

Implementing *Health and Physical Education in the New Zealand Curriculum*: A Report of the Experiences of a National Sample of Schools

Sharon Dewar

In August 2000, the Research Division of the Ministry of Education surveyed schools regarding the new health and physical education curriculum. The purpose of the survey was to determine how schools were progressing in implementing the new curriculum and to assess what further assistance would help schools be better prepared for its mandatory implementation in 2001 and beyond. A random sample of schools was selected to take part in the survey.

Completed questionnaires were received from 319 schools, producing an excellent response rate of over 80 percent. Questionnaires were completed by 'the key teacher in the school with responsibility for overseeing and coordinating the implementation of *Health and Physical Education in the New Zealand Curriculum*'. Most of the key teachers, particularly in secondary schools, held combined management and classroom teaching positions.

Overall, schools appeared to be progressing well in implementing many aspects of the health and physical education curriculum. Some of the main findings are summarised as follows.

- Schools were much more likely to have completed or partially completed implementation plans for physical education and health education than they were for the home economics component of the health and physical education curriculum.
- When commenting on the state of their school's planning for implementing the health and physical education curriculum, secondary respondents most often mentioned difficulties in fitting the different subject areas within the curriculum (health education, physical education, and aspects of home economics) into their school's timetable. Primary respondents however most often commented that participating in professional development had been beneficial or that the opportunity to receive (further) relevant professional development would facilitate their school's implementation of the curriculum.
- Three-quarters of secondary respondents and around two-thirds (62%) of primary respondents advised that their schools had consulted quite recently (1999 or 2000) with parents, caregivers, and the community about aspects of the health and physical education curriculum.
- Of the processes involved in implementing the health and physical education curriculum, schools were least likely to have worked through how to incorporate the home economics component of the curriculum into the timetable, and how to ensure that this component was culturally and gender inclusive, and met the needs of students with special needs and abilities.

- The health and physical education curriculum encompasses seven key learning areas. Primary schools were reported to be prepared to a 'moderate extent' or better to provide learning experiences for students in the areas of food and nutrition, body care and physical safety, and outdoor education, and least prepared in the area of sexuality education. Secondary schools were most often prepared to a moderate extent or better to provide learning experiences in the mental health, sexuality education, body care and physical safety, physical activity and sports studies areas and, in contrast to primary schools, least prepared in the areas of food and nutrition and outdoor education.
- The majority of schools, both primary and secondary, were said to be prepared to a moderate extent or better to provide learning experiences for developing 'hauora/well-being', 'health promotion', and the 'attitudes and values that promote well-being', three of four underlying concepts supporting the framework for learning in health and physical education. They were less prepared, however, to provide learning experiences that reflect the fourth underlying concept of the health and physical education curriculum, the socio-ecological perspective.
- Results clearly showed that for schools, but particularly secondary schools, 'assessment' and 'reporting and monitoring' of student learning and achievement were the aspects of the curriculum's implementation in which they most needed further guidance and direction. (The need for further support in these areas has been a consistent finding in previous surveys of schools in relation to the implementation of other curricula.) Assistance in the critical thinking aspects of the curriculum was also identified as particularly important by primary school respondents.
- Both primary and secondary respondents considered that visits by advisers to provide individual assistance and the provision of further professional development courses were or would be the most helpful sorts of guidance and direction for their school in relation to implementing the health and physical education curriculum. Secondary respondents also felt that providing exemplars of health and physical education programmes that worked well in other schools would be useful.
- Overall, secondary schools were more likely to access the various sources of advice and guidance available to support the implementation of the health and physical education curriculum than their primary counterparts.
- Advice and guidance obtained through professional development programmes and in-school developments (eg, regular staff meetings), and from education or teacher advisory services were considered most useful by respondents in both the primary and secondary sectors. Secondary respondents also found advice and support from teachers and colleagues at other schools useful.
- The majority of primary and secondary schools had focused on professional development in *Health and Physical Education in the New Zealand Curriculum* in 1999 or 2000.
- When asked to list *three* aspects of implementing *Health and Physical Education in the New Zealand Curriculum* that they believed were being handled well in their school, primary respondents most often nominated: school-level planning and implementation of the curriculum; incorporating the key areas of learning within the curriculum into their programmes; achieving coordination and cooperation among staff teaching the different subject areas within the health and physical education curriculum; and professional development. The areas that secondary respondents nominated were: unit planning and development; professional development; achieving coordination and cooperation among those working on the curriculum; and school-level planning and implementation of the curriculum.
- The main barriers said to be encountered by primary schools in successfully implementing the health and physical education curriculum were lack of time for tasks such as planning and writing up units, a lack of

sufficient guidance and professional development opportunities, and that some staff and parents did not place very high importance on the health and physical education curriculum.

- For secondary schools, however, the main barrier was reported to be problems associated with fitting the components of the health and physical education curriculum into an already full timetable. In common with primary schools, additional barriers were said to be lack of time for tasks such as planning and writing up units, some staff and parents placing a low level of importance on the health and physical education curriculum, and a need for more support and guidance. Lack of specialist staff was also a concern for some secondary schools.

Background

The final version of *Health and Physical Education in the New Zealand Curriculum* was released in February 1999, replacing the existing health and physical education syllabuses, and aspects of the home economics syllabus¹. It was scheduled for full implementation in New Zealand schools (for Years 1–10) in January 2001.

Towards the end of 2000, the Ministry of Education was interested in establishing how well schools were progressing in implementing *Health and Physical Education in the New Zealand Curriculum* and what measures schools considered would assist them be better prepared to fully implement the curriculum. This interest led to the development and carrying out of the present research project.

Research Aim and Objectives

The aim of the research was to determine relative school readiness for the full implementation of the new health and physical education curriculum.

