

## HEALTH EDUCATION

Prepared by NZHEA (New Zealand Health Education Association). **This statement is specific to the HEALTH EDUCATION Strand of the HPE curriculum** and provides some key considerations for responding to the draft curriculum. The following list of ideas is adapted from our November 2025 newsletter and subsequent PLD materials. Please access these for more details if required:

- November 2025 NZHEA newsletter <https://healtheducation.org.nz/newsletter/>
- Overview presentation (see folder A and other topic materials in folder C) in the Google folder accessible from this website page <https://healtheducation.org.nz/resources/useful-links/>



### Knowledge Strand - Health Education: Strengths

There is still plenty of familiar Health Education material as well as updated material e.g. online safety issues, and many useful connections to other parts of the curriculum. The Knowledge is grouped into main topics (sub-elements) and these show progression in breadth and depth across the year levels. It provides much more direction around what is expected to be taught and there is *no longer* any need to piece together the underlying concepts, the key areas of learning, and the achievement objectives from across the strands – something that many teachers continued to struggle with in the 2007 curriculum. The ‘Practice’ strand provides useful guidance for what students are expected to be able to do with their knowledge.

### Potential weaknesses

There is some unfortunate naming of the Elements e.g. ‘Body Mind’ instead of physical and mental health or wellbeing (*ie calling what it is as knowledge, based on the WHO definition of health*), and also the incongruous use of the term ‘Sex Education’ at years 8-10 (see more about this below).

The lack of a clear conceptual framework as in the 1999 and 2007 curriculum statements is noted. It can be inferred but it is not explicit.

The reduced amount of societal and community focus – but see the Social Sciences *Civics and society* Strand for this where some familiar ‘Health Education’ knowledge is still included. *This is a consequence of Health Education being a multidisciplinary subject drawing from across health science, psychology, and sociology.*

The amount of interpretation still needed to turn the knowledge and practice statements into taught knowledge suitable for each year level is substantial – especially at primary school levels.

Overall there is some ‘unevenness’ with seemingly a lot on some topics at one level and little at the next – some of it in isolation of other topic learning that would support it at that year level. There are also a lot of knowledge bullet points on topics like consent with relatively little knowledge to be learned, and few knowledge points on big topics like alcohol and other drugs where it seems a wide range of knowledge is squeezed into one bullet. Also, there are Science of Learning implications of doing a little bit of everything at each year level, giving something of a scattergun effect of topics, which then presents challenges around how to combine these into a meaningful, coherent, time limited, learning programme. *Noting that cross curriculum planning at years 1-8 may help with this.*

The sheer amount of knowledge to cover at each level – across all learning areas - is a major concern. The timing is tight for teaching everything listed given limited timetabled time for each learning area/subject, not only but especially across years

### Possible questions to consider

Does the naming of these Element headings matter in a knowledge rich curriculum?

Is a curriculum document the place to explain the disciplinary foundations of subject knowledge or is that a resourcing issue?

Most of this curriculum is for primary and intermediate schools who can design learning and teach across the curriculum, so does it matter where some disciplinary knowledge ends up – as long as it is located somewhere relevant in the curriculum (even at year 9-10)?

Is the issue the same for secondary schools where there are (supposedly) subject specialist teachers?

Is it preferable to have a little bit of the same topic taught every year – in developmentally appropriate ways, or to have more of a focus on one main topic within one year and perhaps alternate and ‘step up’ main topics every two-three years (see Science for example)? Or are there other solutions to this unevenness and scattergun effect?

Looking across all learning areas, how realistic is it to cover all prescribed learning and to respond to the principles of the Science of Learning? *See the*

<p>7-10 as the amount of knowledge increases along with depth of understanding.</p>	<p><i>approximate time allocation for learning areas in <a href="#">Te Mātaiaho</a> page 13.</i></p> <p>What is a solution for this – that still maintains the coverage and integrity of subject knowledge?</p>
<p><u>Sexuality education</u>: The need for a prescriptive curriculum to identify specific sexuality education knowledge becomes apparent when we have to navigate Education and Training Act (2020) Section 51 <i>Release from tuition for specified parts of the health curriculum (ie ‘sexuality’)</i>. The way (some) sexuality education appears in the ‘sex education’ Element only in years 8-10 in this new curriculum is problematic, when other sexuality content is starting in year 5 with puberty and also, some online safety also features sexual situations (in the Body Mind Element).</p>	<p>Does the way ‘Sex Education’ is included as a year 8-10 Element only, help or confuse what is intended by ‘sexuality education’ for Section 51 purposes (and also when other resourcing still refers to relationships and sexuality education)? <i>Note that the ‘sex education’ material could easily be divided between Body Mind (as sexual and reproductive health) and Relationships (as sexual relationships).</i></p>
<p>Consideration of ‘identity’ <u>as Health Education knowledge</u> requires careful consideration. While it might be tempting to comment on the invisibility of sexuality and gender identities, learning needs to consider health and wellbeing matters for ALL identities (which make a substantial list) not just rainbow identities. That is, the curriculum is not prioritising any one type (or group) of identity(ies).</p>	<p>Are the places where identity-related health and wellbeing considerations for (a) ALL people - since everyone has an identity(ies), as well as (b) a diversity of identities (not only rainbow identities), clear and apparent? <i>If required see further discussion in the newsletter and presentation and also folder C noted above.</i></p>
<p><u>The removal of the concept of hauora</u> (and the associated te whare tapa whā model of health) from the HPE curriculum is a noted tension across the sector. Concerns have long been raised by some Māori over the way the hauora was appropriated for use in the English medium HPE curriculum and growing ideological tensions around the (mis)use of mātauranga, out of context of te ao Māori and te re Māori, are being voiced more frequently by some highly knowledgeable people.</p> <p>The year 0-10 curriculum Elements are now organised around physical, mental and social wellbeing (ie the global World Health Organization definition of health) – with spiritual wellbeing removed (noting this has always presented a legislative issue given the secularity of year 1-8 schooling and the Bill of Rights, and always had to be very carefully navigated).</p> <p><i>To help understand what has happened to hauora in the curriculum, teachers need to access <a href="#">Te Waiora wāhanga ako in Te Marautanga o Aotearoa</a> – and specifically the year 11-13 subject <a href="#">Waiora</a> - to see where hauora and models like TWTW have been relocated.</i></p>	<p>What are your views on the inclusion of hauora in the English (NZC) and/or Māori (TMoA) medium curriculum and how do you reconcile this with concerns about the way concepts like hauora have been misappropriated and applied outside of their cultural context?</p> <p>To what extent do you see the Elements of Body Mind (physical and mental health) and Relationships (social wellbeing) serving a similar purpose as hauora – <i>with the noted removal of spiritual wellbeing?</i></p>