the school, a senior leadership solution as part of broader curriculum design and teaching.**
- 8. Which way(s) of providing information for parents about health education proved more (or less) effective? Why was this?**
- 9. Which way(s) of collecting health education consultation feedback from parents proved to be more (or less) effective? Why was this?**
- 10. Are there any consultation-related activities we need to implement before the next consultation phase begins e.g. informing and consulting with a specific parent group? How will we do this?**
- 11. What recommendations do we have for the next consultation cycle? Include what to do and what not to do. Think about the different groups to be consulted and the methods by which they can be meaningfully, strategically, but also economically (thinking about time and resources) engaged in the consultation process.**
- 12. What did we learn from this process about our community and their understanding or perceptions of health education? What were our realisations as teachers and leaders?**

Attach this evaluation to the Board of Trustees summary and the finalised delivery statement and health education programme overview.



# Recording template for the Board of Trustees

Consultation process and delivery  
statement agreement

Date consultation started

People involved

**Summary: Consultation process**

(Events and activities planned and completed)

*Also attach a copy of the leaders' evaluation and reflection*

**Summary: Successful actions and what to do differently next time**

(e.g. specific community groups to consult and effective ways of doing this)

**Summary: Consultation outcomes**

(Based on the feedback of the delivery statement and what was decided)

**Amendments to be made to the health education programme.  
If any – what was changed, who is responsible for these changes, what will be  
the evidence that shows these changes have been implemented and when?**

**Finalised and agreed delivery statement**

Attach the 'Overview of the health education programme'

**Date consultation completed****Start and completion date for  
next consultation****Board of Trustees verification: Consultation process completed according  
to requirements**

Also attach a copy of the statement provided for parents e.g. from a newsletter



**tūturu.**