More specifically, the research objectives were to determine:

- how schools were progressing in implementing *Health and Physical Education in the New Zealand Curriculum*; and
- how schools could be assisted to be better prepared for the implementation of the curriculum statement in 2001 and beyond.

Method

Sample

A random sample (stratified by Ministry of Education Property District) of 10 percent of primary schools (N = 218) and 40 percent of composite (N = 31) and secondary schools (N = 128) was selected to participate in the survey.

Towards the end of August 2000, a questionnaire and letter explaining the study were sent to the principal of each school in the sample. The principals were asked to pass on the questionnaire to the teacher with key responsibility for overseeing and coordinating the implementation of the health and physical education curriculum in their school.

Questionnaires were to be completed and returned by the second week in September 2000. But, after a first reminder letter, the overall response rate remained low (around 60 percent). A further reminder, together with a replacement questionnaire, was therefore sent to schools that had not yet replied in early October.

Response rates

By November 2000, completed questionnaires had been received from 319 schools, producing an excellent response rate of 86 percent (N = 188) for primary schools and 83 percent (N = 131) for composite and secondary schools.

Points to Note

- Throughout this report, composite and secondary school data have been combined. For ease of reading, these data are referred to in both text and tables as 'secondary school' (or 'secondary respondent') data only, omitting reference to the 'composite' component.

¹ Others aspects of the home economics syllabus now come under Technology in the New Zealand Curriculum.

- Percentages in all tables are calculated out of the total number of primary (N=188) or secondary (including composite school) (N=131) respondents.
- Respondents were encouraged to add comments to explain their answers to some of the questions in the questionnaire. The comments made are incorporated in the relevant sections of this report. (In general, however, the proportions of respondents who volunteered comments were small.)

Results and Discussion

The Respondents

Those who answered the questionnaire — we requested that this should be the person with primary responsibility for overseeing and coordinating the implementation of the health and physical education curriculum in the school — were asked to provide information on the position(s) they held in their school. They were also asked to specify their subject specialisation or area of particular strength within the health and physical education curriculum.

As can be seen in Table 1, the large majority (84%) of respondents from secondary schools and over half (59%) from primary schools held management positions in addition to their teaching roles. Around a third (31%) of primary respondents indicated they were classroom teachers.

TABLE 1: *The position(s) that respondents held within the school*

Position(s) held	Primary %	Secondary %
Management role only	3.7	0.8
Classroom teacher	31.4	8.4
Management role and classroom teacher	58.5	84.0
Other	2.1	6.1
Missing data	4.3	0.7
Total	100.0	100.0

TABLE 2: *Respondents' subject specialisations or areas of particular strength within the health and physical education curriculum*

Curriculum area ^a	Primary %	Secondary %
Physical education (includes outdoor education)	34.6	35.9
Health education (includes mental health)	18.1	15.3
Health and physical education	18.1	32.1
Home economics	1.1	8.4
Other ^b	9.0	8.4

^a Respondents could specify more than one area of particular strength within the curriculum.

^b Responses in the 'Other' category included being a trained primary teacher, holding a science degree, and being a sole charge teacher.

Table 2 shows that physical education was the subject specialisation of around a third of both primary (35%) and secondary (36%) respondents.

Planning for the Implementation of the Health and Physical Education Curriculum

Health and Physical Education in the New Zealand Curriculum incorporates health education, physical education and certain aspects of home economics (eg, food and nutrition). Respondents were asked to indicate the current state of their school's planning in each of these three subject areas.

The data in Table 3 show that the level of schools' planning in each area varied. For example, whereas considerably more secondary (73%) than primary (58%) respondents said that their schools had completed or partially completed an implementation plan in the area of physical education, approximately equal proportions of primary (55%) and secondary (57%) respondents reported that their schools had completed or partially completed an implementation plan for health education.

Plans to implement the home economics component of the health and physical education curriculum appeared to be considerably less well-developed, especially in primary schools. Less than half of secondary (47%) and only a fifth of primary (20%) respondents indicated that their schools had completed

TABLE 3: Current^a state of schools' planning for the implementation of Health and Physical Education in the New Zealand Curriculum

Current state of planning	Health education		Physical education		Relevant aspects of home economics	
	Primary schools %	Secondary schools %	Primary schools %	Secondary schools %	Primary schools %	Secondary schools %
Our school has completed an implementation plan	24.5	16.0	27.7	22.1	11.2	12.2
We have partially completed an implementation plan	30.3	41.2	30.3	50.4	8.5	35.1
Our planning process is underway but we have not yet begun to write an implementation plan	31.4	16.0	30.3	17.6	10.6	14.5
We have not begun planning for implementation at this stage	9.6	1.5	9.0	0.8	7.4	8.4
Other	–	–	–	0.8	–	–
Missing	4.3	25.2	2.7	8.4	62.2	29.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

^a That is, between late August and October 2000, depending on when a school completed the survey questionnaire.

or partially completed an implementation plan for the relevant aspects of home economics. The latter result may be that primary respondents did not consider that planning for home economics within the health and physical education curriculum was relevant or applicable to primary schools (especially those catering for Years 1–6 students only), given that 62 percent chose not to answer this part of the question.

Further comments about the planning process

When asked to comment further regarding the state of their school's planning for implementing the health and physical education curriculum, 15 percent of primary respondents either stated that their school's participation in professional development had been beneficial or that they felt that participation in professional development would help them to better implement the new curriculum.

Issues surrounding fitting health education, physical education, and the relevant aspects of home economics into the school timetable were mentioned most frequently by secondary respondents (13%). Twelve percent of secondary respondents also commented that some areas of the curriculum were better developed in their school than others, while a similar proportion (11%) felt that their school was well on track with the implementation of this curriculum.

