



The following report gives feedback to assist assessors with general issues and trends that have been identified during external moderation of the internally assessed standards in 2024. It also provides further insights from moderation material viewed throughout the year and outlines the Assessor Support available for Health Studies.

## Insights

### **92008: Demonstrate understanding of hauora in a health-related context through the application of a model of health**

#### **Performance overview:**

This standard requires students to demonstrate understanding of hauora in a health-related context through the application of a model of health. This involves describing (with supporting evidence) how hauora is affected by an activity, according to the parts of the model, and describing how effects interconnect.

Evidence that met the requirements of the standard used as the context for assessment an activity that had a wellbeing focus clearly grounded in a key area of learning, e.g. Mental Health education (MH), Relationships and Sexuality education (RS), or Food & Nutrition education (FN). Descriptions of the activity's effects on wellbeing were framed using recognised and accepted holistic models of health, and encompassed concepts and ideas relevant to a key area of learning (KAoL). Context-specific examples (from the activity) were used as supporting evidence for descriptions.

The focus for descriptions of effects was consistently 'self' or 'others' throughout the evidence. When this approach was taken, students were better able to demonstrate understanding of the holistic nature of the concept (hauora) and describe more succinctly and coherently the flow on effects and interrelationships between effects as these related to different aspects of wellbeing, as framed by the model chosen to explain the concept.

#### **Practices that need strengthening:**

To enable effects on wellbeing to be considered from a Health education perspective, activities selected as contexts for assessment in Health Studies need to assess the concept of hauora in situations that are clearly and explicitly grounded in a KAoL, such as Mental Health education (e.g. alcohol or other drugs), Relationships and Sexuality education (e.g. healthy relationships), or Food & Nutrition education (e.g. healthy food choices).

Moderation showed that when a model of health is directly applied to an activity that had no obvious connection to a KAoL or had no explicit wellbeing purpose linked to a KAoL, the resulting evidence often did not reflect curriculum level 6 understandings of hauora related to Health education. This is because the evidence typically did not encompass specific concepts and ideas or reference skills learnt that related to a KAoL. For example, in contexts involving food preparation, descriptions of effects tended to overly focus on simply linking the activity (cooking) to each dimension of a model, rather than considering the effects of the prepared food and its social setting on wellbeing. Descriptions (of effects) made little reference to food and nutrition concepts and ideas, such as key nutrients, food safety, and accepted healthy eating models, that could provide the additional depth and detail needed to

avoid descriptions being simple generalised statements about wellbeing, not reflective of teaching and learning in Health Education.

Moderation showed that contexts that required students to focus on the effects (on wellbeing) of a single activity, or a narrowly focused activity such as a single recipe, limited opportunities to achieve as students struggled to find enough within the activity to reflect on. In Mental Health education, a single activity is not considered suitable for use as an assessment context in some instances. For example, as a stress management activity. Strategies for managing stress may require a combination of stress reduction activities to be employed. Where stress management is the focus for assessment, there should be an opportunity for students to reflect on a combination of stress reducing action(s) of personal relevance to them (or others).

Further, while participating in a physical activity might be considered beneficial to stress relief, the primary focus of the assessment needs to be managing mental health and not just the physical activity. To maintain the integrity of Health Studies and to avoid overlap with Physical Education, physical activity contexts need to be regarded as PE contexts and are not considered suitable as contexts for assessment in Health Studies.

The standard requires that effects (on wellbeing) be described in relation to self (the student) or others (another individual or a group), and to demonstrate understanding of the concept of hauora. Descriptions must cover all aspects of wellbeing (mental and emotional, physical, social, and spiritual). Where the focus for reflection was the student's own wellbeing, while the evidence may have included flow on effects for others in relation to a different aspect of wellbeing, the evidence was still required to show how the activity directly affected all aspects of the student's own wellbeing, as framed by the chosen model.

Where the evidence did not focus on either 'self' or 'others' but traversed a path between the two, it was difficult for students to apply the model holistically as intended, i.e. to describe effects and their interconnections as these specifically related to either 'self' or 'others'. Had the task instructions clearly directed students to focus on 'self' or 'others', this may have been avoided. Further, taking this approach sets students up to achieve higher grades and helps to make the evidence more coherent and succinct.

Where descriptions of effects (and model chosen) did not cover all aspects of wellbeing (mental and emotional, physical, social, and spiritual) as intended by Explanatory Note 3 of the standard, understanding of the concept of hauora could not be demonstrated.

