Review of Achievement Standards Level 1, Phase 1

Feedback Report Health Education (with Home Economics)

Feedback provided on draft, Phase 1 products as at 21 April 2021

Contents

[Purpose 1](#_Toc84579025)

[Background 1](#_Toc84579026)

[General Overview and Themes 2](#_Toc84579027)

[Sources of Feedback 5](#_Toc84579028)

[Next Steps 9](#_Toc84579029)

## Purpose

This report outlines the feedback received by the Ministry of Education (the Ministry) on the Phase 1 development of Level 1 materials for Health Education (with Home Economics). It aims to identify common themes and trends across the feedback. This report will be used to inform any necessary changes to the products developed so far, as well as the further development of Phase 2 materials by the Subject Expert Groups (SEGs) as part of the Review of Achievement Standards (RAS).

## Background

1. The Ministry received 83 responses to its online survey about the materials developed so far for Health Education (with Home Economics). These included both multiple choice answer questions and long form, written response questions.
2. The Ministry also conducted Focus Group meetings with members of the education sector who provided feedback on the draft products.
3. Feedback for Health Education (with Home Economics) was received from the Māori, Pacific, Pathways, and Disability and Learning Support NCEA panels.
4. This report is divided into the following:
	1. General Overview and Themes
	2. Analysis of Feedback by source
		1. Online
		2. Focus Group
		3. NCEA Panels
	3. Next steps
5. Please note that the content in this report does not reflect the opinions of the authors. The report aims to thoroughly and accurately reflect the views presented by those who fed back on the draft products.

## General Overview and Themes

1. ***Inclusion of mātauranga Māori***

There was broad support for use of Māori concepts and kupu in the Health Education (with Home Economics) draft materials, and approval of how the concept of hauora has been incorporated.

“The matrix and the theme of Hauora shows a clear link to mātauranga Māori”

“Holistically, I really like the inclusions and it fits well in this subject area. It is connected in an authentic way, adding depth and value to the subject.”.

However, there were comments from some stakeholders that the Learning Matrix includes kupu Māori and mātauranga Māori in a superficial way, and its content doesn’t link to the Learning Area Whakataukī. There was similar comment that applying a Māori world view to the materials does not necessarily mean that te reo must be used – there can be other, more meaningful ways to weave mātauranga Māori throughout the products and content.

There was also concern that the materials lacked nuance in their presentation of te ao Māori and mātauranga Māori, including a view that “Pacific languages feel lumped together and that Cook Islands Māori fit linguistically and culturally with Te Reo Māori”. This perceived lack of nuance extends to the incorporation of key concepts in the draft materials such as hauora, which was said to focus too heavily on the physical aspect, but not the mental and spiritual aspects of it.

There was also concern that applying a very broad definition of wellbeing to the subject risks dismissing some understandings of wellbeing that are important to Māori, such as Te Whare Tapa Whā, which reflects the subject’s partnership with Te Tiriti o Waitangi.

1. ***Capability of teachers to deliver mātauranga Māori***

While there was general support for the inclusion of mātauranga Māori in Health Education (with Home Economics), there was significant concern from all feedback sources that most teachers do not have enough knowledge and training in te reo Māori and mātauranga Māori to be able to deliver the proposed material with depth of understanding. This indicates that the main barrier of teacher capability in this area is lack of training and professional development (PD) opportunities, not lack of willingness to incorporate aspects of te ao Māori.

This concern applied to all areas of the subject materials, including in the draft standards titles, such as Achievement Standard 1.1, where it was suggested that, “Even, coming from someone who got taught hauora this way, it can be taught such that it barely even considers te ao Maori”.

1. ***Capability of teachers from Health Education or Home Economics teaching background to deliver consolidated subject material***

Feedback was divided on how well Health Education and Home Economics teachers could deliver the proposed Health Education (with Home Economic) subject material, given their diverse training and teaching backgrounds.

Some survey respondents stated that changing the focus to wellbeing will help pull health, nutrition and food into a cohesive course.

“I was initially concerned with what I perceived as a lack of Food and Nutrition (I am a F&N specialist teacher); however, as a strong advocate of hauora, I am impressed with the scope and flexibility this new package offers. I firmly believe that young people need a stronger education relating to nutrition, but being able to link this to overall wellbeing will definitely benefit more students.”