Consultation with Parents, Caregivers and the Community about the Health and Physical Education Curriculum

Section 105c of the Education Act 1964 states that it is a legal requirement for schools to consult with their board of trustees, and with parents, caregivers, and the community regarding health and physical education programmes at least every eighteen months. The importance of the whole school community being involved in developing policies and practices that support learning in health and physical education is also emphasised in the *Health and Physical Education in the New Zealand Curriculum* document.

The questionnaire asked respondents to indicate when their school last consulted with parents, caregivers, and the community about health education. Although most schools (75% of secondary and 62% of primary) had consulted in either 1999 or 2000, a considerable proportion (one-third) of primary schools had last consulted prior to 1999.

Processes Involved in Implementing the Health and Physical Education Curriculum

There are a number of important processes that schools have to work through in order to implement *Health and Physical Education in the New Zealand Curriculum*. The questionnaire asked respondents to tick each of the areas listed in the questionnaire (and

repeated in Table 4 below) their school had worked through to date.

Table 4 reveals that although a sizeable majority of both primary and secondary respondents reported that their school had already worked through most of the areas listed, secondary schools were more likely than primary schools to have tackled each of the various processes. In particular, they were considerably more likely to have worked on the processes involved in implementing the home economics component of the curriculum (only a minority of primary schools had done so). They were also considerably more likely to have worked on the processes for consulting with the community about the

curriculum, assessing students, and for achieving collaborative planning among health and physical education teachers and those responsible for teaching the relevant aspects of home economics.

How well schools were doing in working through the various processes for implementing the curriculum

The questionnaire went on to ask respondents how well they considered their schools were doing so far in working through the various processes.

TABLE 4: *The processes that schools had worked through to date^a in order to implement the health and physical education curriculum*

The process ^b	Primary schools %	Secondary schools %
Allocating responsibilities for implementation	90.4	93.1
Planning professional development for staff in relation to <i>Health and Physical Education in the New Zealand Curriculum</i>	87.8	93.1
Identifying, obtaining and allocating resources	82.4	90.8
Budgeting	83.0	90.1
Unit planning	86.2	96.2
Classroom-level implementation	81.9	91.6
Assessing students	76.1	89.3
Monitoring and reporting of students' learning and achievement	76.6	80.2
Communication with parents and the community about <i>Health and Physical Education in the New Zealand Curriculum</i>	64.9	80.2
Collaborative planning among teachers responsible for health education, physical education, and the relevant aspects of home economics	77.1	90.1
Incorporating health education into the school's timetable	93.6	95.4
Incorporating physical education into the school's timetable	94.1	97.7
Incorporating the relevant aspects of home economics into the school's timetable	48.4	73.3
Ensuring health education programmes are culturally inclusive	84.0	94.7
Ensuring physical education programmes are culturally inclusive	85.1	94.7
Ensuring the relevant aspects of home economics are culturally inclusive	39.4	77.9
Ensuring health education programmes are gender inclusive	86.2	95.4
Ensuring physical education programmes are gender inclusive	86.7	95.4
Ensuring the relevant aspects of home economics are gender inclusive	39.9	77.9
Ensuring health education programmes meet the needs of students with special needs and abilities	84.0	87.0
Ensuring physical education programmes meet the needs of students with special needs and abilities	85.1	86.3
Ensuring the relevant aspects of home economics meet the needs of students with special needs and abilities	37.8	69.5

^a That is, between late August and October 2000, depending on when a school completed the survey questionnaire.

^b Respondents could tick as many of the listed processes as applied.

Generally, schools were reported to be doing 'well' in each of the specified areas rather than 'very well'. Around a third of primary school respondents, however, considered that their school was doing 'very well' in allocating responsibilities for implementation (36%), and incorporating each of physical education (33%) and

health education (30%) into the school's timetable. Just under half of secondary respondents (44%) also considered their school was doing 'very well' in incorporating physical education into the school's timetable. Tables 5a and 5b provide further details.

TABLE 5a: *How well primary schools considered they were doing in working through various processes for implementing the health and physical education curriculum*

The process	Very well %	Well %	OK %	Poorly %	Very poorly %	Missing data %
Allocating responsibilities for implementation	35.6	26.6	24.5	0.5	–	12.8
Planning professional development for staff in relation to <i>Health and Physical Education in the New Zealand Curriculum</i>	25.0	29.3	31.4	–	–	14.4
Identifying, obtaining and allocating resources	14.4	38.8	26.6	1.1	0.5	18.6
Budgeting	16.5	33.0	29.3	2.7	–	18.6
Unit planning	18.1	33.0	32.4	2.1	–	14.4
Classroom-level implementation	13.3	37.2	29.8	1.6	–	18.1
Assessing students	9.6	29.3	36.2	–	–	26.4
Monitoring and reporting of students' learning and achievement	9.6	30.9	35.6	0.5	–	23.4
Communication with parents and the community about <i>Health and Physical Education in the New Zealand Curriculum</i>	15.4	20.2	27.1	2.1	–	35.1
Collaborative planning among teachers responsible for health education, physical education, and the relevant aspects of home economics	14.4	37.8	22.3	2.1	–	23.4
Incorporating health education into the school's timetable	29.8	37.2	23.9	1.6	–	7.4
Incorporating physical education into the school's timetable	33.0	35.6	22.9	1.6	–	6.9
Incorporating the relevant aspects of home economics into the school's timetable	8.5	14.4	20.7	1.6	–	54.8
Ensuring health education programmes are culturally inclusive	15.4	34.6	34.0	–	–	16.0
Ensuring physical education programmes are culturally inclusive	14.4	37.2	33.5	–	–	14.9
Ensuring the relevant aspects of home economics are culturally inclusive	6.4	14.9	16.5	–	–	62.2
Ensuring health education programmes are gender inclusive	21.8	38.3	26.6	–	–	13.3
Ensuring physical education programmes are gender inclusive	22.9	39.9	24.5	–	–	12.8
Ensuring the relevant aspects of home economics are gender inclusive	10.6	14.4	14.9	–	–	60.1
Ensuring health education programmes meet the needs of students with special needs and abilities	20.2	29.3	33.5	1.1	–	16.0
Ensuring physical education programmes meet the needs of students with special needs and abilities	19.7	31.4	33.0	1.1	–	14.9
Ensuring the relevant aspects of home economics meet the needs of students with special needs and abilities	8.5	11.2	15.4	0.5	–	64.4

