

Wānangatia te Putanga Taurira
National Monitoring Study
of Student Achievement

Health and Physical Education

Contextual Findings 2022

NMSSA • CYCLE 2

NMSSA Report 29 : HEALTH AND PHYSICAL EDUCATION 2022 – CONTEXTUAL FINDINGS

CYCLE 2
NMSSA Report 29



Wānangatia te Putanga Tauira
National Monitoring Study
of Student Achievement

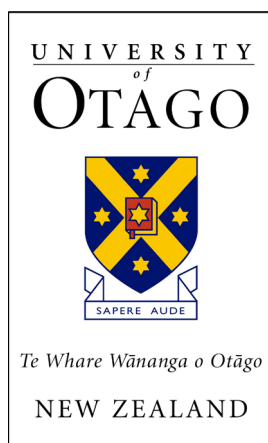
Health and Physical Education 2022

Contextual Findings

Educational Assessment Research Unit
and
New Zealand Council for Educational Research



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Key reports for Health and Physical Education 2022

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- 28: Health and Physical Education 2022 – Achievement Findings
- 29: Health and Physical Education 2022 – Contextual Findings
- 32: Technical Information 2022



National Monitoring Study of Student Achievement Report 28: Health and Physical Education 2022 – Achievement Findings
published by Educational Assessment Research Unit, University of Otago, and New Zealand Council for Educational Research
under contract to the Ministry of Education, New Zealand

ISSN: (Print) 2350-3254
ISSN: (Online) 2350-3238

ISBN: (Print) 978-1-927286-77-7
ISBN: (Online) 978-1-927286-78-4

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Acknowledgements

The NMSSA project team wishes to acknowledge the very important and valuable support and contributions of many people to this project, including:

- members of the curriculum advisory panel and reference groups for health and physical education
- principals, teachers and students of the schools where the tasks were piloted and trials were conducted
- principals, teachers and Board of Trustees' members of the schools that participated in the 2022 main study
- the students who participated in the assessments and their parents, whānau and caregivers
- the teachers who administered the assessments to the students
- the teachers and senior initial teacher education students who undertook the marking
- the Ministry of Education Research Team and Steering Committee.

Contextual factors associated with learning in health and physical education

In 2022, the National Monitoring Study of Student Achievement (NMSSA) assessed achievement in the health and physical education (health and PE) learning area of the New Zealand Curriculum¹. At the same time, NMSSA administered questionnaires to gather the perspectives of students, teachers, and principals on their experiences of health and PE in their schools. This report uses the questionnaire data to describe a range of contextual factors associated with learning in health and PE.

The report is organised thematically, combining results from the student, teacher and principal data where appropriate. After a brief description of the participating students, teachers, and principals, the report focuses on the following themes in turn:

- attitudes to and confidence in health and PE
- teaching and learning in health and PE
- professional support for teaching and learning in health and PE
- the use of external providers in health and PE programmes
- the impact of Covid-19 on teaching and learning in health and PE.

Where the same or similar questions were asked in 2017, and there is a ‘notable’ difference in the data, a short description looking back at the responses made in that year is provided. Generally, only ‘notable’ differences are highlighted (i.e., differences greater than 10 percentage points).

¹ For information about the NMSSA health and PE programme and the achievement results, please refer to NMSSA Achievement Findings: Health and Physical Education 2022

Section One: The participants

This section describes the students, teachers, and principals, who participated in the study and provides an overview of each questionnaire.

Participating students

In total, 1777 students at Year 4, and 1761 at Year 8, completed a computer-based health and PE student questionnaire—up to 20 students from each participating school. These samples were nationally representative.² Table 1.1 shows the percentage of students who responded to the questionnaire by school decile band and year level.

Table 1.1 Percentage of students who responded to the questionnaire, by school decile band and year level

Percentage of students		
School decile band	Year 4 (n=1777)	Year 8 (n=1761)
Low (decile 1-3)	21	21
Mid (decile 4-7)	39	48
High (decile 8-10)	40	31

About two-thirds of the students who participated indicated that they ‘always’ speak English at home (65 percent at Year 4 and 72 percent at Year 8).

Participating teachers

Up to three teachers (classroom and specialist) from each school were asked to fill in the teacher questionnaire. The teachers invited to participate were those who had the most students involved in the NMSSA study. In total, 351 teachers responded to the health questionnaire, and 347 teachers responded to the PE questionnaire. Tables 1.2 and 1.3 show the percentages of teachers who responded to the health and PE sections of the teacher questionnaire, by school decile band and year level.

Table 1.2 Percentage of teachers who responded to the health questionnaire, by school decile band and year level

Percentage of teachers		
School decile band	Year 4 (n=184)	Year 8 (n=167)
Low (decile 1-3)	22	20
Mid (decile 4-7)	36	48
High (decile 8-10)	42	32

Table 1.3 Percentage of teachers who responded to the PE questionnaire, by school decile band and year level

Percentage of teachers		
School decile band	Year 4 (n=185)	Year 8 (n=162)
Low (deciles 1-3)	24	19
Mid (decile3 4-7)	38	46
High (deciles 8-10)	38	35

² Details of the sampling for the NMSSA study is in Appendix 1 of NMSSA Report ...: Technical Information, 2022

Participating principals

All principals from the schools in the NMSSA health and PE study were asked to complete the principal questionnaire. Table 1.4 shows the percentage of principals who responded to the health and PE sections of the questionnaire by school decile band and year level.

Table 1.4 Percentage of principals who responded to the questionnaire, by school decile band and year level

School decile band	Percentage of principals	
	Year 4 (n=90)	Year 8 (n=86)
Low (Deciles 1-3)	21	21
Mid (Deciles 4-7)	39	50
High (Deciles 8-10)	40	29

Scope of the questionnaires

The student questionnaires included items about attitudes towards school, attitudes and confidence towards health and PE, students' perceived frequency of opportunities to learn health and PE at school, and their perceptions of the impact of Covid 19 on their learning.

The questionnaire for teachers focused on attitude and confidence in teaching health and PE, teaching and learning in health and PE, access to professional learning, and teacher perceptions of the impact of Covid-19 on their teaching and on student learning.

The principals' questionnaire included items about school policies and practices related to the provision of learning opportunities in health and PE, teacher access to PLD in health and PE, the use of external providers to support teaching and learning, and the impact of Covid-19.

It is important to note that the teachers who completed the questionnaires do not necessarily constitute a nationally representative sample of teachers. The findings should be interpreted as a broad indication of New Zealand teachers' views about health and PE.

Section Two: Attitude and confidence

Section 2 reports on students' attitude to school, generally, and their attitude to and confidence in health and PE more specifically. It also explores teachers' attitudes to their work as teachers, along with their attitude and confidence related to teaching health and PE.

Students' attitude to school

The students were asked to rate their level of agreement with a series of questions about being at school. Figure 2.1 shows how the students responded at Year 4 and 8.

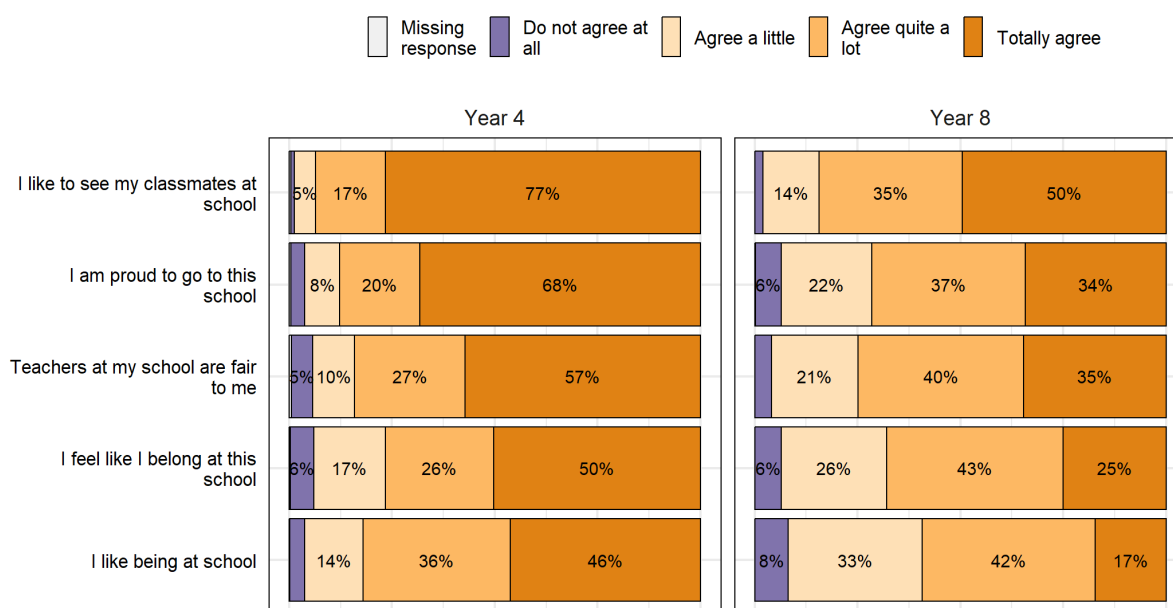


Figure 2.1 Percentage of student responses related to feelings about being at school

There were notable differences between how Year 4 and Year 8 students responded regarding their attitude to school

While most students at both year levels reported that they were positive about being at school, many more Year 4 students than Year 8 students reported that were in 'total agreement' with each of the five statements. As a group, Year 8 students agreed less often with each of these statements by about 27 percentage points, on average.

A feeling of belonging eluded a number of students. Six percent of students at both year levels, reported that they did not agree at all that they felt they belonged at their school.

Students' attitudes towards the health and PE learning area

Students rated how much they agreed with lists of statements related to their attitudes towards health and PE. Figure 2.2 shows how students responded to the health statements and Figure 2.3 to the PE statements.

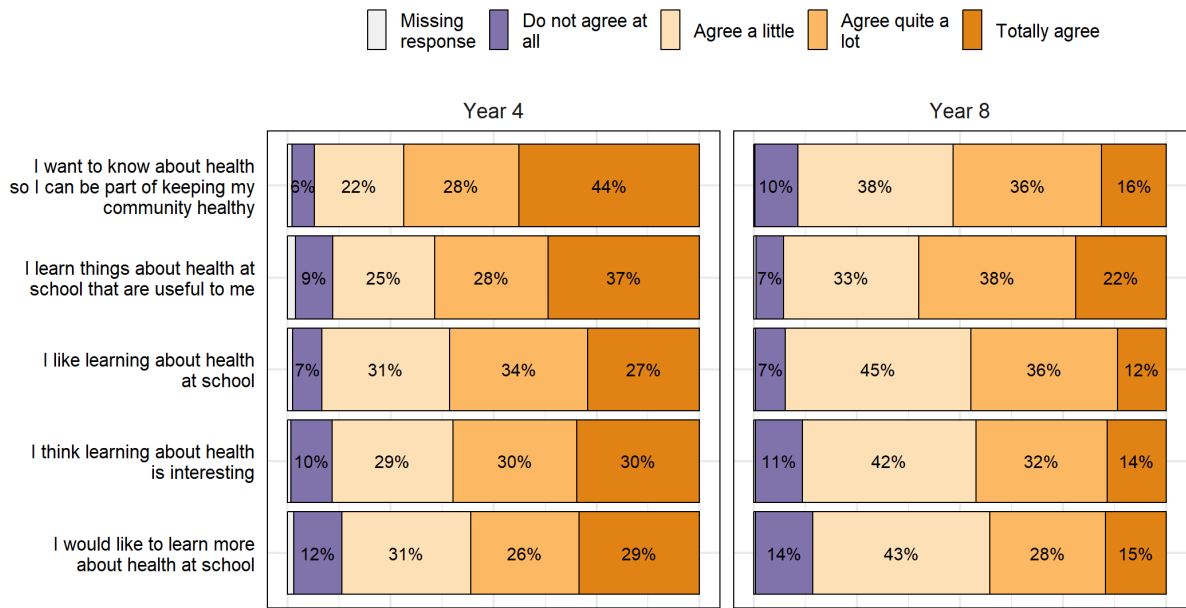


Figure 2.2 Percentage frequency of student responses to statements about their attitude to health, by year level

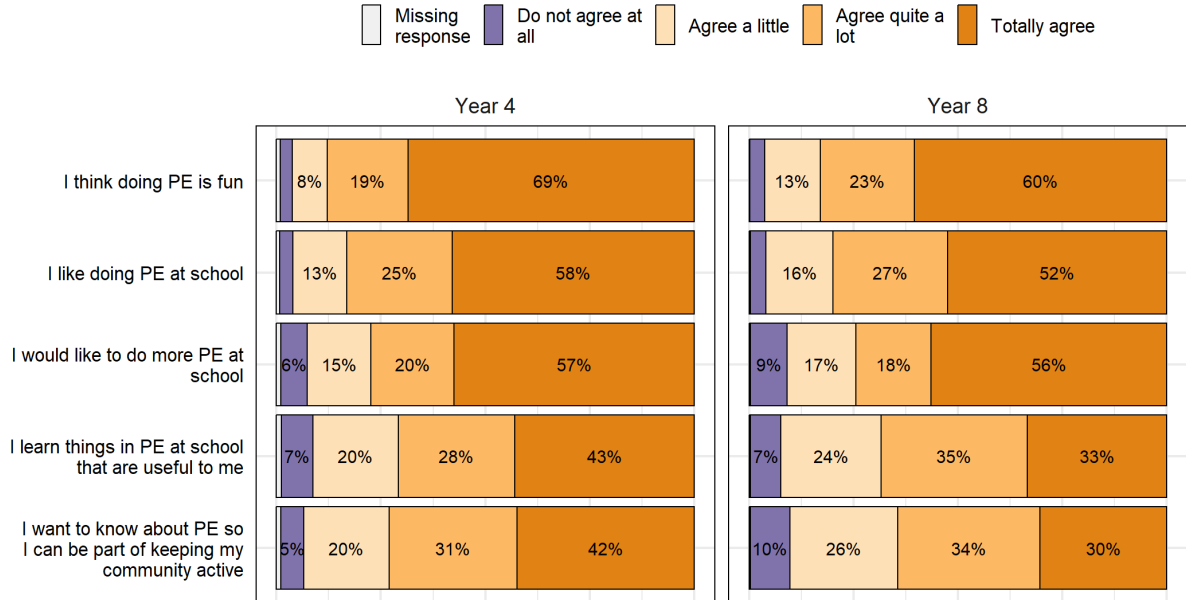


Figure 2.3 Percentage frequency of student responses to statements about their attitude to PE, by year level

Students were more positive about PE than health

Most students in Year 4 and 8 indicated at least some level of agreement with each of the statements related to their attitude towards learning health and PE at school.