However, there was concern and confusion from many survey respondents and the Focus Group that some health education teachers will not have the training and teaching background to be able to deliver some concepts and learning that has traditionally been taught in home economics classes, and vice-versa. Sexuality and relationships, gender issues, and mental health were some of the areas of knowledge that were mentioned as problematic for teachers to deliver in classrooms without considerable training in these areas. Likewise, there was concern that teachers from a Health Education background would not have the knowledge and training required to deliver learning and assessment focused on practical work with food.

1. ***Visibility of food and nutrition***

Across all feedback channels, there was a common view that food and nutrition – the words themselves, as well as learning or concepts related to them - were not visible enough throughout the draft materials.

Comments about this lack of visibility included:

“Provide explicitly the education and learning that cannot be left to chance: food practical skills (food selection and preparation, food safety), nutrition knowledge and experience, recipe literacy, food labelling”

“In today’s world, it is more critical than ever before, that learners have the skills to select and prepare food that provides the essential macronutrients and more importantly micronutrients for brain health, mental and emotional well-being as well as physical well-being”.

The overall concern is that a lack of visibility of food and nutrition in the new Health Education (with Home Economics) subject will result in teacher and ākonga misunderstanding food as a technological process, instead of thinking more broadly about how nutrition is connected to hauora and nourishment.

The issue was also raised by some stakeholders that the current imbalance of food and health content in the draft materials creates a barrier to showing the range of pathways that could be available for ākonga who take the subject at school.

There was also comment that the learning around 'food' in the draft materials is too specific around culture, and needs to be broader to include nutrition.

1. ***Inclusion of Pacific values and concepts***

While there was support for the Pacific values and concepts included in the draft materials, there was also feedback that there is too much generalisation about Pacific communities, and lack of nuance about the heritage and usage of specific values and concepts.

There were also comments that the draft products are written from an individualistic lens which does not align well with Pacific approaches and models of health from a collective lens.

There are opportunities to embed Pacific values in a more nuanced way throughout the materials, and conveying that collectivism is important to Pacific communities would be a logical first step to embed Pacific knowledges and contexts in this subject. There was also comment that Pacific models and contexts, such as Fonofale, need to be incorporated more explicitly in the subject’s materials.

Another concern raised was that teachers throughout Aotearoa do not currently have enough knowledge and experience of Pacific values and concepts to authentically deliver these in the classroom. It was noted that, when planning training and PD for teachers about Pacific values and concepts, these resources need to be tailored to support Pacific developers as well as non-Pacific teachers, to ensure that all supports provided are not tokenistic.

1. ***Level of knowledge expected of NCEA Level 1 ākonga***

All sources of feedback commented on the level of learning expected for ākonga studying Health Education (with Home Economics) at NCEA Level 1. The common view was that the draft Significant Learning is too academic and too advanced for ākonga entering Year 11. Contributing to this view that the draft materials are too advanced is the view that the draft Learning Matrix and Teaching and Learning Guide content are too long, which makes the proposed subject learnings and purpose seem overly complicated.

Comments in support of this view included:

“This involves some very heavy topics for 15-16 year olds (I am worried they won't have the maturity to understand all the concepts to an appropriate level)”

 “I also find that there is a massive jump from not only the current year 11 curriculum but also from year 10 health”.

While there wasn’t significant feedback on the draft standards for this subject, this concern about the level of knowledge expected of Year 11 ākonga was applied to some draft standards as well, for example:

 “The concepts required are way too high for our current learners; particularly for 1.2 (2nd paragraph) It seems like a huge step up academically and there are no guidelines about the report for 1.4. The content of 1.4 looks like the current 3.2.”

Part of this concern is connected with the perceived change in balance from more practical, or applied learning that may have occurred in the past for Home Economics, becoming more theoretical.

1. ***Exclusion and/or disadvantage of some ākonga***

There was a range of views on how explicitly different groups needed to be included in the draft products for Health Education (with Home Economics), and whether particular framing or wording of the draft materials could be seen as excluding some ākonga.

There was also general concern that there will be a gender effect from the consolidation of two subjects. This view was that girls will be disadvantaged because they would commonly choose both health education and home economics, and now they only have one subject to choose from.

There was also concern about the format for externally-assessed standards. There were some comments that a format that requires a lot of time and/or technological resourcing to provide evidence could disadvantage some ākonga who don’t have access to those resources. One survey respondent commented that exams would disadvantage Māori and Pacific learners, but no detail was provided about how or where that disadvantage would occur.