TABLE 5b: *How well secondary schools considered they were doing in working through various processes for implementing the health and physical education curriculum*

The process	Very well %	Well %	OK %	Poorly %	Very poorly %	Missing data %
Allocating responsibilities for implementation	29.8	32.8	26.0	2.3	–	9.2
Planning professional development for staff in relation to <i>Health and Physical Education in the New Zealand Curriculum</i>	26.0	38.2	25.2	0.8	–	9.9
Identifying, obtaining and allocating resources	16.0	33.6	37.4	2.3	–	10.7
Budgeting	11.5	31.3	40.5	3.8	–	13.0
Unit planning	23.7	33.6	31.3	4.6	–	6.9
Classroom-level implementation	16.8	38.2	33.6	0.8	–	10.7
Assessing students	10.7	16.8	54.2	5.3	–	13.0
Monitoring and reporting of students' learning and achievement	11.5	18.3	45.0	3.1	–	22.1
Communication with parents and the community about <i>Health and Physical Education in the New Zealand Curriculum</i>	13.7	26.0	34.4	3.1	0.8	22.1
Collaborative planning among teachers responsible for health education, physical education, and the relevant aspects of home economics	19.1	28.2	34.4	6.9	–	11.5
Incorporating health education into the school's timetable	27.5	35.1	27.5	2.3	1.5	6.1
Incorporating physical education into the school's timetable	44.3	35.1	14.5	–	–	6.1
Incorporating the relevant aspects of home economics into the school's timetable	11.5	32.8	21.4	3.8	–	30.5
Ensuring health education programmes are culturally inclusive	16.0	44.3	32.1	0.8	–	6.9
Ensuring physical education programmes are culturally inclusive	17.6	48.1	26.7	–	–	7.6
Ensuring the relevant aspects of home economics are culturally inclusive	13.0	32.1	26.7	1.5	–	26.7
Ensuring health education programmes are gender inclusive	28.2	42.0	22.9	–	–	6.9
Ensuring physical education programmes are gender inclusive	29.8	43.5	19.1	–	–	7.6
Ensuring the relevant aspects of home economics are gender inclusive	25.2	28.2	18.3	2.3	0.8	25.2
Ensuring health education programmes meet the needs of students with special needs and abilities	17.6	37.4	29.8	0.8	–	14.5
Ensuring physical education programmes meet the needs of students with special needs and abilities	21.4	34.4	27.5	1.5	–	15.3
Ensuring the relevant aspects of home economics meet the needs of students with special needs and abilities	14.5	25.2	26.0	0.8	–	33.6

The processes for implementing the curriculum in which schools intended to undertake (further) work during the remainder of the 2000 school year

When asked to indicate which of the processes listed in Tables 5a and 5b their school intended to (do further) work on during the remaining months of 2000, the majority of both primary and secondary respondents identified assessing students (74% primary, 82% secondary), the monitoring and reporting of students' learning and achievement (72%, 82%), and unit planning (71%, 86%).

Once again, home economics, compared to other subject areas within the health and physical education curriculum, did not appear to be a critical focus of the curriculum implementation process for primary schools. These schools were least likely to be intending to undertake (further) work to incorporate the relevant aspects of home economics into the school's timetable (27%), or to ensure that the relevant aspects of home economics were culturally (27%) or gender (25%) inclusive and met the needs of students with special needs (26%). Primary schools were also least likely to

indicate their intention to undertake (further) work in allocating responsibilities for implementation (32%).

In contrast, secondary respondents were least likely to say their schools would be undertaking (further) work to ensure that health (34%) or physical education (34%) programmes were gender inclusive (34%), or to ensure that the relevant aspects of home economics were gender inclusive (31%).

Further comments about working through the processes for implementation of the curriculum

When invited to make further comments regarding the areas their school needed to work through in order to successfully implement *Health and Physical Education in the New Zealand Curriculum*, primary respondents most frequently mentioned the need for more guidance in specific areas of the curriculum, such as assessment (6%), and the need for more resources and funding to support implementation (5%). A similar number of primary respondents also commented that their school was either well on track with implementation and had completed a written plan (6%) or that their school had partially completed a written plan and still had further work to do (5%).

Secondary respondents most frequently mentioned workload issues and the lack of time to devote to implementation (10%), and difficulties incorporating the health and physical education curriculum into the school's timetable (8%). A further seven percent also mentioned that their school's implementation plan was still only partially written.

Key Areas of Learning

Within *Health and Physical Education in the New Zealand Curriculum* there are seven key areas of learning. These are:

- mental health;
- sexuality education;
- food and nutrition;
- body care and physical safety;
- physical activity;
- sports studies; and
- outdoor education.

Respondents were asked to indicate how prepared they considered their school was, at the time of the survey, to provide learning experiences in each of the seven areas.

The data in Tables 6a and 6b show that, overall, secondary respondents were more likely than primary respondents to say that their school was prepared to provide learning experiences to a large or very large extent in the key areas of learning. There was one area, however, where primary schools were reported to be better prepared. This was in the area of outdoor education.

The data further showed that while physical activity was the area in which schools generally felt best prepared, a considerably higher proportion of secondary (73%) than primary (58%) respondents said that their schools were prepared to a large/very large extent to provide learning experiences in physical education. Around half of secondary respondents also felt their school was prepared to a large or very large extent in the key areas of sexuality education (55%) and sports studies (50%), considerably higher proportions than those for their primary counterparts.