Around 80 percent of students reported that they liked doing PE, and around 76 percent indicated that they would like to do more of it at school. This contrasts with students' responses to learning health, where between 48 percent and 58 percent of the students reported that they liked learning about health, and 55 percent of Year 4 students and 43 percent of Year 8 students indicated that they would like to learn more.

To 'keep my community both healthy and active' were reasons for learning about health and PE for around 70 percent of Year 4 students, but appeared to be of less importance to Year 8 students.

Attitude to health and PE scales

The student responses to the attitude statements were used to construct two IRT measurement scales—the Attitude to Health scale and the Attitude to PE scale. The scales allow an overall attitude score to be calculated for each student based on their responses to the attitude statements. Each of the scales was divided into three regions. The regions indicate the locations on the scale where students were typically 'very' positive, 'positive' and 'not positive' in their responses to the underlying statements. Figures 2.4 and 2.5 show the distributions of the scale scores at Year 4 and Year 8, for health and PE, respectively.

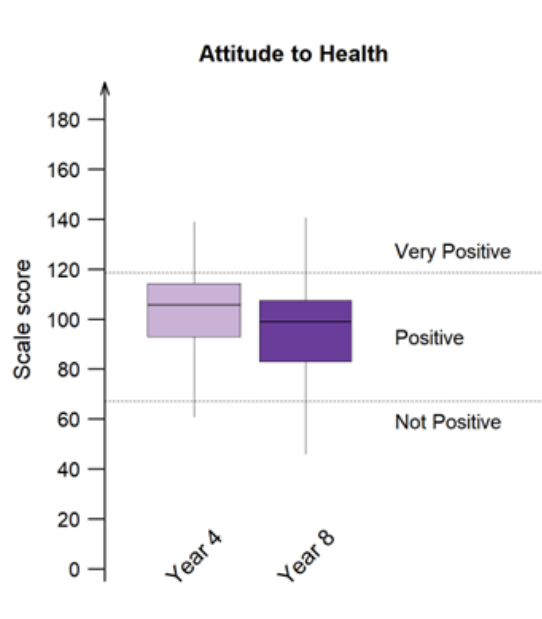


Figure 2.4 Distribution of Attitude to Health scale scores, by year level

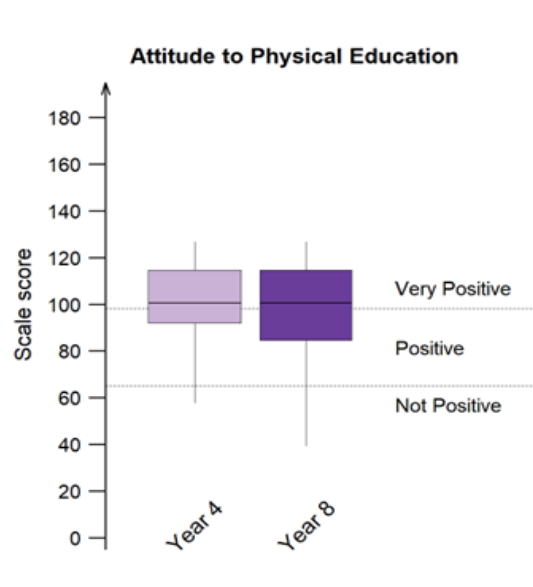


Figure 2.5 Distribution of Attitude to PE scale scores, by year level

Students indicated that, overall, they were reasonably positive about learning health and very positive about learning PE

Students' responses to items related to their attitudes to learning in health and PE confirmed that, overall, they were generally positive about health (Fig 2.4) and very positive about PE (Fig 2.5). Year 4 students scored higher, on average, than Year 8 students on the Attitude to Health scale by about 7 scale points. For PE, the difference in average scores between year levels was about 3 scale scores. There has been no notable change since 2017.

Distributions by gender and ethnicity

The distributions of students' scores on the attitude scales were examined by gender and ethnicity (Figures 2.6 to 2.9).

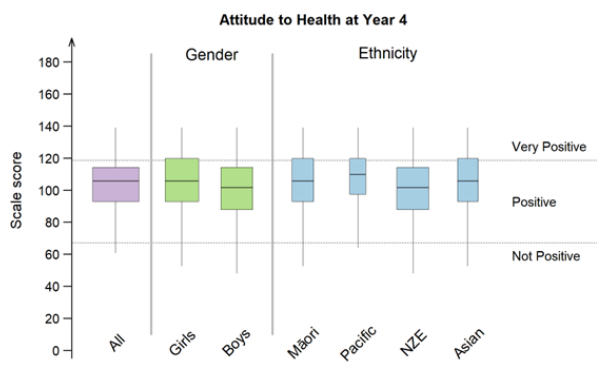


Figure 2.6 Distribution of Year 4 students' scores on the Attitude to Health scale, by gender and ethnicity

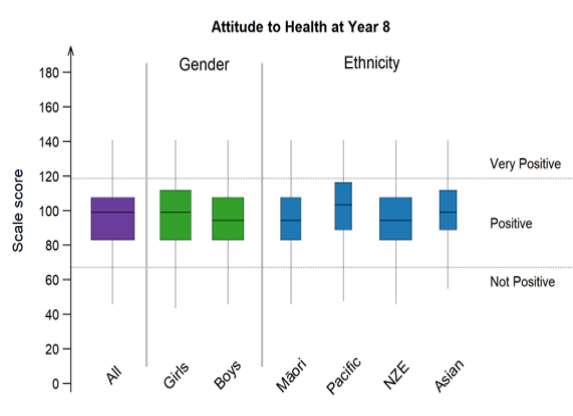


Figure 2.7 Distribution of Year 8 students' scores on the Attitude to Health scale, by gender and ethnicity

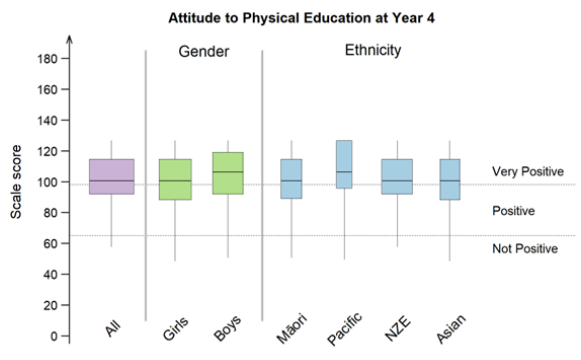


Figure 2.8 Distribution of Year 4 students' scores on the Attitude to PE scale, by gender and ethnicity

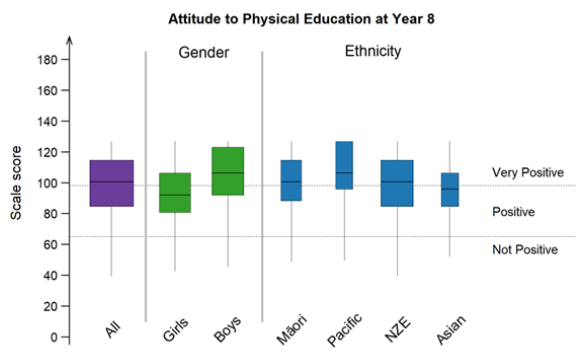


Figure 2.9 Distribution of Year 4 and Year 8 students' scores on the Attitude to PE scale, by gender and ethnicity

Students' attitudes to health and PE varied by gender and ethnicity

Within the sample, girls in both Year 4 and Year 8 scored higher, on average, than boys on the Attitude to Health scale (Figures 2.6 and 2.7). However, this is reversed in students' responses to PE, with boys at both year levels indicating more positive attitudes (Figures 2.8 and 2.9). The difference between boys and girls in PE was more marked at Year 8 than Year 4.

Pacific students scored slightly higher, on average, than non-Pacific students on both scales.

No notable differences by decile were found.

Student confidence in health and PE

Students were asked to indicate how much they agreed with statements related to their confidence in health (Figure 2.10) and PE (Figure 2.11).

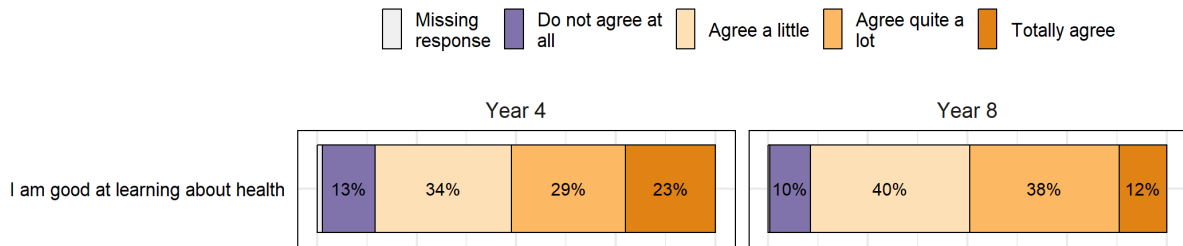


Figure 2.10 Percentage of responses to the 'I am good at learning about health' statement, by year level

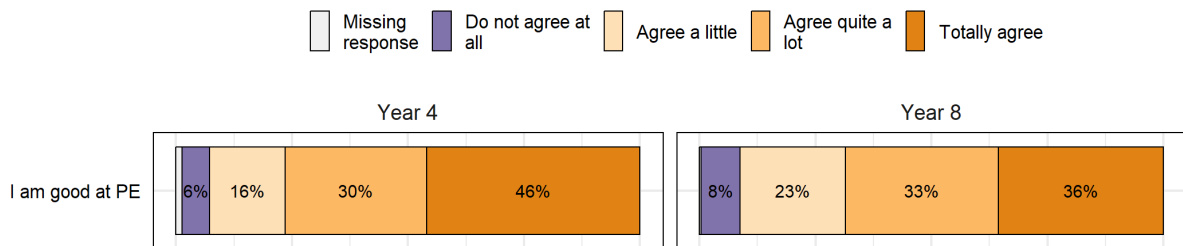


Figure 2.11 Percentage of responses to the 'I am good at PE' statement, by year level

Students indicated more confidence in PE than in health

Overall, about 50 percent of students indicated that they 'agreed quite a lot', or 'totally agreed' that they were good at learning about health, whereas upwards of 69 percent of students reported that they were good at PE.

Confidence in PE varied according to gender and ethnicity

At both year levels, boys generally rated their ability in PE more positively than girls did.

- At both Year 4 and Year 8, 77- 82 percent of boys ‘agreed quite a lot’ or ‘totally agreed’ that they were ‘good at PE’. This compared to 72 percent of girls at Year 4, and 59 percent of girls at Year 8.

Year 8 Asian students were less likely to report that they were good at PE than non-Asian students. (56 percent of Year 8 students ‘agreed quite a lot’ or ‘totally agreed’ that they were good at PE, compared to 70 percent of Year 8 non-Asian students).

No notable differences by decile were found.

Teachers’ attitudes towards teaching

Teachers were asked to rate their level of agreement with a series of seven statements related to their satisfaction with their work as a teacher (Figure 2.12).

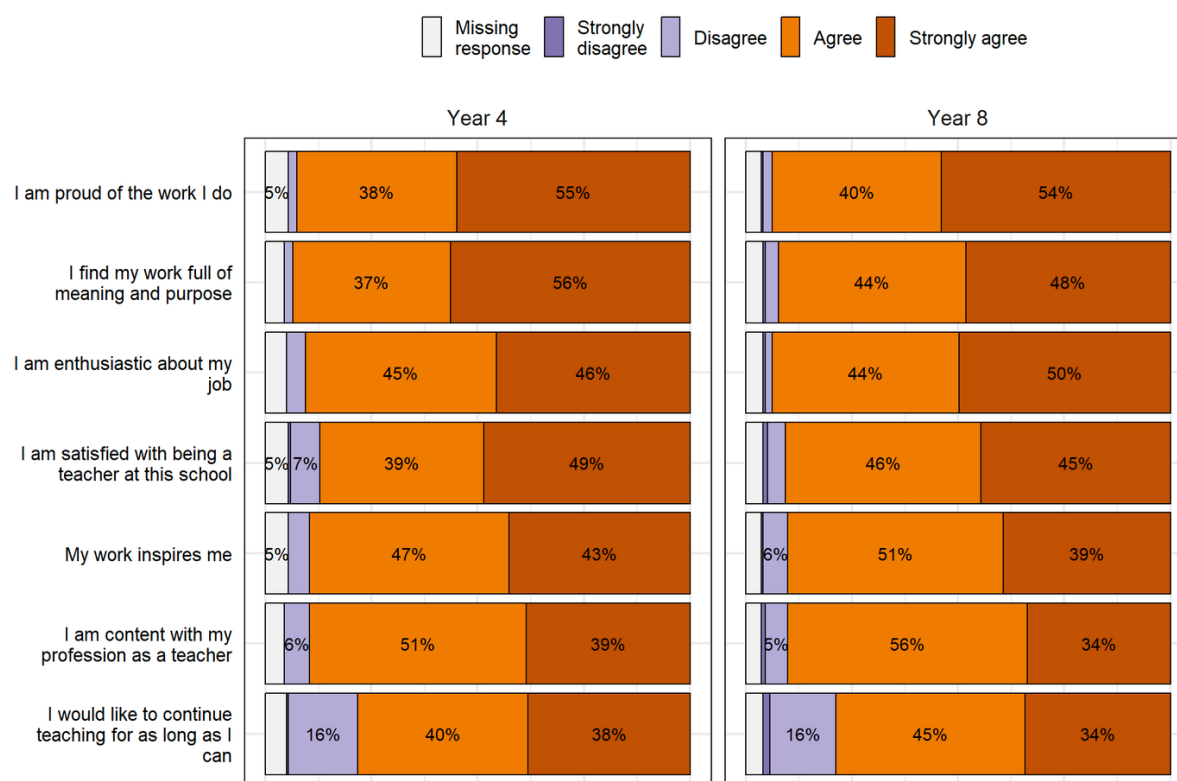


Figure 2.12 Percentage of teachers’ responses to satisfaction with teaching items, by year level

Most teachers were positive about teaching

Around half of the teachers ‘strongly agreed’ that they were proud of their work as a teacher and found their work to be meaningful and purposeful. Enthusiasm was also rated highly.