There was also suggestion from various feedback sources that the subject’s products and content need to more explicitly represent, and be inclusive of, disabled learners, LGBTQ populations and neurodivergent ākonga.

## Sources of Feedback

#### Online public engagement survey

Below are the quantitative data questions summarised in graphs.

In general, survey respondents are of the view that Health Education (with Home Economics) is not yet a cohesive subject, and the draft materials are not developed well enough for teachers to use.

The data does suggest that there is broad sector support for use of Māori concepts and kupu in the Health Education (with Home Economics) materials, including approval of how the concept of hauora has been incorporated throughout the Learning Matrix and course outline.

There are four main areas of comment survey respondents, which are reflected in the quantitative data:

* While there was general support for the inclusion of mātauranga Māori in this subject’s materials, there was significant concern from survey respondents that teachers will need ongoing training and professional development to be able to apply mātauranga Māori in classrooms in a meaningful way.
* Teachers from Health Education and Home Economics background do not yet have enough knowledge and training to be able to deliver the proposed content adequately, particularly given the sensitivity of some contexts and topics, such as sexuality and relationships.
* The draft subject materials do not yet present a cohesive subject, and food and nutrition are not visible enough in the Learning Matrix, the ‘Learning’ content on the website or the example course outline.
* The proposed Significant Learning, standards and Course Outlines is too advanced for ākonga entering NCEA Level 1.

There was also concern from the survey respondents that these subject materials are being developed prior to the publication of the updated New Zealand Curriculum.

#### Focus Group

A focus group of Health Education and Home Economics teachers was convened on Monday 29 March, to provide feedback on the Phase 1 draft products and website content for Health Education (with Home Economics). The focus group consisted of seven secondary school teachers, and the session was hosted by the Health Education (with Home Economics) Critical Friend.

The group’s discussion focused on similar themes to those across other sources of feedback for this subject, namely concerns about teacher capability to deliver mātauranga Māori in the classroom, the over-generalisation of Pacific communities, the lack of visibility of food and nutrition in the materials, the challenges of teachers being able to teach this consolidated subject, and the draft learning and assessment being too advanced for NCEA Level 1 ākonga. There was little discussion about specific standards, and no discussion on the themes of gender effects from the subject being consolidated, or the inclusion of minority groups such as LGBTQ.

There was broad support for the concepts used in the Learning Matrix, but concern that the meaning of Māori concepts could be lost, or misapplied, on delivery in the classroom. There was a similar concern about how Pacific values can be delivered, and contextualised, in the classroom in a meaningful and authentic way. There was too much generalisation about concepts that makes it look like Pacific communities from different upbringings have the same values and views. There is a risk of doing further damage to society’s understanding of Māori and Pacific values and knowledges if there’s a particularly superficial approach in classrooms, which could further disadvantage and isolate Māori and Pacific learners.

There was discussion about how these concerns could be addressed through professional development opportunities and in the upcoming Teacher Only Days that will focus on mātauranga Māori. It was acknowledged that these development sessions will not be a complete solution, and the work to upskill teachers and increase their understanding of Māori and Pacific knowledges and values will be ongoing.

There was general agreement that both Health Education and Home Economics teachers could see their subject in the Big Ideas and Significant Learning. A lot of explanation was required from the Ministry participants and Critical Friend about keeping the Learning Matrix and Achievement Standards context-free, and how the subject content becomes contextualised by the schools – in consultation with their local communities – in course outlines and assessment activities.

There was a wide range of views about the ability of NCEA Level 1 learners to understand, and engage with, the Big Ideas, Significant Learning and example Course Outline activities. While some focus group members said that their ākonga would have had enough learning at Year 10, if not beforehand, to engage with the proposed learning and assessment, other teachers expressed the view that there’s too big a leap from their existing Year 10 subject knowledge to the proposed NCEA Level 1 content and assessment.

On discussion about whether ‘Analyse’ was potentially too academic or advanced to be in a standard title for NCEA Level 1 ākonga, the Focus Group were generally in favour of including the phrase ‘Demonstrate understanding’, instead of ‘Analyse’, for Achievement Standard 1.3. The resulting title for this standard would be ‘Demonstrate understanding of factors that influence a wellbeing issue’.