Whereas the results in Tables 6a and 6b suggest that primary schools were most likely to need assistance in providing learning experiences in sexuality education and mental health, for secondary schools the greatest need seemed to be in the areas of food and nutrition and outdoor education.

Further comments about schools' preparedness to provide learning experiences in key areas of learning

When invited to comment further about how well prepared their school was to provide learning experiences in the seven key areas of learning, primary respondents most often said that they felt the school was well prepared and had good programmes in place (4%) or stated that training and professional development were essential to ensure that the various subjects within the health and physical education curriculum were taught well (4%).

Secondary respondents most frequently raised issues regarding the implementation of aspects of home economics (7%) and difficulties encountered when trying to fit the different components of the curriculum

TABLE 6a: *How prepared primary schools were to provide learning experiences in the key areas of learning within the health and physical education curriculum*

Key area of learning	Prepared to a large/very large extent	Prepared to a moderate extent	Prepared to only a small extent	Prepared to a very limited extent/not at all	Unsure/don't know	Missing data
	%	%	%	%	%	%
Mental health	18.6	45.2	22.3	7.4	2.1	4.3
Sexuality education	17.6	35.1	26.1	12.2	5.3	3.7
Food and nutrition (including food preparation)	36.7	48.4	8.0	2.7	1.1	3.2
Body care and physical safety	40.4	48.9	5.9	1.1	–	3.7
Physical activity	58.0	35.6	3.2	1.1	–	2.1
Sports studies	24.5	42.0	19.7	6.4	2.1	5.3
Outdoor education	31.9	48.9	10.6	4.8	0.5	3.2

TABLE 6b: *How prepared secondary schools were to provide learning experiences in the key areas of learning within the health and physical education curriculum*

Key area of learning	Prepared to a large/very large extent	Prepared to a moderate extent	Prepared to only a small extent	Prepared to a very limited extent/not at all	Unsure/don't know	Missing data
	%	%	%	%	%	%
Mental health	33.6	46.6	11.5	3.1	1.5	3.8
Sexuality education	55.0	32.1	6.1	1.5	2.3	3.1
Food and nutrition (including food preparation)	36.6	26.0	19.8	8.4	1.5	7.6
Body care and physical safety	44.3	47.3	5.3	0.8	0.8	1.5
Physical activity	73.3	20.6	2.3	0.8	0.8	2.3
Sports studies	50.4	32.8	9.9	1.5	1.5	3.8
Outdoor education	28.2	33.6	22.9	10.7	0.8	3.8

into busy school timetables (6%). A further seven percent commented that their school was well prepared in some of the key areas of learning but not in others.

Concepts Underlying the Health and Physical Education Curriculum Framework

Four underlying concepts support the framework for learning in health education and physical education. These concepts are hauora/well-being, health promotion, the socio-ecological perspective² and the importance of attitudes and values that promote well-being.

Respondents were asked to indicate how prepared they considered their school was at present to provide learning experiences that would develop each of these concepts underlying *Health and Physical Education in the New Zealand Curriculum*.

The majority of both primary and secondary respondents felt their school was prepared to a moderate extent or better to provide learning experiences that developed the underlying concepts of hauora/well-being (85% and 92%, respectively), health promotion (86%, 86%), and attitudes and values (87%, 92%). Schools were said to be less prepared to provide learning experiences that reflected the socio-ecological perspective (Tables 7a and 7b).

² *The Health and Physical Education in the New Zealand Curriculum document (p.33) explains the socio-ecological perspective: 'People can take part in the health promotion process effectively only when they have a clear view of the social and environmental factors that affect health and well-being. Through learning experiences that reflect the socio-ecological perspective, students can seek to remove barriers to healthy choices. They can help to create the conditions that promote their own well-being and that of other people and society as a whole. Through this perspective, students will also come to a better appreciation of how and why individuals differ ... and will learn to take into account the considerations that affect society as a whole as well as individual considerations and will discover the need to integrate these.'*

TABLE 7a: *How prepared primary schools were to provide learning experiences that develop the underlying concepts of the curriculum*

Underlying concept	Prepared to a large/very large extent	Prepared to a moderate extent	Prepared to only a small extent	Prepared to a very limited extent/not at all	Unsure/ don't know	Missing data
	%	%	%	%	%	%
Hauora/well-being	30.9	54.3	8.5	1.6	2.1	2.7
Health promotion	28.2	57.4	10.1	0.5	1.1	2.7
The socio-ecological perspective	13.8	55.3	19.7	3.2	3.7	4.3
Attitudes and values that promote well-being	37.8	48.9	7.4	1.6	1.1	3.2

TABLE 7b: *How prepared secondary schools were to provide learning experiences that develop the underlying concepts of the curriculum*

Underlying concept	Prepared to a large/very large extent	Prepared to a moderate extent	Prepared to only a small extent	Prepared to a very limited extent/not at all	Unsure/ don't know	Missing data
	%	%	%	%	%	%
Hauora/well-being	42.7	48.9	5.3	0.8	0.8	1.5
Health promotion	30.5	55.0	10.7	1.5	0.8	1.5
The socio-ecological perspective	15.3	47.3	27.5	5.3	1.5	3.1
Attitudes and values that promote well-being	35.9	56.5	3.8	1.5	0.8	1.5

TABLE 8a: *The extent to which primary schools considered they needed further guidance and direction in aspects of Health and Physical Education in the New Zealand Curriculum*