The ratings were similar overall, at each year level, however, a slightly bigger proportion of teachers of Year 4 students reported that they ‘strongly agreed’ with the satisfaction in teaching statements than the Year 8 teachers. This is different to the 2017 results where a greater proportion of Year 8 teachers than Year 4 teachers responded with ‘strongly agree’.

At both year levels, just over 16 percent of teachers disagreed that they ‘would like to continue teaching as long as I can’.

Teachers’ attitudes towards teaching health and PE

Teachers were asked to indicate their level of agreement with two statements about their attitude towards health (Figure 2.13) and towards PE (Figure 2.14). These statements were: ‘I am personally interested in health/ PE’ and ‘I like teaching health/PE’.

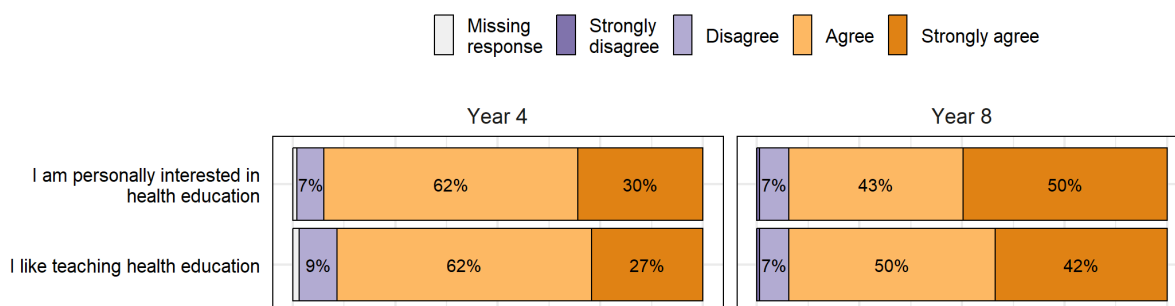


Figure 2.13 Percentage of teachers’ responses to attitude to health statements, by year level

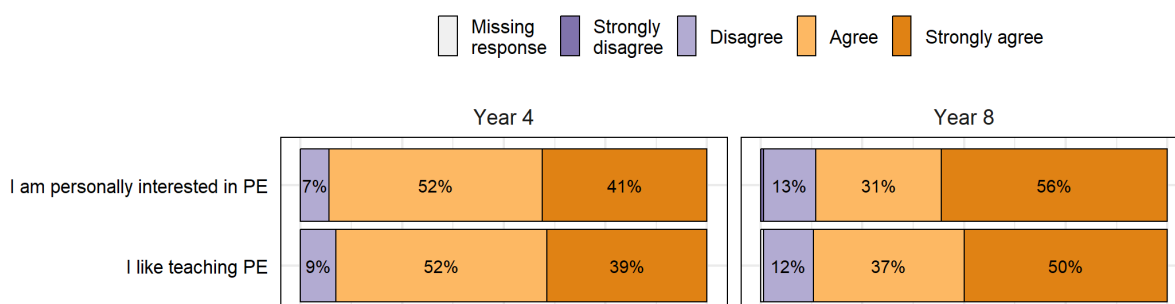


Figure 2.14 Percentage of teachers’ responses to attitude to PE statements, by year level

Teachers indicated a high level of personal interest in, and enjoyment of teaching both health and PE

Upwards of 86 percent of teachers at both year levels ‘agreed’ or ‘strongly agreed’ that they were personally interested in and enjoyed teaching both health and PE.

Teachers’ confidence in teaching health and PE

Teachers were asked to respond to twelve statements about their confidence in teaching health, and thirteen statements about their confidence teaching PE. These statements and how teachers responded are shown in Figures 2.15. and 2.16.

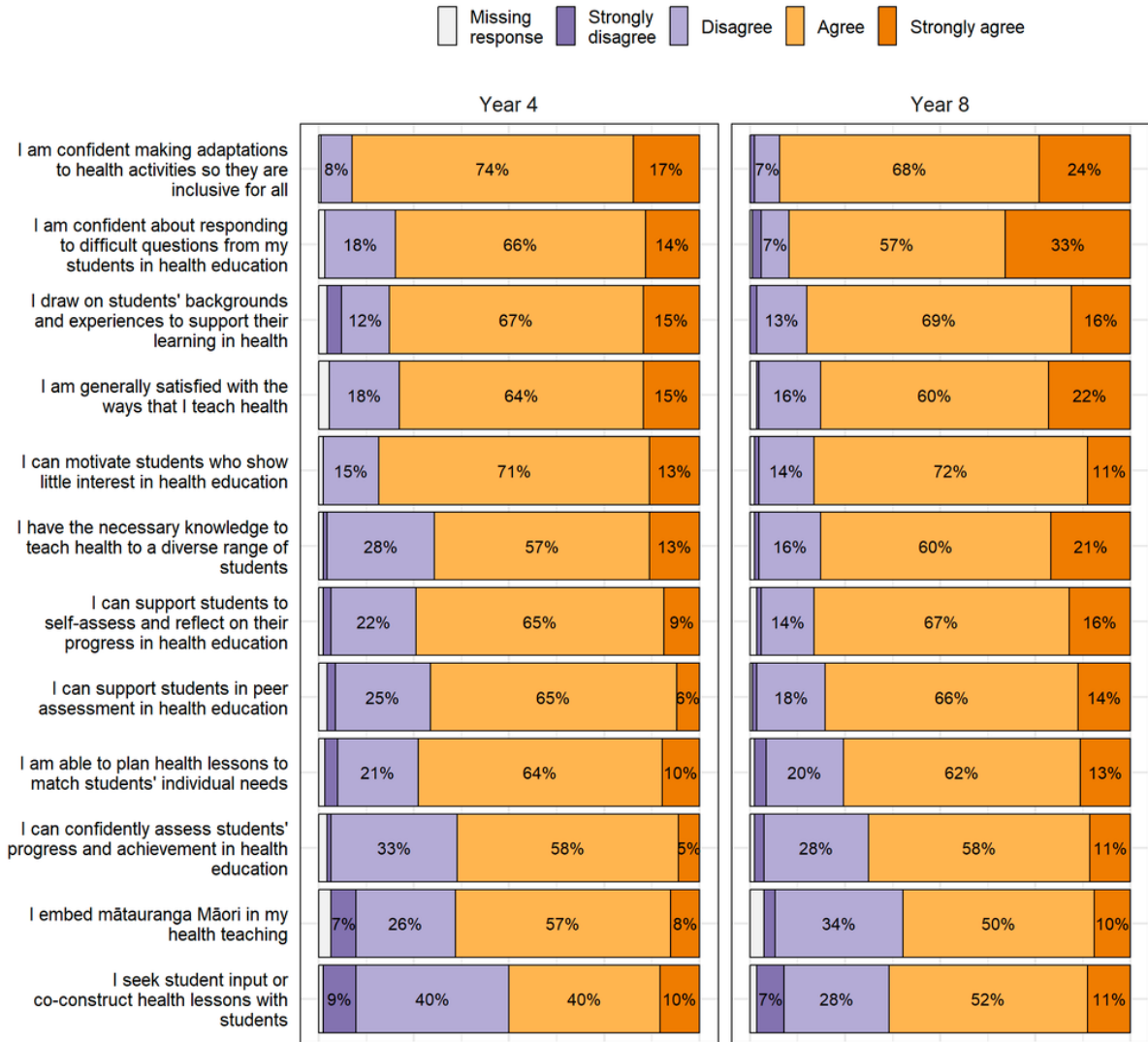


Figure 2.15 Percentage of teacher responses about their confidence in teaching health education, by year level

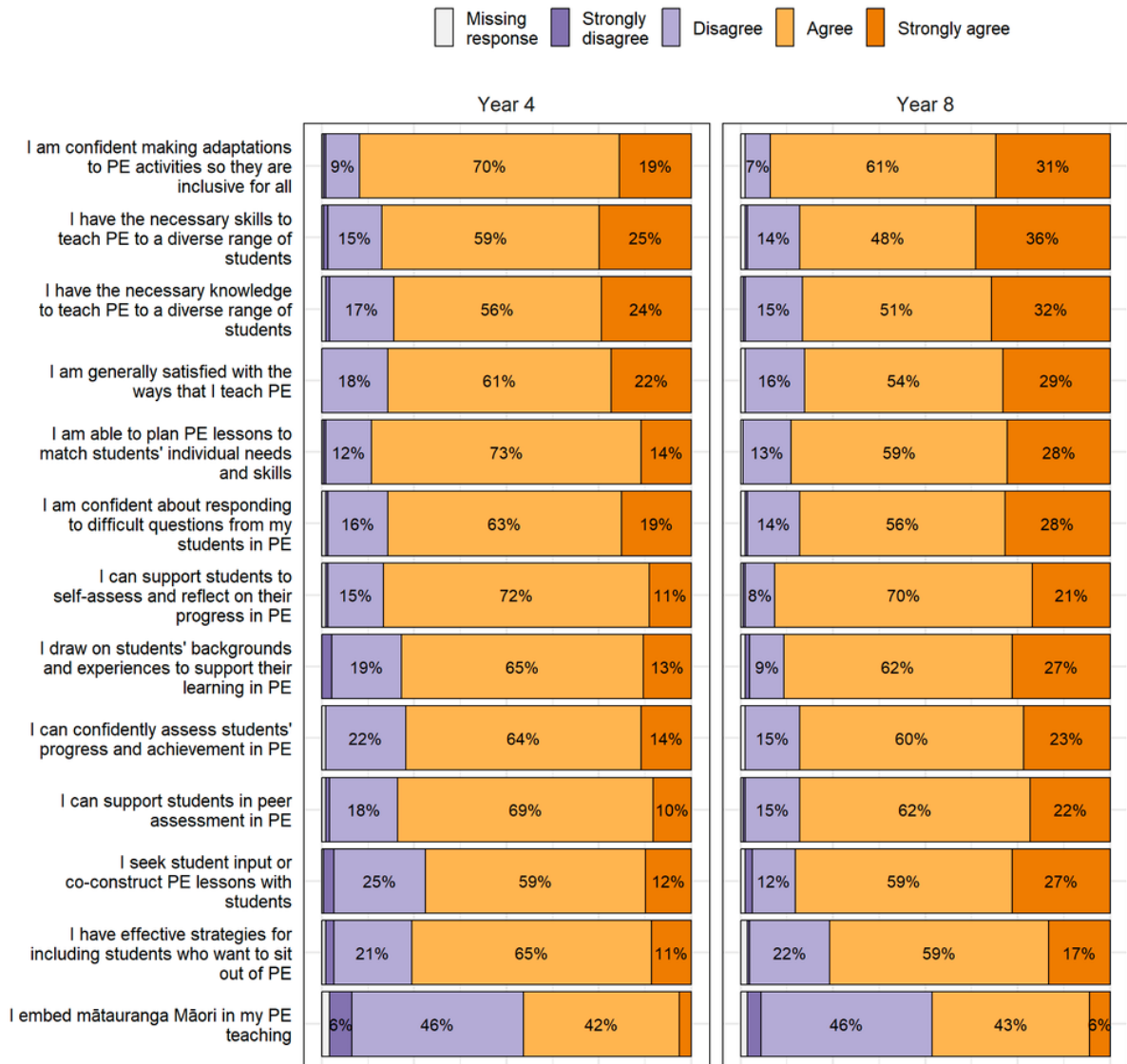


Figure 2.16 Percentage of teacher responses about their confidence in teaching PE, by year level

Teachers were confident about teaching both health and PE

Overall, the majority of teachers reported ‘agreement’ or ‘strong agreement’ that they were confident to implement and manage the listed aspects of health and PE teaching. Aspects teachers expressed most confidence in were: adapting lessons for inclusivity in both health and PE for students at both year levels; responding to difficult questions in both health and PE, for students at both year levels; having the necessary knowledge and skills to teach PE to a diverse range of students, and drawing on students’ backgrounds and experience when teaching health.

Aspects teachers expressed least confidence in were: embedding mātauranga Māori into health and PE programmes (Year 4 and Year 8 teacher responses were very similar, however the lack of confidence was more marked for PE); assessing student progress and achievement in health, with comparable results for Year 4 and Year 8 teachers; and co-constructing health lessons with students.

The teachers reported less confidence about assessing achievement and progress in health, however they were reasonably confident about supporting students to self-assess and reflect and to engage in peer assessment.

Teachers in low decile schools were more confident about embedding mātauranga Māori in their health and PE teaching than teachers in mid and high decile schools.

Year 4 and Year 8 teachers at low decile schools tended to ‘agree’ or ‘strongly agree’ that they could embed mātauranga Māori in their health and PE teaching. In health education about 65 percent of the low decile teachers ‘agreed’ with the statement, and 8 percent ‘totally agreed’.

Ratings of confidence in embedding mātauranga Māori in PE were slightly lower overall than for health. However, the ‘agree’ / ‘strongly agree’ responses of teachers in low decile schools were 10 percentage points higher than for mid-decile teachers, and 20 percent points higher than reported by teachers in high decile schools.

Teacher confidence in teaching key learning areas of health and PE

Teachers were also asked to rate their confidence teaching key areas of learning in health (Figure 2.17) and PE (Figure 2.18).