For Excellence, a clear conclusion needs to be drawn in relation to the effects of the activity for short and long-term wellbeing. Regarding long term wellbeing, conclusions need to show foresight and be realistic (credible). For example, in food and nutrition contexts the conclusion drawn could relate to the anticipated long-term impacts for wellbeing of the activity for 'self' or 'others', in reference to changes in behaviour and practices related to food choice and/or changes to attitudes and values which underpin food decisions. However, where the activity was narrow in scope and duration, i.e. simply involving the preparation of a single meal or recipe as a one-off event, and explanations for long-term effects were predominantly focused on the activity's contribution to the avoidance of complex lifestyle diseases such as diabetes and coronary heart diseases, this was considered to be an unrealistic long-term effect of the activity.

## **92009: Demonstrate understanding of decision-making in a health-related situation**

### **Performance overview:**

This standard requires students to demonstrate understanding of decision-making in a health-related situation. This involves describing factors relevant to the decision-making situation and the possible consequences, and proposing a decision in response to the situation (in relation to hauora) with reference to the factors and anticipated consequences.

The standard assesses understanding of factors and anticipated consequences as these relate to a dilemma that affects wellbeing, where compromises to some aspects of wellbeing might need to be made to enable a decision to be reached. The factors and anticipated consequences for wellbeing are therefore central to the decision-making and are expected to be the focus for discussion. When students put factors and their anticipated consequences for wellbeing front and centre in the discussion (rather than health enhancing options/actions), they were more likely to achieve the standard.

When the context for decision-making posed a clear dilemma/circumstance students were able to determine the decision the situation demanded and identify factors relevant to the health-related situation. For example, vaping, drugs, peer pressure in relationships, consent, etc.

When the context for decision-making posed a clear dilemma/circumstance rather than a problem to be solved, students were better able to apply critical thinking to the wider attitudes, values and beliefs (factors), and consequences for wellbeing related to the situation and decision to achieve, and to provide the quality of evidence needed for higher grades.

When the dilemma posed was of sufficient complexity, students had a better opportunity to explore a range of factors (and anticipated consequences) and show their influence on wellbeing. For example, a food and nutrition scenario that captured family dynamics, time pressures, and diet information better enabled students to demonstrate understanding of decision-making in a health-related situation as it provided more opportunities for complex thinking (needed for higher grades), compared to a narrowly focused scenario that only required a simple choice between recipes or food products, and where effects could only be considered in relation to physical wellbeing.

When students treated factors and anticipated consequences as a single connected idea, they were better able to balance the effects on wellbeing of the different factors relevant to the situation against each other to make an informed decision, and to determine which factor was of most significance to the decision.

### **Practices that need strengthening:**

The standard requires thinking and consolidation of ideas that extends beyond the confines of a standard decision-making template to consider the process's health-enhancing purpose. The use of a standard decision-making template on its own is inadequate to carry out this process. While a decision-making template may be a useful preparatory tool, it should be used with caution as it may steer students towards overly focusing on the options and not the factors and consequences, limiting opportunities to achieve higher grades. If used as a preparatory activity, it should be clear in the assessment materials that the template has been included for this purpose and is not the assessable aspect. Further, there is no requirement in the standard for students to explore a range of health enhancing options associated with putting a decision into action. Options for health enhancement are best explored in relation to factors and anticipated consequences, as this ensures factors and consequences remain front and centre in the discussion.

When the health situation was framed as a problem to be solved rather than a dilemma, students were less likely to focus on the factors and anticipated consequences for wellbeing and maintain this focus throughout the evidence. Framing the situation as a problem rather than a dilemma diverted attention away from the factors (and consequences) and diminished their importance to the decision making. This limited students' opportunity to achieve the standard and/or reach higher grades. Also, when students came to evaluate the factors to determine their significance for wellbeing (i.e. their degree of influence and importance, as required for Merit), because the necessary compromises for wellbeing in the situation were not obvious, students found it difficult to identify the most important factor for wellbeing. Consequently, decisions reached were informed by outcomes related to the options, not always directly linked to wellbeing. Further, justification of the chosen option (solution to the problem) frequently did not consider the relevant factors (and consequences) and their influence.

## **Assessor Support**

NZQA offers online support for teachers as assessors of NZC achievement standards. These include:

- Exemplars of student work for most standards\*
- National Moderator Reports\*
- Online learning modules (generic and subject-specific)\*\*
- Clarifications for some standards\*
- Assessor Practice Tool for many standards\*\*
- Webcasts\*

\*hosted on the NZC Subject pages on the NZQA website.

\*\*hosted on Pūtake, NZQA's learning management system. Accessed via Education Sector Login.

We also may provide a speaker to present at national conferences on requests from national subject associations. At the regional or local level, we may be able to provide online support.

Please contact [workshops@nzqa.govt.nz](mailto:workshops@nzqa.govt.nz) for more information or to lodge a request for support.

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