Needed further guidance and direction in ...	To a large/very large extent	To a moderate extent	To only a small extent	Not at all/ to a limited extent	Unsure/ don't know	Missing data
	%	%	%	%	%	%
Assessment	20.2	36.2	26.6	11.2	–	5.9
Reporting and monitoring	17.0	38.3	26.6	11.7	–	6.4
Critical thinking	11.2	34.6	33.5	10.6	1.6	8.5
Legislative requirements for consultation with parents, caregivers, and the community	15.4	29.3	28.7	19.1	1.6	5.9
Risk management for outdoor experiences	13.3	26.1	36.2	18.6	–	5.9
Integrating strands C & D of the curriculum ^a into physical education programmes	9.6	33.5	28.7	16.0	1.6	10.6
Cultural inclusiveness of the curriculum	6.4	27.7	32.4	26.6	0.5	6.4
Gender inclusiveness of the curriculum	4.3	21.3	36.7	30.9	0.5	6.4
Meeting the needs of students with special needs and abilities	7.4	21.8	34.6	27.7	2.1	6.4
Time allocation for health education	5.9	18.1	28.7	39.4	1.6	6.4
Time allocation for physical education	5.9	17.0	29.8	39.4	1.6	6.4
Time allocation for aspects of home economics	3.2	10.1	18.1	24.5	3.2	41.0

^a Strands C and D of the curriculum are those relating to 'Relationships with Other People' and 'Healthy Communities and Environments'. (The two remaining strands, A and B, concern 'Personal Health and Physical Development' and 'Movement Concepts and Motor Skills').

TABLE 8b: *The extent to which secondary schools considered they needed further guidance and direction in aspects of Health and Physical Education in the New Zealand Curriculum*

Needed further guidance and direction in ...	To a large/ very large extent	To a moderate extent	To only a small extent	Not at all/ to a limited extent	Unsure/ don't know	Missing data
	%	%	%	%	%	%
Assessment	21.4	52.7	16.0	6.9	0.8	2.3
Reporting and monitoring	25.2	46.6	16.8	9.9	0.8	0.8
Critical thinking	9.9	32.1	32.1	14.5	3.1	8.4
Legislative requirements for consultation with parents, caregivers, and the community	6.1	19.8	26.0	38.2	2.3	7.6
Risk management for outdoor experiences	8.4	20.6	26.0	39.7	2.3	3.1
Integrating strands C & D of the curriculum ^a into physical education programmes	13.0	32.1	32.1	16.8	0.8	5.3
Cultural inclusiveness of the curriculum	7.6	24.4	31.3	32.8	–	3.8
Gender inclusiveness of the curriculum	3.8	10.7	29.8	48.9	–	6.9
Meeting the needs of students with special needs and abilities	12.2	21.4	29.8	33.6	–	3.1
Time allocation for health education	16.8	22.1	21.4	35.1	0.8	3.8
Time allocation for physical education	9.9	16.8	15.3	55.0	0.8	2.3
Time allocation for aspects of home economics	14.5	22.9	16.0	27.5	2.3	16.8

^a *Strands C and D of the curriculum are those relating to 'Relationships with Other People' and 'Healthy Communities and Environments'. (The two remaining strands, A and B, concern 'Personal Health and Physical Development' and 'Movement Concepts and Motor Skills'.*

Further Guidance and Direction

One of the objectives of the research was to determine what assistance schools considered they needed to help them be better prepared to fully implement *Health and Physical Education in the New Zealand Curriculum*. A series of questions asked respondents to rate the extent to which they considered their school required further guidance and direction in various aspects of the health and physical education curriculum.

Tables 8a and 8b clearly show that both primary and secondary respondents felt that, of all the areas of the curriculum listed, their school most required further guidance and direction in assessing students and in reporting and monitoring student learning and achievement in health and physical education.

Views on the kinds of guidance and direction that would be most useful for schools

When asked to nominate the forms of guidance and direction they felt would be most useful for schools in implementing the curriculum, both primary and secondary respondents most often mentioned visits by advisers to provide individual assistance (17% and 13% respectively) and the provision of further professional

development courses (14%, 12%). Sixteen percent of secondary respondents also felt that having exemplars available of programmes which worked well in other schools would be useful.

Sources of Advice and Support

A variety of sources of support are available to help schools implement *Health and Physical Education in the New Zealand Curriculum*.

Overall, secondary schools were more likely to tap into the various sources of advice and support listed in Table 9 (originally provided as options in the survey questionnaire) than their primary counterparts.

Table 9 shows that the great majority of both primary and secondary schools had accessed advice and support regarding the new curriculum through professional development programmes and through in-school developments such as regular staff meetings. The data further show that three-quarters or more of secondary respondents also indicated that their school had sought advice from teachers and colleagues in other schools, from education advisory or teacher support services, and from Physical Education New Zealand (PENZ).

TABLE 9: *The proportion of schools which to date^a had accessed various sources of advice and support for implementing Health and Physical Education in the New Zealand Curriculum*

Advice and support sought or obtained through ^b ...	Primary schools %	Secondary schools %
Professional development programme	87.2	98.5
In-school developments (eg, staff meetings)	79.3	85.5
Teachers and colleagues from other schools	38.3	86.3
Teachers' Centres/Education and Resource Centres	39.4	48.1
Education Advisory Services/Teacher Support Services	59.6	77.9
New Zealand Health Teachers' Association (NZHTA)	12.2	55.7
Physical Education New Zealand (PENZ)	32.4	76.3
Home Economics and Technology Teachers' Association (HETTANZ)	6.9	51.9
Teacher training institutions (eg, colleges of education)	27.7	53.4
Other	16.0	16.0

^a That is, between late August and October 2000, depending on when a school completed the survey questionnaire.

^b Respondents could tick more than one source.

Views on the usefulness of available sources of advice and support

In addition to the provision of advice and support, there is the issue of the usefulness of that advice and support. Respondents were therefore asked to indicate how useful they had found the various sources of the advice and support.

