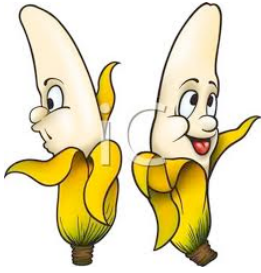




Hauora Health and Physical Well-Being

April 2013
Consultation and Draft Decision-
Making Process





Introduction

Health/Hauora in the New Zealand Curriculum

Health Education is vitally important for personal and social well-being and achievement. It encompasses the physical, social, emotional, intellectual, and spiritual dimensions of a person's growth.

Through learning in health education, students gain the knowledge, skills, attitudes, and values to enjoy a healthy lifestyle and to contribute actively to the well-being of other people, and the well-being of their communities.

Health education enables students to learn about and develop confidence in themselves and their abilities, and to approach learning with energy and application. Students learn to take increasing responsibility for their own health and physical fitness and acknowledge their part in ensuring the well-being and safety of others.

As part of health education students are encouraged to set realistic and worthwhile personal goals and to develop healthy patterns of living. They develop skills that will enable them to enhance their relationships with other people, and participate in creating healthy communities by taking responsible and critical action. Students learn to respect differences of viewpoint and lifestyle, and are encouraged to develop personal responsibility and judgment in matters of values and ethical standards. Students are also assisted to cope constructively with challenges, personal stress, peer pressure, and social conflict.

The Health (and Physical Education together) curriculum has four key strands of learning. These are:

*Personal Health and Physical Development;
Movement Concepts and Motor Skills;
Relationships with Other People;
and Healthy Communities and Environments.*

The focus of these is divided into 'seven key areas of learning', as follows: (Note while there is significant overlap between these seven areas of learning, the first four are generally considered to be health based:

Mental health
Food and Nutrition
Physical Activity
Outdoor Education

Sexuality Education
Body Care and Physical Safety
Sport Studies

Health Consultation

We believe that the whole school community should be involved in developing/implementing policies and procedures that support learning in this curriculum. We believe that parents should be the 'first teachers' for their children's health and well-being, and as educators we provide supporting programmes helping to develop knowledge, skills, attitudes and values.

We want to engage our community in consultation over health programmes and priorities. The purpose of this is to get input and feedback about the teaching programmes that support the health and well-being of your child / children. It gives you an opportunity to make comments, ask questions and identify and prioritise what you feel is important for the continued health and well-being of your child.

On the next few pages is an outline of possible units of learning in health. We are asking for your feedback on these, helping us to identify, which aspects of the programme are critical, and should be scheduled over the next three years. Our job is to plan for meeting the outcomes, while also ensuring we give balance to other curriculum learning areas such as science and social studies. We could quite easily fill every day of the school year with health programmes, as indeed we could for science, technology education or social studies, so prioritizing is VERY important.

Some of the teaching in health is incidental and is part of our daily practice and culture of the school, however there is some particular knowledge, skills, attitudes and values in the area of health that are taught as a focus topic for a period of time e.g. Kia Kaha, the anti-bullying programme, was taught, alongside the 'Mediation' programme over all of term one of 2012.

As part of the consultation process we would appreciate your feedback, as this will assist us over the next few weeks in the revision of our school wide health programme. We invite you to:

- Complete and return the FAST FEEDBACK form by end of term one; and/or
- Join David, James and Julie for an informal chat on the health curriculum, Tuesday, April 16 at 2.00 pm in the staffroom.

An outline of possible units (as part of the four learning areas in Health Programme) is outlined on the next few pages:



Mental Health

**SHARE Programme- Drug Awareness
 Violence Education (A Police Education
 Programme)** - Goal Setting, Choices and
 Consequences, Decision making, Peer pressure,
 Awareness, Leadership opportunities, Being
 Assertive

**Keeping Ourselves Safe (A Police
 Education Programme)** - People who help us,
 Safety in many environments, Unwanted Touching,
 'I' statements, Skills to support self and
 others.

**Kia Kaha Programme (A Police Education
 Programme)** - Individual Strengths, Rights and
 Responsibilities, Dealing with Conflict, Identifying
 bullying behaviour and strategies to overcome
 bullying, Building a safe, bully-free classroom and
 school environment.

**Whānau (Getting Along Together) /
 Relationships** - Relationships with other people, Respect and
 Cooperation, Being unique and special, Expressing
 ideas and feelings, Establishing and maintaining
 Relationships, Similarities and Differences,
 Building a Positive Classroom Community

Cool Schools Peer Mediation Programme -
 Mediation, resolving conflict peacefully,
 Problem-solving skills, knowing when to get more help,
 Using 'I' statements, expressing feelings.

Change, Loss and Grief - Dealing with
 change, supporting others, understanding change
 and loss, understanding the feelings of grief,
 Coping with disappointment, loss and grief,
 Building a supportive environment

Sexuality Education

J - Magnificent Me - Friendships, Self-esteem,
 Goal setting, Interpersonal skills, Relationships

S - Everybody Belongs - Body Image,
 Advertising, Expressing ideas and feelings,
 Gender roles and uniqueness, Stereotyping,
 Discrimination, Peer pressure and Friendship,
 Media Impact...