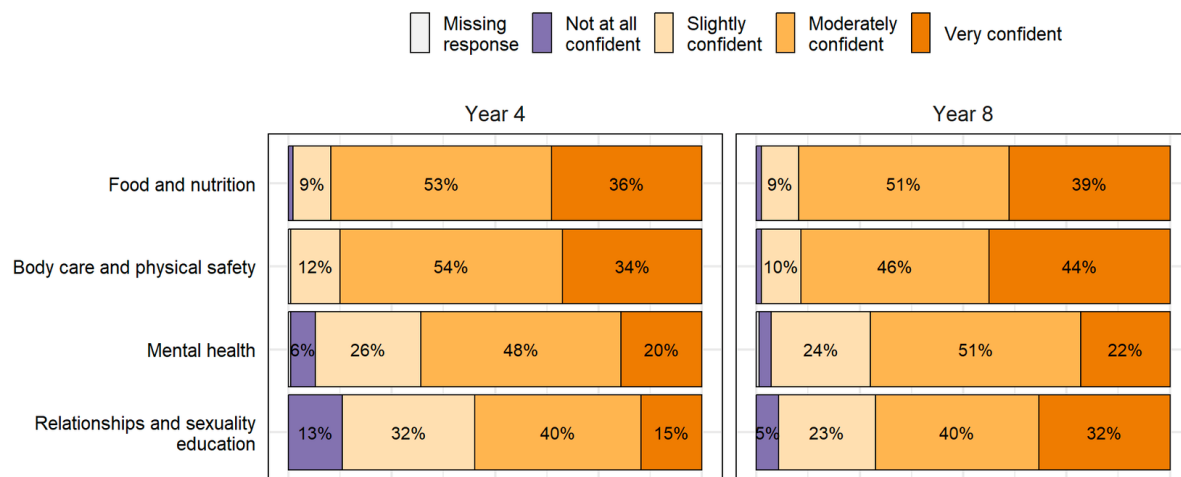


Figure 2.17 Percentage of teacher responses about their confidence in teaching the four key areas of learning in health, by year level

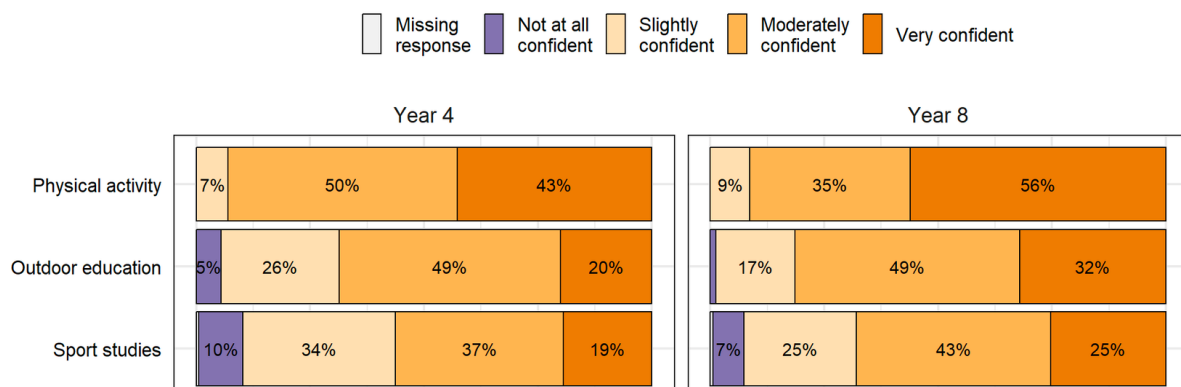


Figure 2.18 Percentage of teacher responses regarding their confidence in teaching the key areas of learning in PE, by year level

In health education, teachers were more confident teaching food and nutrition, and body care and physical safety, than mental health and sexuality education

Most teachers reported that they were ‘moderately confident’ or ‘very confident’ about teaching food and nutrition, and body care and physical safety as part of health education. Response patterns at both year levels were similar.

Teachers continued to be less confident about teaching sexuality education and relationship building, and mental health, however their responses indicate a slight increase in confidence compared to the 2017 results. This was particularly noticeable in the area of mental health where 68 percent of Year 4 teachers and 73 percent of Year 8 teachers reported they were ‘moderately’ or ‘very’ confident compared to 47 percent of Year 4 teachers and 60 percent of Year 8 teachers in 2017.

Teachers’ levels of confidence teaching different areas of PE were generally high, especially in the key learning area of physical activity

Most of the teachers were ‘moderately confident’ or ‘very confident’ in teaching the three key areas listed for PE. Notably, more than 90 percent of the participating teachers were ‘moderately’ or ‘very confident’ teaching physical activity.

Teacher confidence in including the four underlying health and PE concepts in their teaching

The four underlying concepts of health and PE are hauora and well-being, building positive attitudes and values, the socio-ecological perspective on interpersonal-relationships, and health promotion (personal and collective action). Figures 2.19 and 2.20 show how teachers rated their levels of confidence in relation to these concepts as they apply to health and PE teaching, respectively.

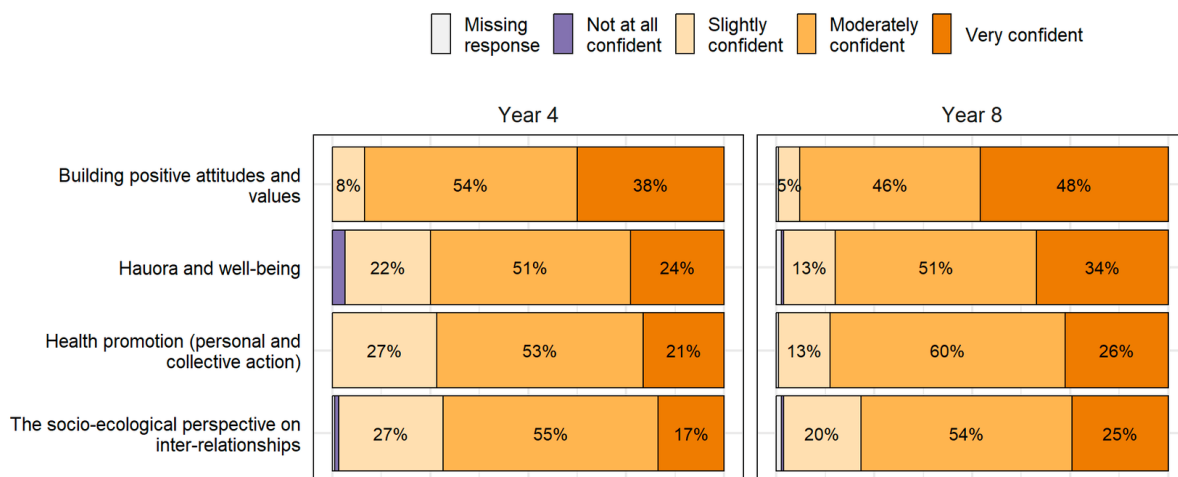


Figure 2.19 Percentage of teacher responses about their confidence in including the four underlying concepts in their health teaching

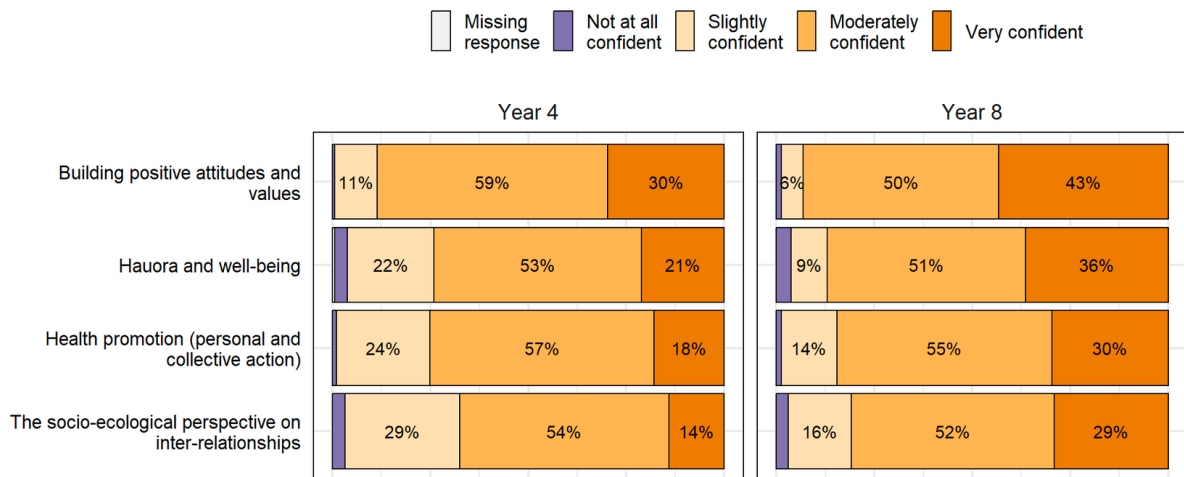


Figure 2.20 Percentage of teacher responses about their confidence in including the four underlying concepts in their PE teaching

Overall, Year 8 teachers expressed higher levels of confidence in their knowledge of how to include the four underlying concepts of health and PE in their teaching than Year 4 teachers

More teachers at Year 8 reported that they were ‘very confident’ about including the underlying concepts of health and PE than Year 4 teachers. Except for ‘building positive attitudes and values’, where confidence at both year levels was high, around a quarter of Year 4 teachers reported that they were ‘slightly’ to ‘not’ confident in knowing how to include the underlying concepts. Knowing how to include socio-ecological perspectives on inter-relationships in their teaching was challenging for almost a quarter of Year 8 teachers as well.

Section Three: Teaching and learning in health and PE

This section reports on students', teachers' and principals' perspectives related to teaching and learning in health and PE. This includes looking at how often different types of learning occur and the school's overall provision for learning in health and PE.

Students' reports of learning opportunities in health and PE at school

Presented with a range of statements describing learning opportunities in health, and PE, most students indicated that they were involved in each opportunity at least 'sometimes'. Their responses are reported in Figures 3.1 and 3.2.

Opportunities to learn in health

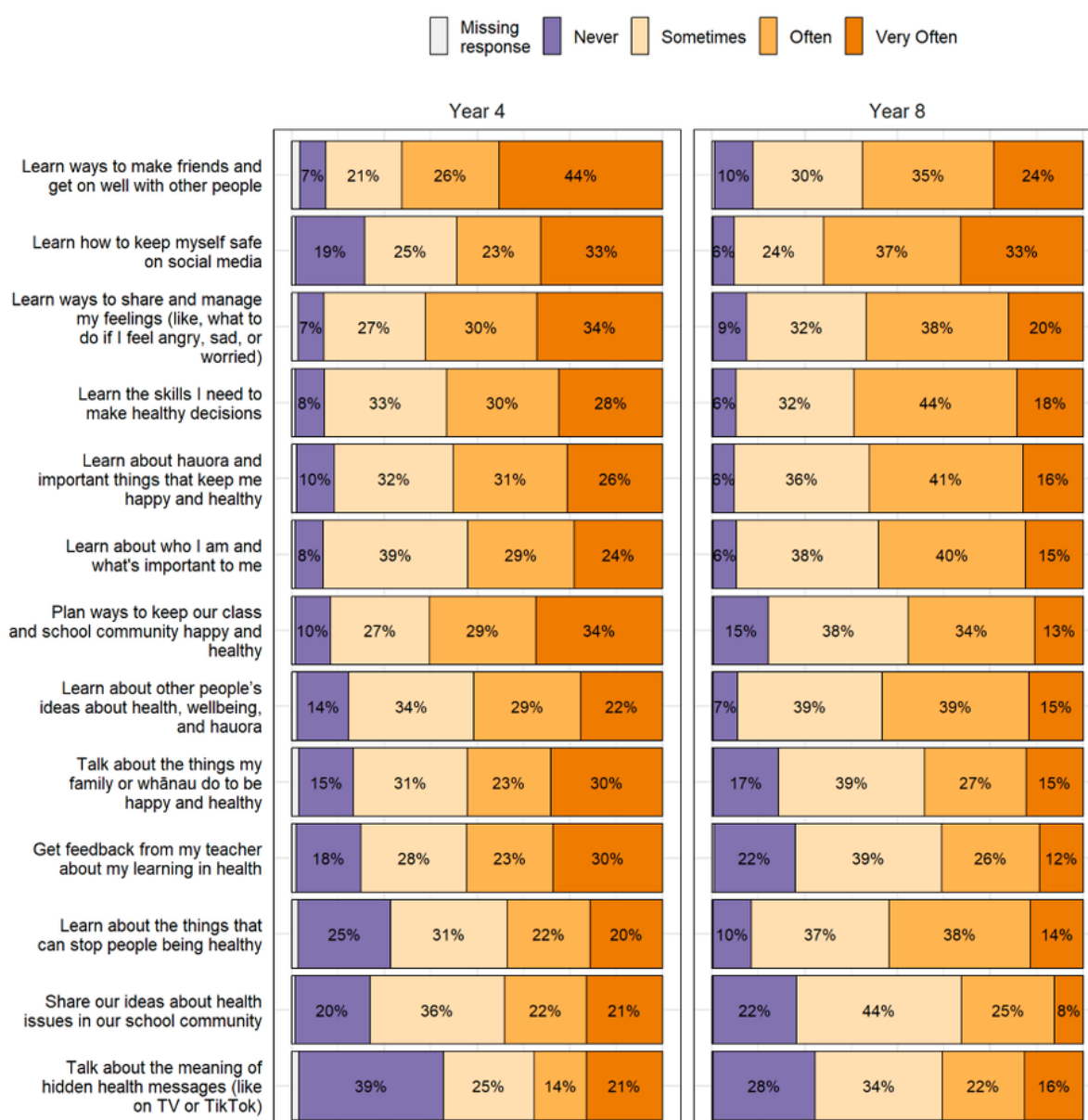


Figure 3.1 Percentage of student responses regarding their involvement in a range of learning opportunities in health education, by year level

In health, students reported frequent learning opportunities related to ‘self’

Both Year 4 and Year 8 students indicated that in health education they ‘often’ or ‘very often’ had opportunities to learn about themselves and how to develop their personal skills.

Students reported frequent opportunities to learn about keeping safe on social media, but fewer opportunities to talk about the hidden health (impacting) messages

Half of Year 4 students and over two thirds of Year 8 students reported that they ‘often’ or ‘very often’ learned about how to be safe on social media. Thirty-nine percent of Year 4 students and 28 percent of Year 8 students reported that at school they had never talked about hidden messages in advertising or on social media that may impact health.