The suggested subject name, ‘Wellbeing Education’, received mostly negative feedback. Reasons given for rejecting this name included:

* the confusion with wider wellbeing aims being promoted throughout schools
* it’s too vague
* it could further diminish the profile of Health Education and Home Economics, as subjects that already experience problems of resourcing and status within schools and communities.

 No new name was proposed.

#### NCEA Panels

Feedback from the four NCEA panels complemented most of the themes in the online survey and focus group discussion.

The Māori Panel feedback centred on the draft material’s inclusion of mātauranga Māori. The panel’s view was that clearer connection is needed between the Learning Matrix and the Learning Area Whakataukī’s focus on identity and self-worth. The was also comment that inclusion of mātauranga Māori in the Learning Matrix is shallow, and more work needs to be done to weave te ao Māori and kupu Māori throughout the subject’s products and content.

The Pacific Panel commented that, in its current state, the products are written from an individualistic lens which does not align well with Pacific approaches and models of health from a collective lens, and that the materials were too much about self-responsibility, not collective responsibility.

There was also feedback that the subject is too high-level and needs more of a balance between theoretical and practical learning in order to make it a subject that learners can see pathways opening up from. Further concerns were raised about how Pacific languages were ‘lumped together’, and the products are not well-rounded in terms of hauora – they need to include mental and spiritual aspects of hauora as well as the physical aspect.

The Disability and Learning Support (DLS) Panel approved of the subject material about holistic understandings of wellbeing, and also supported the proposed flexibility of assessment formats that could make the standards more accessible to learners. The DLS panel was concerned that the general subject content did not explicitly include learners with disabilities, and more content could be included that shows how nutrition and identity can be connected. There was also comment about the absence of any content about nutritional/food requirements for people with disabilities.

The Pathways panel commented that the purpose of the consolidated subject isn’t clear, which affects the subject’s role in supporting ākonga pathways. Building on this view, the panel suggested that the course outlines continue to be developed to incorporate a stronger focus on pathways. Similarly to all other feedback channels, the Pathways panel noted that the subject is too high-level and needs more of a balance between theoretical and practical learning in order to make it a subject that ākonga can see pathways opening up from.

## Next Steps

There are several suggestions which will be considered prior to re-engaging the Health Education (with Home Economics) Subject Expert Group (SEG).

**Ministry Actions**

Recommended actions to be undertaken by the Ministry – the RAS teams and other Ministry groups – are largely communication actions aimed at supporting the sector.

* Ministry to clarify and communicate opportunities for training and professional development in te reo Māori and mātauranga Māori.
* Ministry to prepare exemplar materials and communicate useful resources to support the delivery of the new teaching, learning, and assessment materials. These will be included in the Pilot products.
* Ministry to clarify and communicate opportunities for upskilling teachers from Health Education and Home Economics backgrounds to be able to deliver the content required with this new, consolidated subject.
* Ministry to clarify timing of development process and communicate the expectations regarding timing and type of engagement with relevant stakeholder groups.
* Be clear on communications about new curriculum, and alignment with new standards.
* Ministry to review communication processes and channels with the education sector and school communities regarding the Change Package, including the justification for consolidating the subjects of Health Education and Home Education.
* Ministry to work with NZQA to clarify which formats for external and internal assessments will be most accessible and achievable to schools and learners throughout Aotearoa.

**SEG Actions**

* Further develop subject products and content to incorporate mātauranga Māori in a more cohesive and comprehensive way, including a clearer link between the Learning Area Whakataukī and the Learning Matrix.
* Work with SEG to make the Learning Matrix and standards more in line with an appropriate of level of knowledge and learning for NCEA level 1.
* Embed Pacific values and concepts in a more nuanced way throughout the subject materials, with more explicit mention of a range of Pacific approaches to, and models of, health and wellbeing, and reframe subject materials to be based more on a collective lens than individualistic lens.
* Increase the visibility of food- and nutrition-related content throughout the subject materials.
* Further develop subject products and content to be more inclusive of leaners from diverse backgrounds and lived experiences, including looking for opportunities to incorporate content about specific contexts such as mental health.
* Refine subject content to have a more clearly defined purpose, with more information about this subject’s role in supporting ākonga pathways.
* Review course outlines and assessment activities for opportunities to include practical or applied learning that can be delivered by teachers from both Home Economics and Health Education teaching backgrounds.
* Revise Achievement Standard 1.4 to be clearer what ākonga are being assessed on.
* Discuss potential new name for the consolidated subject Health Education (with Home Economics).

.