J - Bods and Babies- Describing changes in
 growth and identifying body parts, expressing
 ideas and feelings, coping with shyness and
 embarrassment, similarities and differences,
 Gender roles and uniqueness, relating to friends

**Adolescent
 Puberty** - Developing a knowledge
 of puberty, Developing a positive body image,
 Personal hygiene, Choosing, making and
 using condoms, Equity issues, Emotional change
 and stress, Enhancing cultural and family well-

Curriculum Outline/Overview

Code used: S = Senior children; WS = Whole School; J = Junior classes

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Y

Looking After Ourselves / Atawhai to

Care for your body) - Caring for the

personal hygiene and grooming, Daily

Looking after our teeth, Personal

, sleep, rest and relaxation

Fire safe - Fire safety, strategies for

safe

Water safety & Water safety - This is

integrated into classroom programmes

/ during Terms 1 and 4 while the weather

and the children are out in the sun and

).

Police Safety/Sense / Bicycle Skills -

Runs course with the Police Education

for Years 4 - 6, Safe Walking - Years 1 -

First Aid Safety in the Outdoors - Basic First Aid,

management strategies

How to Pat a Dog - A unit of learning

on being safe around dogs.

What's the Plan Stan? (Civil Defence)

unit of learning focused on preparation

Understanding of disasters.

WS - Healthy People Eat Healthy Food /

Harold and his Power Pack / Choice Food

(Life Education Trust Programme)

- The brain and brain food, Food pyramids,

Balanced diet, Feeling good about food, Energy

food, Nutritional needs for growth and

development, Food choices we make, Advertising

and impact on food choice, Eating patterns,

Relationship between nutrition, exercise and well-

being, Enhancing school health

WS - Food, Glorious Food / Hospitality and

Sharing - Manaakitanga / Celebrating Food

Cultural significance of food, protocols and

tikanga, strategies for food safety, How food

enhances relationships, Food hygiene, Preparing

and trying new foods.



Important Notes:

1. The Health Curriculum has to be responsive. i.e. if we were to experience a trauma in the school/community, it may be appropriate to adapt or completely adjust the planned learning to respond to this need.
2. Some aspects of the Health Curriculum are enacted in our every day values and systems e.g. sun safety; the opportunity to practice cycling in the school environment during morning tea/lunch.
3. There are experiences in the school curriculum that engage children across the strands e.g. camp involves children in keeping themselves safe, getting along together, food and nutrition.
4. The main reason for prioritising health programmes is that we need to establish where to focus our effort given thatwe simply don't have enough time to cover all programmes. More time spent on these is also less spent on science, the arts, social studies, technology. In addition, there are some health-based programmes that parents frequently tell us that they should undertake as part of their parenting responsibility or that are much more practical to support at home e.g. safe cycling is best learnt by actually cycling with support and guidance in small groups, something that isn't as achievable at school.
5. The length of time to fully implement some of these programmes varies from three weeks to a whole term.

Feedback Form: Health Curriculum

Parent Name:

Q1: Tick the three programmes you believe are most important for your child/ren to learn at school.

Strand A: Mental Health		Strand B: Sexuality Education	
Drug awareness		Magnificent me	
Keeping Ourselves Safe		Everybody Belongs	
Kia Kaha (Anti-bullying)		Bods and Babies	
Kotahitanga		Positive Puberty	
Strand C: Body Care and Physical Safety		Strand D: Food and Nutrition	
Care for your Body		Healthy People Eat Healthy Food	
Fire Wise		Food Glorious Food	
Sun Safety/Water Safety			
Road Sense -Bicycle Skills/ Safe Walking)			
Safety in the Outdoors			
How to Pat a Dog			
What's the Plan Stan?			

Q2: Please record any comments about any aspects of the health plan that you believe might be useful as we consider planning for 2014 and 2015. e.g. any areas you think we should place more or less emphasis on.

Summary/Recommendations:

There was a disappointing parental response to the 'fast reply form' and indeed to the 'Health Chat'. Just fourteen replies were received and only one person attended the 'chat'. This could be due to the high demands on parents (in terms of involvement in the school) at this time, or it could also be that parents are in general agreement with the curriculum planning currently in place.

It should be noted that this is an 'interim' consultation (required to consult every two years) carried out between our full charter consultations involving parent home chats and a range of synthesis meetings.