Opportunities to learn in PE

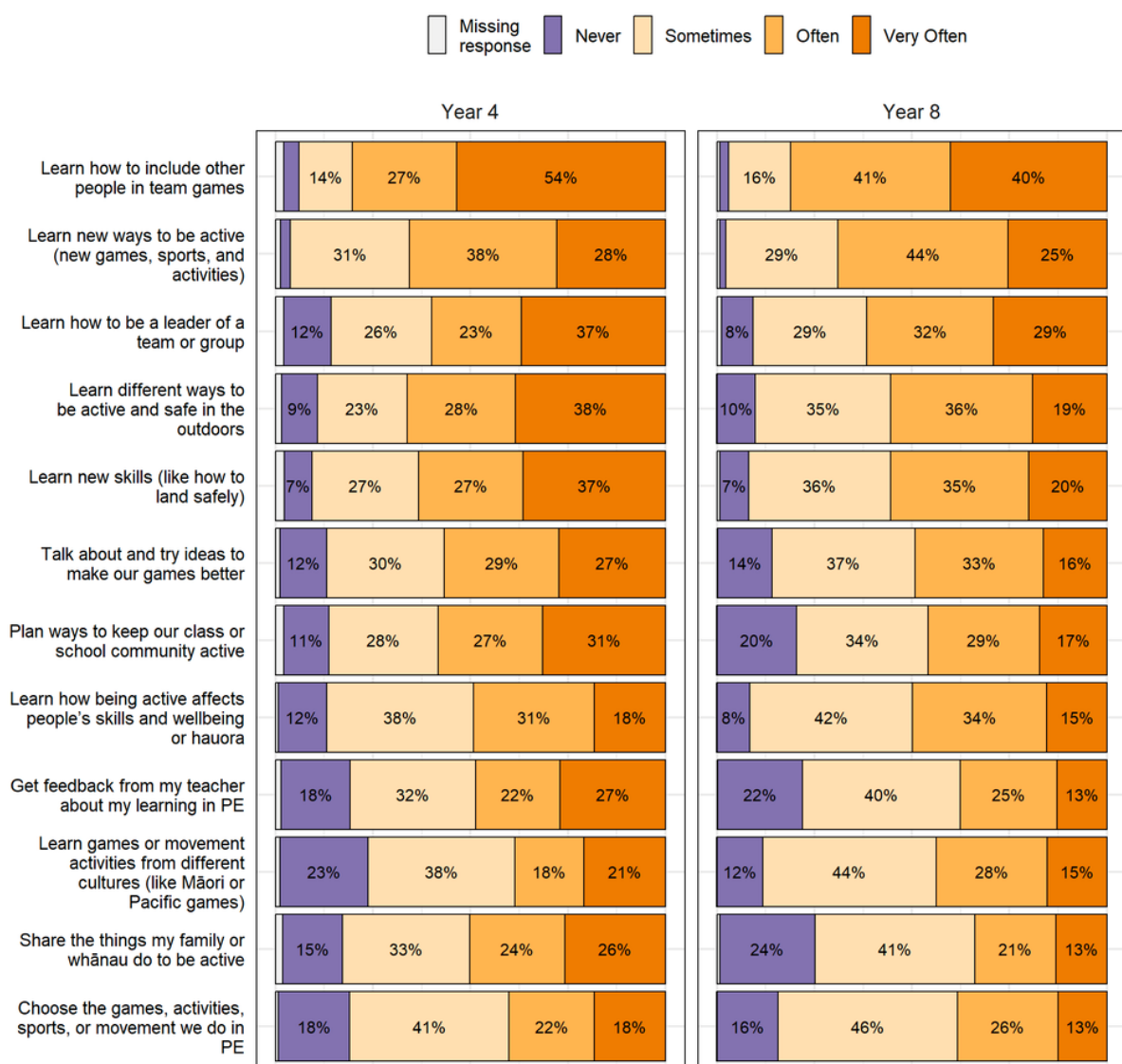


Figure 3.2 Percentage of student responses regarding their involvement in a range of learning opportunities in PE, by year level

Students reported that they engaged in a range of PE opportunities

Both Year 4 and Year 8 students reported that they were involved in physical activities regularly.

On average, around two thirds of the students reported that learning ‘new ways to be active’; ‘new skills’; ‘leadership skills’; and ‘how to be active and safe in the outdoors’ happened often or very often in PE. At both levels 80 percent of students reported that they ‘often’/ ‘very often’ learned about how to include others in team games.

Students reported relatively few opportunities to learn games or movement activities from different cultures

Close to 60 percent of students indicated that they ‘sometimes’ or ‘never’ had the opportunity to learn Māori or Pacific games. Of the Year 4 students, 23 percent reported that they ‘never’ had this opportunity.

Students at both levels reported infrequent opportunities to get feedback on their learning

Less than 40 percent of Year 8 students reported receiving regular feedback from their teachers about their learning in either health or PE. Slightly more Year 4 students, around 50 percent, noted that they received feedback ‘often’ or ‘very often’. On average, 20 percent of students said that they ‘never’ received feedback on their learning in health and PE.

Few students reported opportunities to focus on family, school, and the wider community as contexts for learning about health and PE

Forty-six percent of Year 4 students and 56 percent of Year 8 students reported that they ‘sometimes’ or ‘never’ had the opportunity to talk about the things their family or whānau do to be happy and healthy. The pattern was similar for sharing the things families do to be active.

Around half of the students at each year level reported that they ‘sometimes’ or ‘never’ had opportunities to ‘share ideas about health issues in their school communities’ (20 percent reported they ‘never’ had this opportunity) or to ‘learn about the things that can stop people being healthy’.

Teachers’ reports of learning opportunities in health and PE at school

The teachers were asked to rate their provision of the same sets of opportunities to learn in health and PE, as the students.

Opportunities to learn health

Figure 3.3 shows the teachers' responses to the opportunities provided for health.

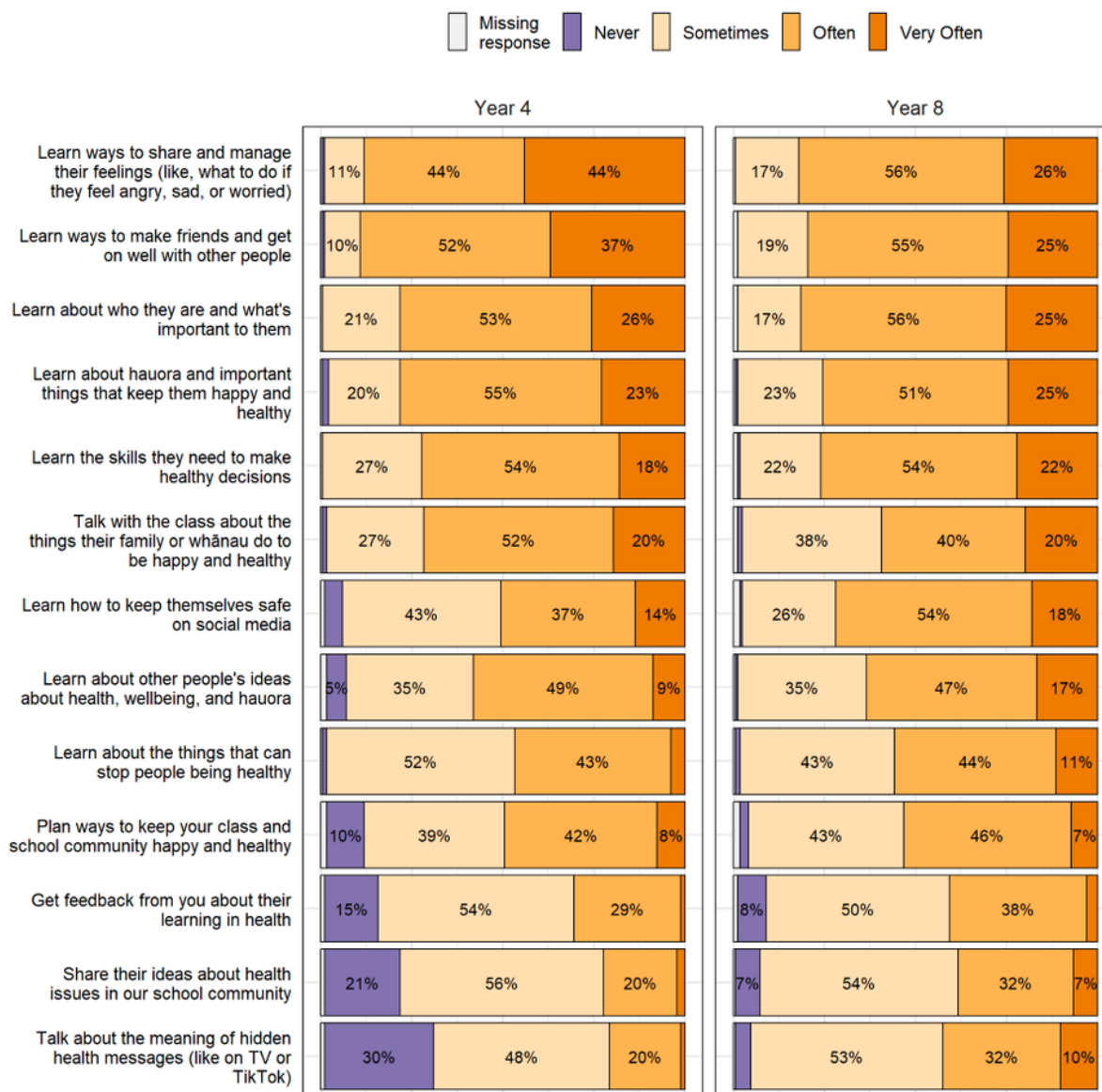


Figure 3.3 Percentage of teacher responses regarding the provision of opportunities to learn in health, by year level

Most teachers agreed that students experience a wide range of learning opportunities in health at least sometimes

Teachers at both levels reporting providing frequent opportunities for students to learn about 'managing their feelings', 'making friends', 'what is important to them', and 'hauora and the things that make them happy'.

Overall, less emphasis was reported on giving 'feedback on student learning', investigating 'health issues in the school community' and unpacking 'hidden messages' in digital and visual media.

Year 8 teachers from high decile schools reported the provision of more opportunities to learn in health than teachers at mid and low decile schools.

Notably more Year 8 teachers in high decile schools than in mid and low decile schools reported that they ‘often’ or ‘very often’ provided seven of the listed opportunities. These included giving feedback on learning (13 percent more); learning how to keep themselves safe on social media (15 percent more); talking about hidden meanings of health messages (21 percent more); and sharing their ideas about health issues in the school community (26 percent more). Learning how to make healthy decisions; talking about things whānau and family do to be healthy, and learning about other people’s perspectives about health were also opportunities provided more frequently. There were no notable differences in provision of opportunities between teachers in low and mid decile schools.

Opportunities to learn PE

The teachers’ ratings of their provision of opportunities to learn in PE are reported in Figure 3.4.

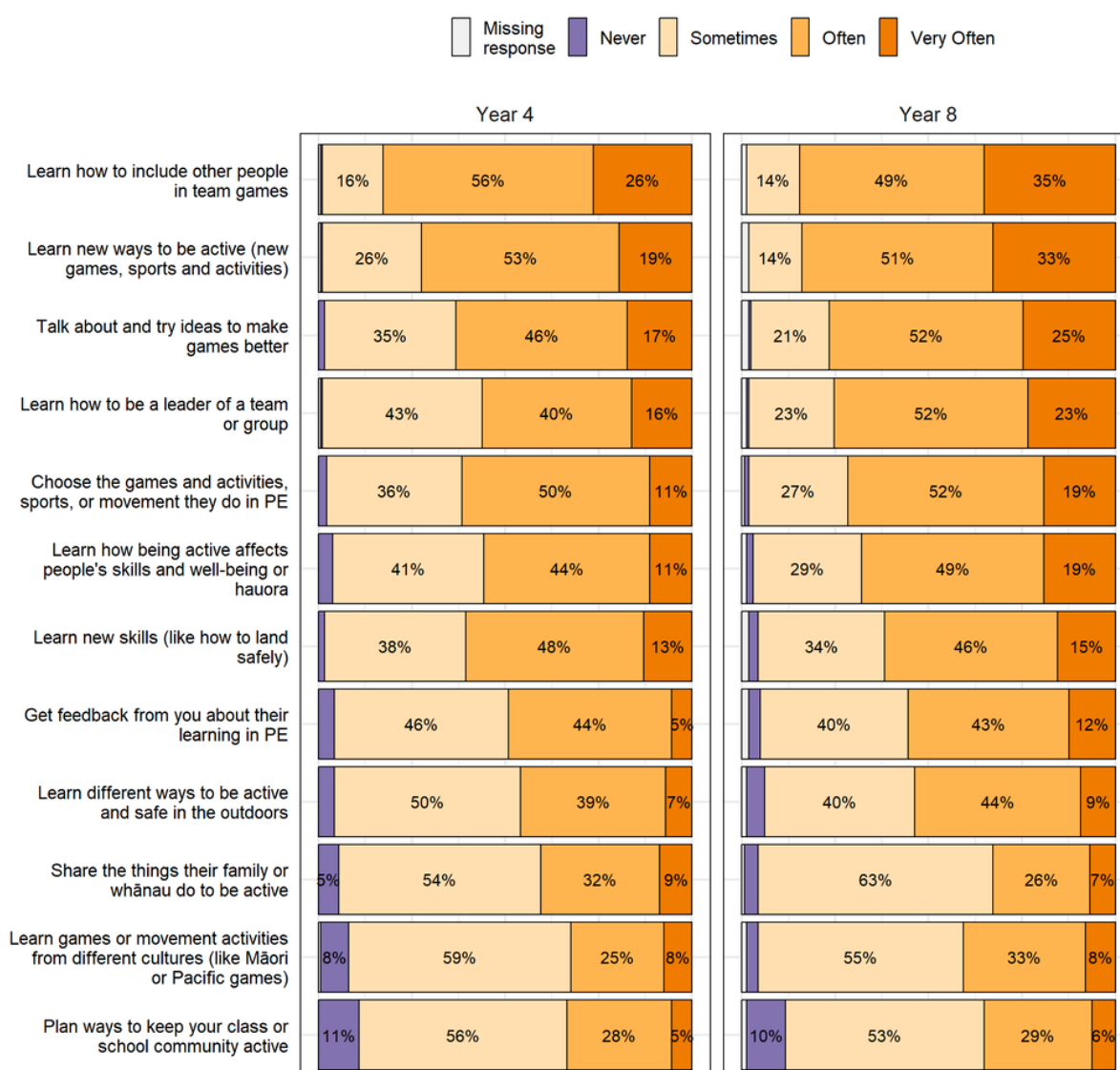


Figure 3.4 Percentage of teacher responses regarding the provision of opportunities to learn in PE, by year level

The most frequent opportunities provided by teachers in PE focused on physical activities and games, ways to innovate on and improve games or physical activities, and learning how to be inclusive and how to be a team leader when playing games.