A sizeable majority of both primary and secondary respondents considered that professional development programmes (69% and 79% respectively) and in-school developments (72%, 64%) were useful to either 'a large/very large extent' or to 'a moderate extent'. Not surprisingly, given the proportion that said they accessed them, secondary respondents also considered support provided through education advisory or teacher support services (70%) or by teachers and colleagues from other schools (63%) useful to either a 'large/very large' or 'moderate' extent.

Resources Produced by the Ministry of Education

The Ministry of Education has published a number of resources to support the implementation of *Health and Physical Education in the New Zealand Curriculum*.

The resources include:

- *Curriculum in Action*;
- *Jumping In*;
- *Sexuality Education: A Guide for Principals and Boards of Trustees*;
- *Drug Education: A Guide for Principals and Boards of Trustees*; and
- *Learning for Living: A Video for Boards of Trustees*.

Respondents were asked to rate how useful these resources had been in assisting them to implement the curriculum.

The resource, *Curriculum in Action*, was considered useful to either 'a large/very large extent' or to 'a moderate extent' by the large majority (80%) of primary respondents and by almost two-thirds (66%) of secondary respondents.

Around half of primary respondents also considered *Jumping In* and *Sexuality Education: A Guide for Principals and Boards of Trustees* to be useful to 'a moderate extent' or better. A similar proportion of secondary respondents considered that the two resources on sexuality education and drug education were also useful to at least 'a moderate extent'.

Sizeable minorities of primary (28%) and secondary (32%) respondents had not seen or used the resource *Learning for Living: A Video for Boards of Trustees*. Tables 10a and 10b provide further details.

When asked to comment further on the resources provided by the Ministry of Education to support *Health and Physical Education in the New Zealand Curriculum*, respondents most often made positive comments about the resources available (8% primary and 7% secondary) or commented that more resources were needed (6% and 5%).

TABLE 10a: How useful primary schools considered various resources produced by the Ministry of Education had been for implementing Health and Physical Education in the New Zealand Curriculum

Ministry of Education resource	Useful to a large/very large extent	Useful to a moderate extent	Useful to only a small extent	Not at all useful	Unsure/don't know	Have not seen or used resource	Missing data
	%	%	%	%	%	%	%
<i>Curriculum in Action</i>	47.9	32.4	2.7	–	2.1	5.9	9.0
<i>Jumping In</i>	18.6	34.0	7.4	–	5.9	14.9	19.1
<i>Sexuality Education: A Guide for Principals and Boards of Trustees</i>	18.6	30.9	14.4	3.2	6.9	12.8	13.3
<i>Drug Education: A Guide for Principals and Boards of Trustees</i>	14.4	28.7	10.6	4.3	6.4	21.3	14.4
<i>Learning for Living: A Video for Boards of Trustees</i>	12.2	27.1	8.5	2.7	4.3	27.7	17.6

TABLE 10b: How useful secondary schools considered various resources produced by the Ministry of Education had been for implementing Health and Physical Education in the New Zealand Curriculum

Ministry of Education resource	Useful to a large/very large extent	Useful to a moderate extent	Useful to only a small extent	Not at all useful	Unsure/don't know	Have not seen or used resource	Missing data
	%	%	%	%	%	%	%
<i>Curriculum in Action</i>	23.7	42.0	22.9	0.8	–	5.3	5.3
<i>Jumping In</i>	6.9	34.4	29.8	3.1	1.5	13.0	11.5
<i>Sexuality Education: A Guide for Principals and Boards of Trustees</i>	21.4	32.1	18.3	1.5	0.8	13.0	13.0
<i>Drug Education: A Guide for Principals and Boards of Trustees</i>	22.1	30.5	19.1	0.8	1.5	13.7	12.2
<i>Learning for Living: A Video for Boards of Trustees</i>	6.1	13.0	16.8	0.8	4.6	32.1	26.7

Professional Development Undertaken by Schools to Support Health and Physical Education in the New Zealand Curriculum

Professional development programmes have been available throughout New Zealand to support the implementation of the health and physical education curriculum. When asked to advise in which year their school had focused on professional development in *Health and Physical Education in the New Zealand Curriculum*, 74 percent of primary and 82 percent of secondary respondents said that their school had done so in either 1999 or 2000.

Although almost a fifth (19%) of primary respondents stated that their school had not yet undertaken professional development in relation to the health and physical education curriculum, they went on to say

that professional development was planned for later in the year (2000) or for 2001.

Table 11 shows that secondary schools were considerably more likely than their primary counterparts to have undertaken each type of professional development programme listed.

Aspects of the Implementation Process that Schools were Handling Well

Towards the end of the questionnaire respondents were asked to list three aspects of implementing *Health and Physical Education in the New Zealand Curriculum* that they believed were being handled well in their school.

TABLE 11: *The types of professional development programmes teachers had undertaken and which ones were planned for later in 2000 or in 2001*

Type of professional development programme ^a	Primary schools (%)		Secondary schools (%)	
	Has been undertaken	Will be undertaken	Has been undertaken	Will be undertaken
Whole school/whole department	52.7	27.1	71.8	22.1
Individual teacher	62.8	21.3	88.5	22.9
Context-specific workshops	38.3	19.7	73.3	19.1
Other	8.0	1.1	8.4	1.5

^a Respondents could tick more than one type of professional development programme.

Primary respondents most often identified school-level planning and curriculum implementation (34%), incorporating the key areas of learning within the curriculum into their programmes (21%), and staff with responsibilities for different aspects of the health and physical education curriculum working cooperatively (19%), as the aspects of the implementation process that their schools were handling well.

Secondary school respondents, on the other hand, most often mentioned unit development and unit planning

(31%), professional development (25%), and staff working cooperatively together (24%) as the aspects being handled well in their schools.

As can be seen in Table 12, primary schools were considerably more likely than their secondary counterparts to mention that school-level planning/curriculum implementation was being handled well, whereas secondary respondents were much more likely than primary respondents to say that unit planning and unit development were going well.