From the staff chat, parent chat and the fast reply form, the following themes came out:

1. Health education is important.
2. The biggest challenge to implementing a full, thorough health based curriculum is time and scheduling. (An overcrowded curriculum)
3. When asked to identify the most important programmes, parents generally chose those that were about the ways children relate, interact or manage conflict i.e. the 'social' skills programmes.
4. There are some aspects of the health curriculum that should primarily be a parent's responsibility (though the school might be able to provide support such as a parent evening on pubertal change).
5. Some aspects of the health curriculum (despite their importance) can be 'lower order'. i.e. safe cycling doesn't generally encourage creative or higher order responses, nor does 'how to pat a dog'.
6. Many of the key ideas, strands and programmes are supported through the day to day running of school and don't necessarily require a full, annual unit e.g. sun safety
7. Cybersafety was identified by two parents and staff are in agreement, that this area requires extra concentrated effort when implementing 'Keeping Ourselves Safe' and indeed as part of day to day practice.
8. Authentic opportunity to practice much of the health curriculum is valued. E.g. camp

Suggested Programmes for 2014-2015-2016

2014	2015	2016
Kia Kaha (Anti-bullying) and Cool Schools Mediation (whole school)	Kotahitanga –Positive Relationships (whole school)	Kia Kaha (Anti-bullying) and Cool Schools Mediation (whole school)
DARE (Drug Abuse Resistance Education) (year 5/6)	Food Glorious Food/ Healthy People Eat Healthy Food (year 4-6)	DARE (Drug Abuse Resistance Education) (year 5/6)
Keeping Ourselves Safe (year 1-4)	Fire Wise (year 1-3)	What’s the Plan Stan? (year 1-4)

Notes:

- Sun safety and water safety outcomes can be infused as part of term one and four general programmes.
- This plan is subject to change and annual review.
- We should arrange a ‘pubertal change’ evening (or series of evenings) for those that would like it.
- Safety in the Outdoors, met through Camp 2014 and 2016, as well as any outdoor experience (tramp, visit or similar)

Appendix: A Maori View of Health and Well-being

Hauora

Hauora is a Māori philosophy of health unique to New Zealand. It comprises taha tinana, taha hinengaro, taha whanau, and taha wairua.

Taha tinana - Physical well-being

the physical body, its growth, development, and ability to move, and ways of caring for it

Taha hinengaro - Mental and emotional well-being

coherent thinking processes, acknowledging and expressing thoughts and feelings and responding constructively

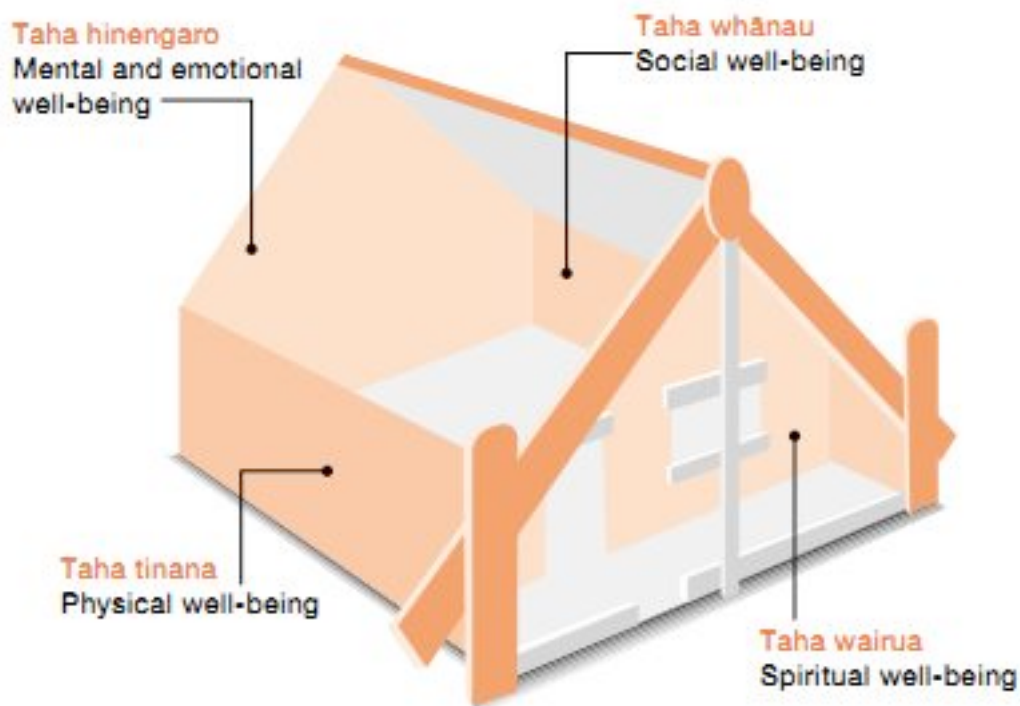
Taha whanau - Social well-being

family relationships, friendships, and other interpersonal relationships; feelings of belonging, compassion, and caring; and social support

Taha wairua - Spiritual well-being

the values and beliefs that determine the way people live, the search for meaning and purpose in life, and personal identity and self-awareness (For some individuals and communities, spiritual well-being is linked to a particular religion; for others, it is not.)

Each of these four dimensions of hauora influences and supports the others.



Dr Mason Durie's whare tapawha model compares hauora to the four walls of a whare, each wall representing a different dimension: taha wairua (the spiritual side); taha hinengaro (thoughts and feelings); taha tinana (the physical side); and taha whanau (family). All four dimensions are necessary for strength and symmetry. (Adapted from Mason Durie's Whaiora: Māori Health Development. Auckland: Oxford University Press, 1994, page 70).