Less frequent opportunities were provided for students to talk about their families' ways of being active, or to learn games and movement activities from different cultures.

Decile differences related to opportunities to learn were less marked in PE than in health

The response patterns for most of the PE learning opportunities rated by the teachers were very similar across all decile groups. The exception to this was in provision of movement activities from different cultures where teachers in low decile schools, on average, reported providing more opportunities.

Students and teachers had different perspectives regarding opportunities to learn in health and PE

In health education, teachers indicated that the students in their class experienced each of the learning opportunities somewhat more often than the students themselves indicated that they did.

For about half of the learning opportunities in health listed in Figure 3.3, teachers reported providing the opportunity more frequently than students indicated they experienced it. This difference was particularly notable for 'learn[ing] to make friends and get on well with people', 'learn[ing] ways to manage my feelings (like, what to do if I feel angry)' and 'learn[ing] about hauora and things that can keep me healthy and happy'.

Year 4 students were more likely to report that they experienced more frequent opportunities for some activities than the teachers reported providing. This included 'getting feedback from the teacher about their learning in health' and 'sharing their ideas about health issues in the school community'.

In PE, the frequencies reported were similar for students and teachers. However, there were opportunities, such as 'learn new ways to be active'; 'learn[ing] how being active affects people's skills and wellbeing or hauora' and 'choos[ing] activities for PE' where a greater percentage of teachers reported providing frequent opportunities. Conversely, there were opportunities such as 'plan[ning] ways to keep the class or school community active' where more students than teachers reported experiencing them frequently.

Typically, students were more likely than teachers to respond 'never' to each listed learning opportunity in both areas of Health and PE.

Teachers' reports of time students spent learning health and PE

Teachers were asked to indicate the time dedicated to health and PE teaching and learning. Figure 3.5 shows the time spent on health, and Figure 3.6 shows time dedicated to PE.

NOTE health teaching is reported in hours per year; PE in hours per week.

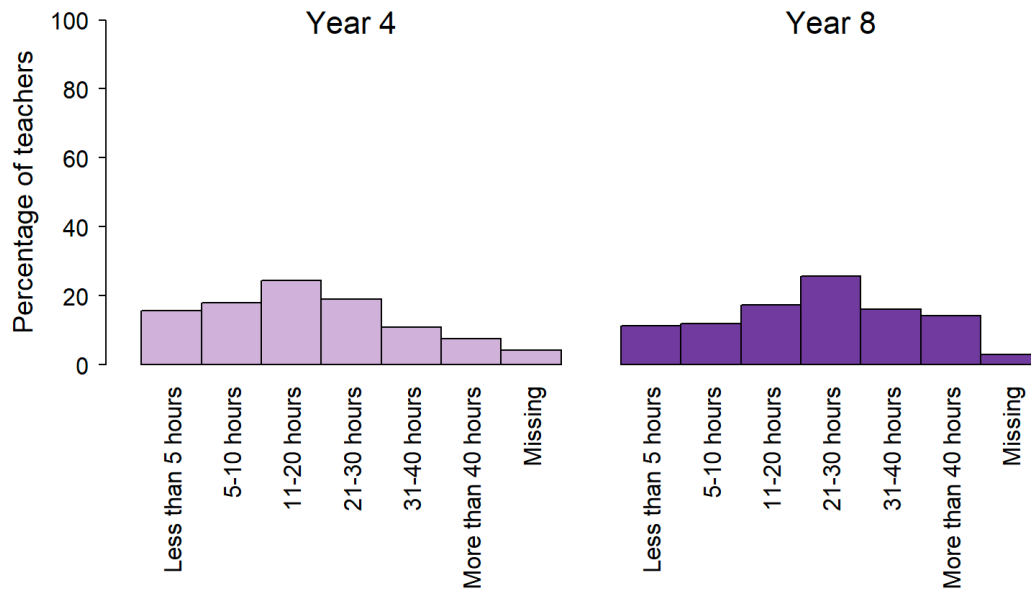


Fig 3.5 Teacher estimates of time spent on teaching and learning health per year, by year level

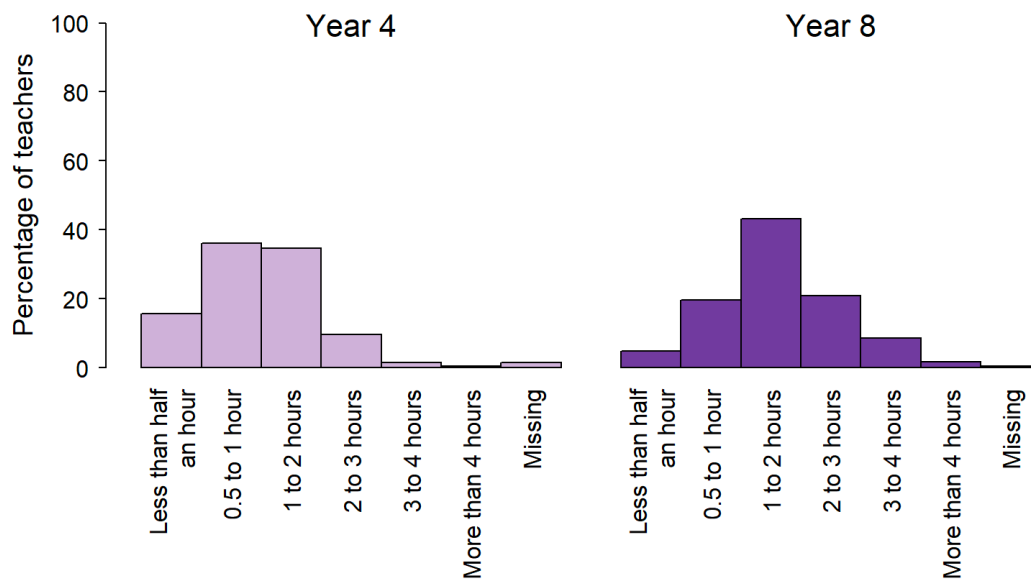


Fig 3.6 Teacher estimates of time spent learning PE per term, by year level

More learning time was dedicated to activities related to PE than to health

About a quarter of teachers of Year four students reported that they spent 11 to 20 hours per year teaching health. A quarter of the teachers at Year 8 indicated that they spent between 21 and 30 hours per year with almost a third indicating that they spend upwards of 31 hours per year on teaching health. Overall Year 8 teachers spent more time on health education than Year 4 teachers.

Just over one third of Year 4 teachers and nearly half of Year 8 teachers reported that their students spent 1 to 2 hours per week on PE. Overall, considerably more time was spent on PE by Year 8 teachers than Year 4 teachers.

Principals’ reports related to effective teaching and learning in health and PE

Principals were asked to rate the overall provision of health and PE in their school. Figures 3.7 and 3.8 show how principals responded, by year level, for health and PE, respectively.

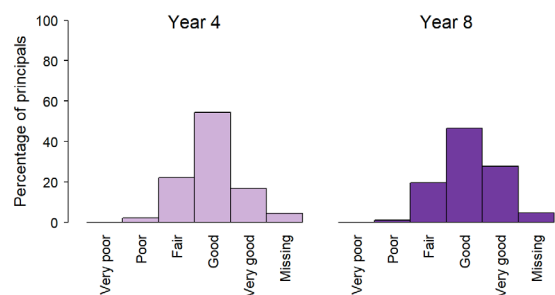


Figure 3.7 Principals’ ratings of their school’s overall provision for learning in health, by year level

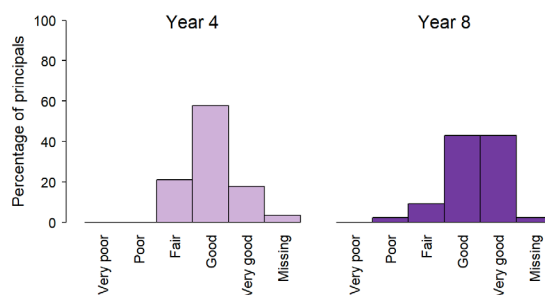


Figure 3.8 Principals’ ratings of their school’s overall provision for learning in PE, by year level

Principals were reasonably confident in the quality of their school’s provision for learning in health and PE

The majority of principals rated their school’s overall provision for learning in health and PE as ‘good’ or ‘very good’. Provision for learning health was rated similarly for Year 4 (71 percent of principals rated provision at ‘good’/‘very good’) and Year 8 (75 percent rated their provision ‘good’/‘very good’). Opportunities to learn PE were rated ‘good’/‘very good’ by 86 percent of Year 8 principals; this was more than for Year 4 PE (76 percent). Overall, the principals’ rating of provision for PE was slightly higher than for health education.

Almost all principals rated their school’s inclusion of students with learning support needs in health and PE positively. For both aspects of the health and PE learning area, and both year levels, around 77 percent of principals indicated that this was ‘good’ or ‘very good’ at their school.

Principals also reported that their teachers were reasonably well equipped to support the learning needs of all their students. Over 72 percent of principals at both year levels rated the statement: ‘Teachers have appropriate pedagogical and content knowledge and respond effectively to the learning needs of students’ as being ‘moderately’ or ‘very like their school’ in both health and PE. This is reported in Table 3.3 below which presents principals’ ratings of how well a range of statements about policies and practices reflect the practices at their school.

School policies and practices related to health and PE

Table 3.3 presents the principals’ ratings of whether a range of statements about school policies and practices in health and PE were ‘moderately’ or ‘very like’ their schools. These statements were derived originally from the National Administration Guidelines (NAGs), as updated in 2017, for the 2017 study. Some statements were retained in the 2022 questionnaire; others were replaced to reflect new emphases.

Table 3.3 Percentage frequencies of principals responding ‘moderately like our school’ or ‘very like our school’ to statements about school policies and practices in health and PE, by year level

Statement	Health		PE	
	Year 4 %	Year 8 %	Year 4 %	Year 8 %
The school has charter goals and actions relating to students’ health and PE education	69	77	59	62
Teachers have appropriate pedagogical and content knowledge and respond effectively to the learning needs of students in health and PE.	72	84	75	75
The school engages with whānau and the wider community about the school’s health/PE programmes	80	81	38	45
The school has developed clear guidelines in health/PE against which student progress and achievement can be assessed	33	51	33	54
The school collects data about student needs to help plan learning in health and PE	39	51	29	41
We consult with local iwi to ensure local mātauranga Māori is built into the school’s health and PE programmes	21	24	14	16
We consult with students about the school’s health education programme	33	41	31	41
Teachers with responsibility for health or physical education are given appropriate support, including PLD and release time.	57	62	68	71
The school reviews the health and PE curriculum to make sure it is inclusive of students’ ethnicities and abilities	55	63	56	56
Parents are provided with comprehensive information about their child’s progress in health/PE	26	35	22	43
Teachers have effective ways to include students who want to sit out of PE			73	70

Principals reported that they had a range of policies and practices in place for health and PE

More than 59 percent of the principals reported that their school had charter goals related to health and PE in place. Around 55 percent of the principals indicated that they had a review process in place, to ensure that their curriculum for health and PE is inclusive of students’ ethnicities and abilities.

Principals reported varying degrees of consultation in relation to their health and PE programmes

Eighty percent of principals reported that they engaged with whānau and the wider community about their school’s health programmes, but just under 20 percent reported that this was ‘not very like’ their school. This two-yearly consultation process is mandated by the NZ government (Education and Training Act 2020) so the response rate is surprising. The principals were much less likely to consult on PE programmes.

Consultation to ensure local mātauranga Maori is embedded into health and PE programmes teaching and learning was not undertaken by many.

While schools engaged in consultation processes with whānau and the wider community in regard to the schools’ health programmes, they were less likely to report consultation with local iwi or students to ensure local mātauranga Māori was built into their programmes. Overall, consultation regarding mātauranga Māori was low with less than a quarter of principals reported that they engaged in consultation regarding this with local iwi.

Principals were more likely to consult with local iwi in relation to matauranga Māori in their health programmes rather than PE. Response patterns were similar across decile bands, however more Year 8 principals at low decile schools reported that it was ‘moderately’ or ‘very like’ their school to engage in consultation with iwi regarding building mātauranga Māori into their health and PE programmes, than Year 8 principals at mid or high decile schools.

Many schools did not have policies and practices around assessment and use of data related to health and PE

About 43 percent of Year 8 principals, and 26 percent of Year 4 principals noted that the parents/ whānau were provided with comprehensive information about their children’s progress in health and PE, however, 17 percent of Year 4 principals reported that it was ‘not at all like their school’ to provide that information. With the exception of Year 8 principals in relation to health, less than half of the school principals reported that data about student needs were collected and used to help plan teaching.

Upwards of 70 percent of principals reported that their teachers had ‘appropriate pedagogical and content knowledge’ and that they ‘responded effectively to the learning needs of students in health and PE’.

Section Four: Professional support for teaching health and PE

This section draws on perspectives of teachers and principals about the professional support they are able to utilise to support their teaching. It includes reports on their experiences of working collaboratively, their use of health and PE resources, and participation in professional learning development.

Working collaboratively

The teachers were asked how often they worked with other teachers or specialist teachers to collaboratively plan and prepare for teaching and learning in health and PE. Figures 4.1 and 4.2 show the teachers' responses.