TABLE 12: *Aspects of implementing the health and physical education curriculum that respondents considered were being handled well in their schools*

Aspect of implementing the curriculum ^a	Primary schools %	Secondary schools %
School-level planning/curriculum implementation	34.0	18.3
Incorporating the key areas of learning	20.7	15.3
Staff working well together/working cooperatively	18.6	24.4
Professional development	16.5	25.2
Unit planning and unit development	12.8	31.3
Communication with parents/caregivers and the community	12.2	9.9
Using resource personnel or agencies to support the curriculum	12.2	13.7
Aspects of physical education	9.6	9.9
Catering for specific student needs (eg, inclusiveness)	8.0	5.3
Becoming familiar with the curriculum document	7.4	5.3
Timetabling of subjects/time allocation	6.9	16.8
Developing the underlying concepts	6.9	2.3
Assessing students	5.9	6.1
Various aspects of health education	5.9	2.3
Incorporating the various strands within the curriculum into their programmes	3.2	2.3
Critical thinking	2.1	1.5
Implementing programmes at specific year levels	1.6	13.0
Other	8.5	13.0

^a Respondents could mention more than one aspect which they considered was being handled well.

The following comments highlight some of the aspects which respondents felt were being handled well in their schools:

“Experimentation with units of work which reflect the character of the school and the needs of the students.”

“Planning [and] assessment according to the curriculum document. Ensuring a balance is covered throughout the year — strands and unit plans.”

Barriers to Successfully Implementing the Curriculum

Respondents were asked to list the three main barriers they had encountered in successfully implementing the curriculum in their school. The data in Table 13 reveal that not having enough time for all the tasks required was of primary concern to a large minority of both primary (28%) and secondary (31%) respondents. They considered they needed more time for such things as becoming familiar with the document, for planning and writing units, and for staff development. The following comments were typical:

“[We need] time to discuss and plan the links between units and departments.”

“The time factor for health teachers’ professional development [is difficult] — all health teachers have other key subject areas.”

In addition, for more than a third (36%) of secondary respondents a further important barrier to successfully implementing the curriculum was that of timetable constraints and trying to fit subjects within the health and physical education curriculum into the schools’ timetable.

The last part of the questionnaire gave respondents the opportunity to add any further comments they might like to make about their school’s experience of implementing *Health and Physical Education in the New Zealand Curriculum*. A number of both primary (7%) and secondary (9%) respondents chose to make positive comments about the curriculum and how it was being implemented in their school. A further 11 percent of secondary respondents, however, stated that they felt there was a need for further guidance and support for teachers to implement this curriculum.

Summary

Results of the survey indicate that, overall, schools in 2000 appeared to be progressing well in implementing many aspects of *Health and Physical Education in the*

TABLE 13: *The main barriers schools had encountered in successfully implementing the health and physical education curriculum*

Main barrier ^a	Primary schools (N = 188)	Secondary schools (N = 131)
	%	%
More time needed (for professional development, planning, writing up units, etc)	28.2	31.3
Issues around professional development and the need for more guidance	15.4	15.3
Perceptions of staff and parents of the importance of the curriculum/resistance to change	15.4	20.6
Availability of resources	12.2	3.1
Timetable constraints/time allocation for the curriculum	10.1	35.9
Problems with specific aspects of the curriculum	8.0	11.5
Funding issues/inadequate budgets	5.9	13.0
Staffing issues — lack of specialist staff	5.3	16.0
Teacher workload issues	4.3	11.5
More help needed with assessment	3.2	7.6
Lack of school facilities restricts implementation	1.6	9.9
Other	11.7	14.5

^a Respondents could mention more than one main barrier.

New Zealand Curriculum. Over half of both primary and secondary respondents reported that their schools had completed or partially completed implementation plans for each of the physical education and health education components of the curriculum.

While acknowledging that there was more work to do, particularly in some areas, the majority of all respondents reported that their school had already worked through most of the processes necessary to successfully implement this new curriculum. The main exceptions concerned the processes involved in incorporating the relevant aspects of home economics into the school's timetable and ensuring that the home economics component was culturally and gender inclusive and met the needs of students with special needs and abilities. (This latter result is not surprising given that just 20 percent of primary and 47 percent of secondary schools had completed or partially completed an implementation plan for the home economics component of the curriculum.)

Primary schools considered they were prepared to a moderate extent or better to provide learning experiences in the key areas of learning within the curriculum of food and nutrition, body care and physical safety, and outdoor education. They were least prepared in the area of sexuality education. The majority of secondary schools were most prepared (to a moderate extent or better) in the learning areas of mental health, sexuality education, body care and physical safety, physical activity, and sports studies, and were least prepared in the areas of food and nutrition and outdoor education.

Although schools considered they were reasonably prepared to provide learning experiences that developed three of the four underlying concepts of *Health and Physical Education in the New Zealand Curriculum* they were less prepared to provide learning experiences that reflected the socio-ecological perspective, suggesting that further work may be required in this area.

Primary respondents were more likely to say their schools required further guidance and direction in the assessment, reporting and monitoring, and critical thinking aspects of the curriculum than in other aspects. Assessment and reporting and monitoring were

also the two areas in which secondary respondents most frequently indicated a need for further guidance and direction.

In general, schools had taken advantage of the various forms of advice and support available to assist schools with implementing *Health and Physical Education in the New Zealand Curriculum*. Advice and support obtained through professional development programmes and in-school developments, and from education advisory or teacher support services, was considered most useful by respondents in both sector levels.

When asked what further forms of guidance and support they felt would be helpful in implementing the curriculum, respondents most often mentioned a preference for ongoing visits to schools by advisers to provide individual assistance as needed, and the opportunity to participate in further professional development courses. Making available exemplars of programmes which work well in other schools was a further suggestion made by a number of secondary respondents.