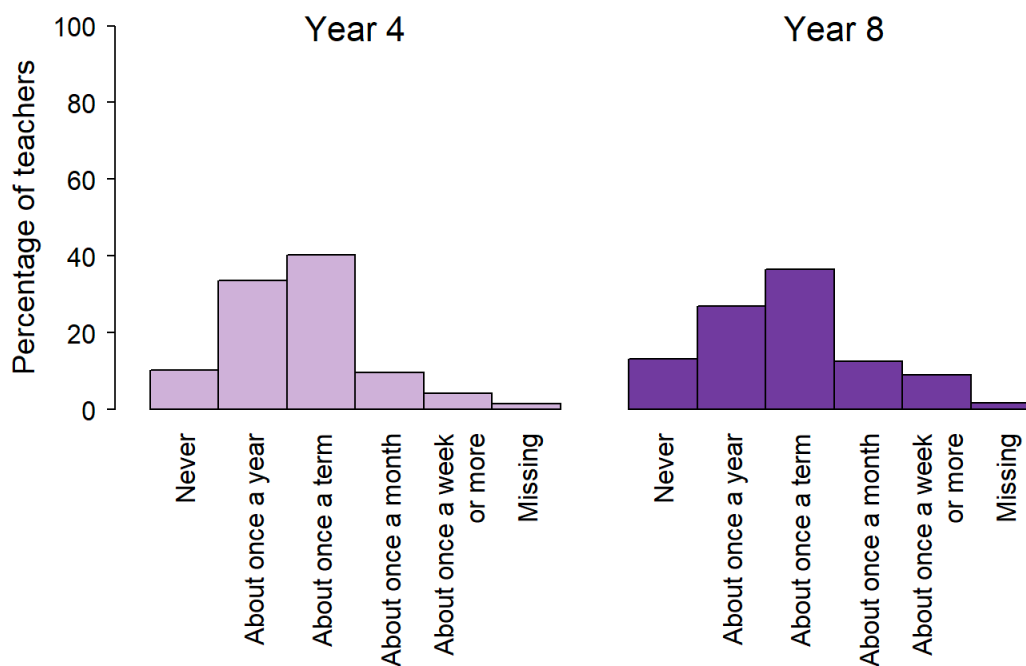


Figure 4.1 Teacher reports of the frequency of opportunities to collaborate on planning and preparing for their health programmes, by year level

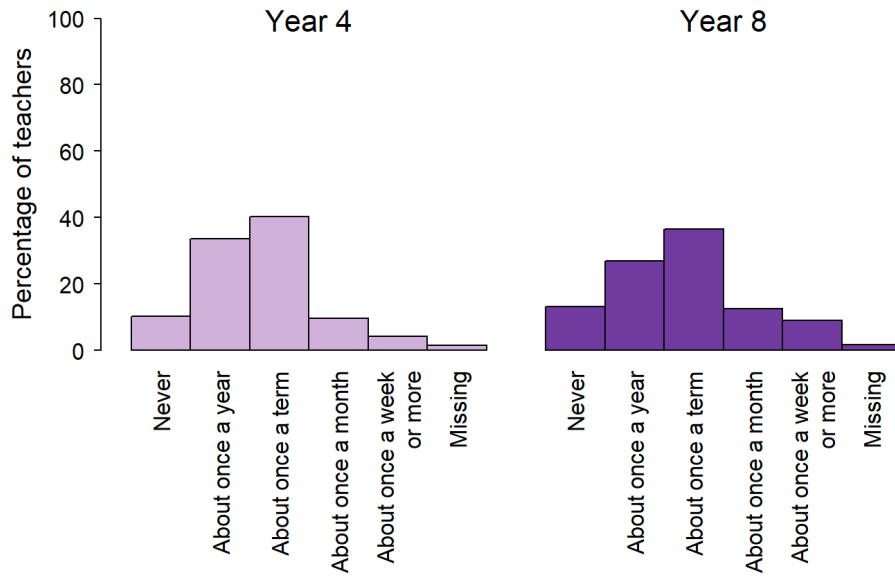


Figure 4.2 Teacher reports of the frequency of opportunities to collaborate on planning and preparing for their PE programmes, by year level

Collaborative planning for health and PE teaching and learning happened at least sometimes for most teachers

About 10 percent of teachers reported that they ‘never’ worked collaboratively; on average, a similar proportion of teachers reported that they worked together once a week. Year 8 teachers were more likely to collaborate on monthly or weekly planning than Year 4 teachers. ‘Once per term’ was the most frequently selected response category by teachers at both year levels and for both health and PE.

Familiarity with health and PE resources

The teachers were asked to indicate their knowledge and use of eight health education resources, and ten PE resources. Their responses to the list of health resources are reported in Figure 4.3.

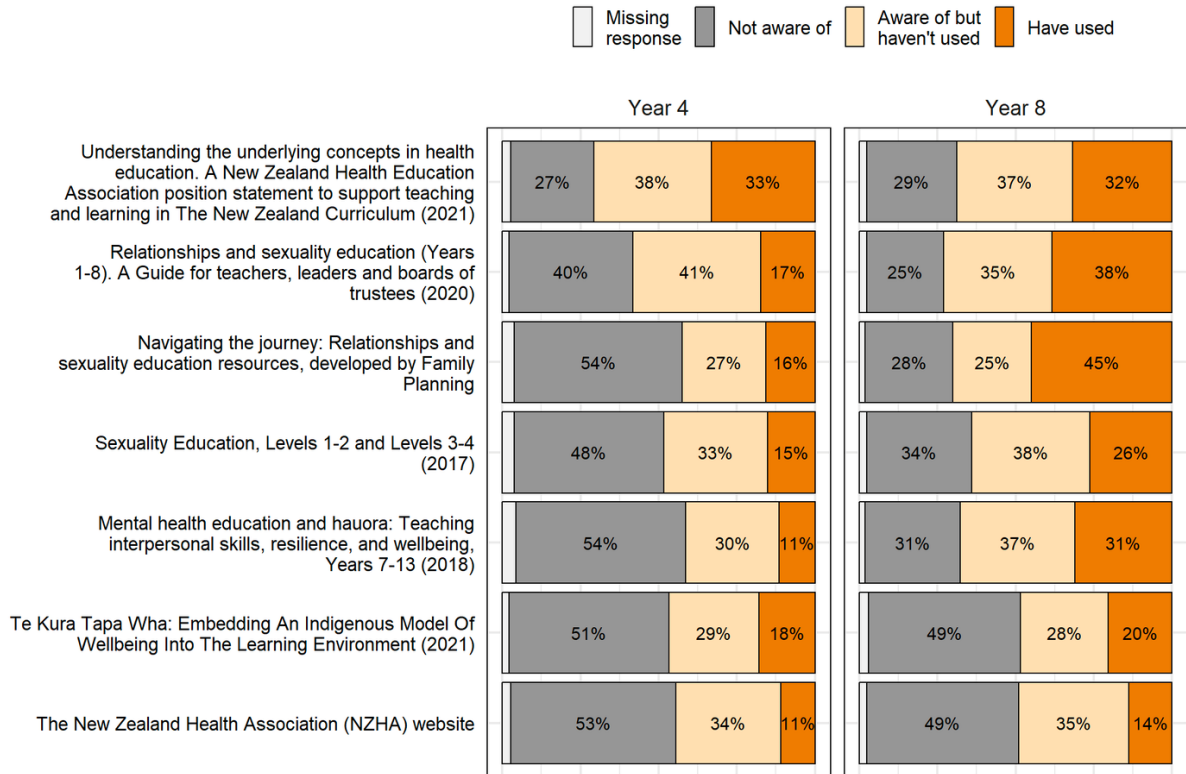


Figure 4.3 Percentage of teacher responses regarding awareness and use of health education resources, by year level

Many health resources were unfamiliar to teachers

The most commonly used resource in health by teachers of Year 4 students was the NZHEA publication *‘Understanding the underlying concepts of health’* with a third of teachers noting its use. Less than 20 percent of Year 4 teachers reported using any of the other listed resources, although around a third of teachers indicated that they were aware of each of them.

Year 8 teachers reported accessing resources related to sexuality education more than any other health resource. These included a recent Ministry of Education publication, *Relationships and Sexuality (Years 1-8)* (38 percent of Year 8 teachers used this) and *Navigating the Journey*, a resource made available by the Family Planning Association. The latter was used by 45 percent of Year 8 teachers. Overall, Year 8 teachers reported higher use of most of the resources than Year 4 teachers.

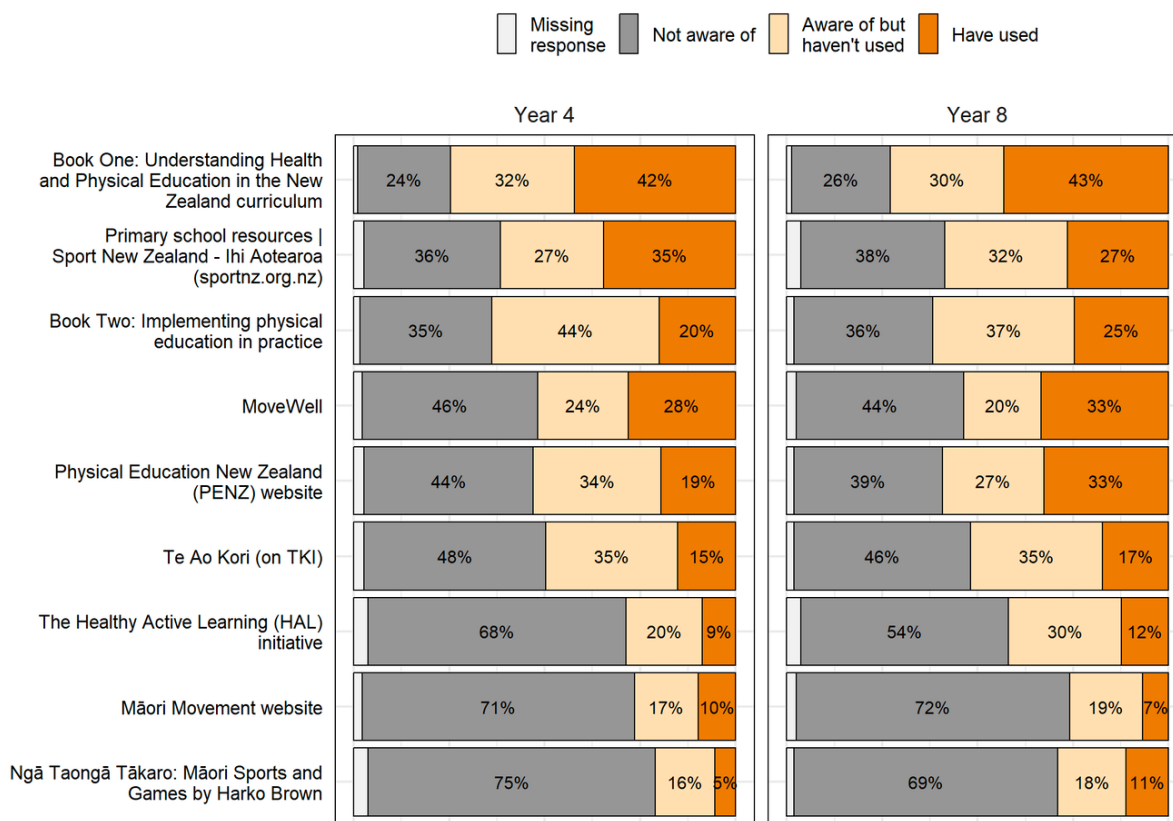


Figure 4.4 Percentage of teacher responses regarding awareness and use of PE resources, by year level

Resources to support teaching and learning PE were largely unknown or unused

At both year levels, 43 percent of teachers reported use of *Book One: Understanding Health and PE in the New Zealand Curriculum* published by PENZ. The *Movewell* resources and the *PENZ website* were used by around a third of Year 8 teachers.

The three resources to support Māori movement were accessed by very low proportions of teachers at both year levels. Many teachers reported that they were not aware of these resources. This resonates with the lack of opportunities to cultural movement activities, in particular Māori and Pacific games, that were reported by both akonga and teachers in Section 3 of this report

Just 9 percent of teachers at Year 4 and 12 percent at Year 8 reported that they had accessed the Healthy Active Learning (HAL) initiative website and resources.

Overall, Year 4 teachers reported similar patterns of PE resource use to Year 8 teachers.

Accessing Professional Learning and Development (PLD)

The teachers were asked to report how recently they had accessed PLD in health education and PE, and to rate the quality of their experiences. Principals were asked about teacher access to PLD, and whether health education or PE had been a recent focus for PLD. Table 4.1 summarises the responses of teachers and principals to these questions.

Table 4.1 Percentage of teachers' or principals' responses to statements about professional learning and development (PLD) in health and PE, by year level (2017 responses are in brackets)

Statement	Health		PE	
	Year 4 %	Year 8 %	Year 4 %	Year 8 %
Percentage of teachers who received PLD within the last 5 years	63 (57)	58 (58)	68(83)	66 (82)
Percentage of teachers who rated the professional support they received as good or very good, as opposed to very poor, poor or fair	23 (21)	27 (18)	26 (30)	29 (34)
Percentage of principals who reported that teachers had moderate or extensive access to PLD	51 (58)	65 (57)	61 (68)	62 (77)
Percentage of principals who reported that their schools had placed a focus (either minor or major) on development in health/PE	54 (49)	62 (57)	50 (64)	52 (63)

Relatively recent opportunities for PLD were reported by some teachers

More than half of the teachers indicated that they had accessed PLD in health and PE within the last five years. However, a slightly larger proportion of teachers had participated in PLD in PE than in health.

Over half of the Year 4 principals and two thirds of Year 8 principals reported that teachers with health education or PE responsibilities were given release time and had access to relevant PLD. This is noted in Table 3.3 (on page 25).

The teachers rated the professional support they received in PE slightly higher than the PLD for health, however, overall, the percentage of teachers expressing satisfaction with their PLD in each area was low.

Schools appear to have re-prioritised their PLD requirements since 2017

The responses from teachers and principals as shown in Table 4.1 suggest that over the five years from 2017 to 2022 the emphasis on PLD in PE declined. On average, 15 percent fewer teachers reported participating in PLD in PE over that time.

Aligned with this, as also can be seen in Table 4.1, is a decrease in school focus on PE and a slightly increased focus on health.

Section Five: Programme delivery: the use of external providers

This section reports on schools' use of external providers to support or provide their health and PE programmes. It includes principals' reports on the variety of providers used and the extent to which they are used to support learning in health and PE, as well as the factors that influence their selection.

Extent of use of external providers to support learning in health and PE

External providers are frequently used to support the teaching and learning of health and PE. Table 5.1 shows the way the provision of health and PE is delivered in schools, with proportions of teaching undertaken by classroom teachers, specialist teachers and external providers noted.

Table 5.1 Percentage of principals reporting how their health and PE programmes were taught in their school, by year level (2017 percentages are in brackets)

Teaching of health and PE	Health		PE	
	Year 4 %	Year 8 %	Year 4 %	Year 8 %
Entirely by the classroom teacher	26 (22)	34 (21)	23 (12)	25 (23)
Mainly by the classroom teacher with some support/teaching from a specialist teacher	11 (9)	13 (20)	19 (14)	19(20)
Mainly by the classroom teacher with some support/teaching from an external provider	59 (67)	45 (44)	52 (65)	39(26)
Entirely by a specialist teacher within the school	1 (0)	2 (4)	(0) (1)	5 (16)
Mainly by a specialist teacher with some support/teaching from the classroom teacher	3 (1)	2 (9)	6 (4)	9 (12)
Mainly by an external provider (e.g., Life Education/Sport NZ)	0 (1)	4 (3)	1 (3)	3 (2)

External providers were supporting health and PE teaching programmes in around 40 percent of schools

An average, about half of the principals reported that external providers were involved in supporting/teaching health and PE programmes. The most common organisation for delivery of health and PE at both year levels, was for classroom teachers to undertake most of the teaching, with some support and or teaching provided by external providers or specialist teachers. About 25 percent of principals reported that the classroom teacher alone provided the health and PE learning programmes.

Table 5.2 indicates the extent to which health and PE programmes were provided or supported by external providers. Most commonly, principals reported using external providers for up to 40 percent of their programmes. A small percentage of principals (around 10 percent) reported not using any external providers. Patterns of responses were similar across the class levels.

Table 5.2 Percentage of principals' responses regarding how much of the health and PE programme was provided or supported by external providers, by year level

External providers	Health		PE	
	Year 4 %	Year 8 %	Year 4 %	Year 8 %
None	11 (5)	11 (4)	8 (2)	13 (11)
1–20%	51 (48)	55 (54)	54 (53)	64 (58)
21–40%	22 (31)	26 (26)	24 (24)	15 (18)
41–60%	12 (10)	7 (12)	9 (15)	2 (7)
61–80%	2 (3)	1 (5)	1 (6)	2 (4)
81% or more	0 (2)	0 (0)	1 (0)	2 (2)

Factors that influenced selection of external provider for health and PE

Principals were asked to rate which of a range of factors were important to their selection of external providers for their school, and to identify the providers that they used.

'Engaging the learners' was the most influential selection factor for principals

While alignment of external programmes to the current NZC and to their schools' health and PE programmes was reported to be important, more principals at both year levels reported that 'engagement' was 'very important'. Sixty-nine percent of Year 4 principals and 73 percent of Year 8 principals prioritised this when considering health programmes. For PE, the percentages were 59 (Year 4) and 66 (Year 8)

The least important factor influencing selection appeared to be how the providers assessed the learners. About a quarter of principals at both year levels indicated that assessment of learning was not important at all when choosing external providers for either health or PE.

Schools used multiple and varied external programmes to support their health and PE teaching

The principals were asked to list the external providers they engaged for their health and PE programmes. Commonly utilised providers are reported in Table 5.3.

Table 5.3 A summary of commonly used external providers as reported by school principals

Health/ PE focus	Provider
Healthy body/mind/food, relationships, safety, well-being, sexuality	Life Education
Mental health programmes- focusing on anxiety, well-being, mindfulness, self-esteem, bullying	e.g. Police education programmes (e.g. Kia Kaha); Mitey; Nest Counselling (Auck); Parenting Place; I am Hope; Kind Hearts
Personal safety in a range of contexts—road safety, bike safety	Firewise; NZ Police, Keeping Ourselves Safe (KOS),
Sexuality education	Family Planning
Creating healthy and active learning environments	Healthy Active Learning (HAL)
Sporting codes	Regional sports trusts; National, regional and local sports clubs
Swimming	Swim Safe, Swimsation, Swim NZ and non-specified local providers

Life Education remains the most used single provider in health at both Year 4 and Year 8

Life Education continues to be the most frequently used single external provider for health as reported by principals of both Year 4 and Year 8 schools. However, since 2017, a range of new health focused initiatives have been developed for use in schools and these also featured in the principals' responses in the 2022 study. These included programmes which focus on the key area of learning, mental health, for example, *Mitey* (supported by the Sir John Kirwan Foundation), *Pause Breathe Smile* (funded by Southern Cross), and *I am Hope* (developed by the I am Hope Foundation).

Some of the externally provided programmes listed by principals were linked to particular geographic areas and others were only on offer in locations with a larger population base. Some were user pays, and some were offered at no cost to the schools. Police Education programmes, accessed by many schools, were offered throughout the country.

Healthy Active Learning (HAL) was also listed as an external provider by some school principals. HAL is a joint government initiative between Sport NZ, Ministry of Health, Te Whatu Ora | Health NZ, and the Te Tāhuhu | Ministry of Education as part of the Child and Youth Wellbeing Strategy. It was introduced in 2020 to improve the wellbeing of tamariki through healthy eating and drinking, and quality physical activity³. Twenty-two percent of Year 4 principals and twenty-nine percent of Year 8 principals in the 2022 study reported that they were HAL schools.

Regional sports trusts and local sporting clubs and associations were the most commonly used external providers of learning in PE.

Regional sports trusts featured prominently in the external provider lists reported by both Year 4 and Year 8 school principals. The trusts, along with national, regional, and local sports clubs, offered a variety of sporting activities including badminton, rugby, touch rugby, softball, hockey, cricket, netball, basketball, tennis and squash. Other physical learning activities offered by providers included biking, athletics, swimming, lifesaving, rock climbing, fencing, gymnastics, dance, skate-boarding and surfing.

Extensive use of external providers was noted by the participating schools

A tally of the number of external providers named by principals revealed that providers were used more frequently in PE (432 instances noted) than in health (380), and that higher use of external provision was utilised by Year 4 schools (418) than Year 8 schools (394). The names of the external providers appeared multiple times on the lists as each school nominated all providers utilised.

³ Healthy Active Learning website: <https://sportnz.org.nz/get-active/ways-to-get-active/physical-education/healthy-active-learning/>

Section Six: Impact of Covid-19 on teaching and learning in health and PE

This section reports on the impact of Covid-19 on teaching and learning in health and PE. It covers students' attitudes towards learning at home; teachers' ratings of their ability to adapt their teaching for home learning; and principals' reports on allocation of time and resource for teaching and learning since the Covid-19 period. Student, teacher and principal perspectives on the impact of home learning on student learning in health and PE is also explored.

Students' perspectives on the effect of Covid-19

The students were asked to record responses to six questions related to their learning at home. Three questions focused on learning in health, and three to learning PE. The responses are shown in Figures 6.1 to 6.6.

Over half the students indicated that they liked learning about health at home, but they liked PE more

The students were more positive about learning PE at home than health, with around 40 percent of students at both levels reporting that they 'liked it a lot', whereas just 20 to 30 percent of students liked learning health at home 'a lot'. On average, about 20 percent of students reported that they did not like learning health or PE at home. (Figures 6.1 and 6.2)

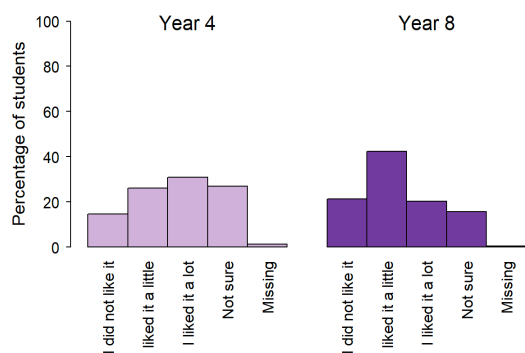


Figure 6.1 Percentage of student responses about liking learning health at home, by year level

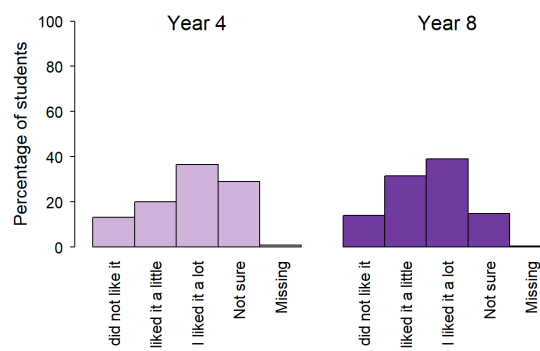


Figure 6.2 Percentage of student responses about liking learning PE at home, by year level

Students reported variation in their exposure to health and PE learning at home

Year 4 students used 'less', 'the same' and 'more' about the same amount each when reporting how much health and PE they did at home. Fewer Year 8 students were 'not sure' than Year 4 students as shown in Figures 6.3 and 6.4.

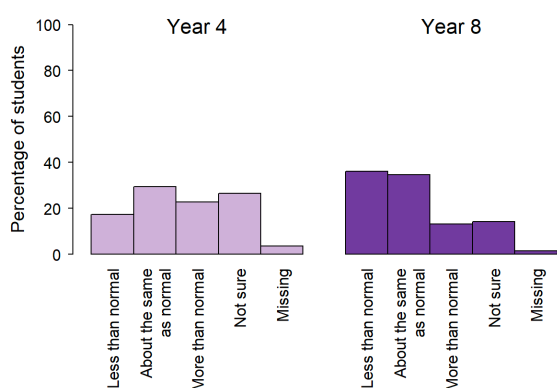


Figure 6.3 Percentage of student responses about how much health they did at home during Covid-19

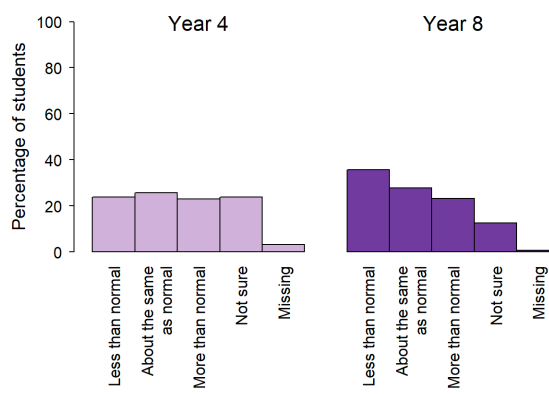


Figure 6.4 Percentage of student responses about how much PE they did at home during Covid-19

In response to a question about the amount of time spent on learning health and PE at home, ‘learning at home did not have an effect on my learning’, was the most frequently selected response at both year levels, however, this was less decisive in Year 4 responses where almost as many students reported that it made their learning ‘better’. A number of students were not sure of the effect, but reasonably few students reported that learning health and PE at home had made their learning worse.

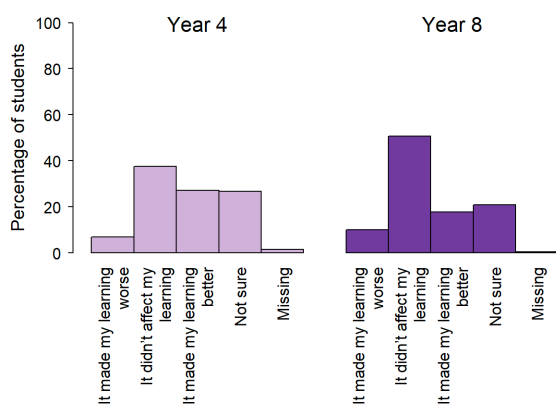


Figure 6.5 Percentage of student responses about their perception of whether their learning was affected by learning at home

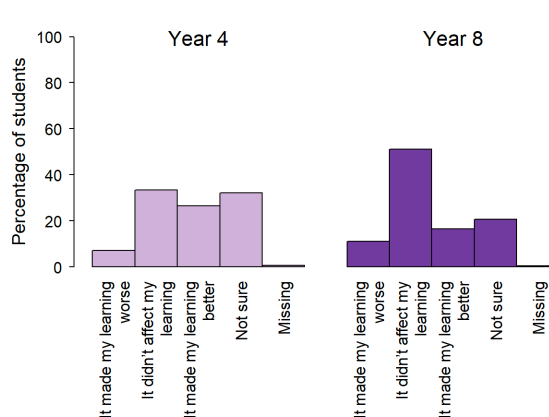


Figure 6.6 Percentage of student responses about their perception of whether their learning was affected by learning at home

Teachers’ perspectives on the effect of Covid-19

Teachers were presented with three statements that described different ways the Covid -19 pandemic has impacted teaching and learning. They were asked to indicate how successfully they adapted their health and PE teaching and learning programmes, how they built on school and home partnerships during periods of learning at home (Figures 6.7 and 6.8), and how Covid-19 had impacted learning (Figures 6.9 and 6.10).

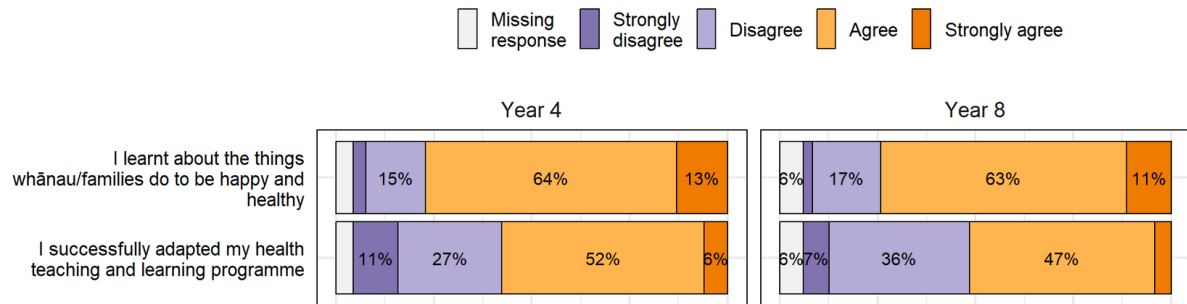


Figure 6.7 Percentage of teacher responses to the COVID-19 related questions for health, by year level

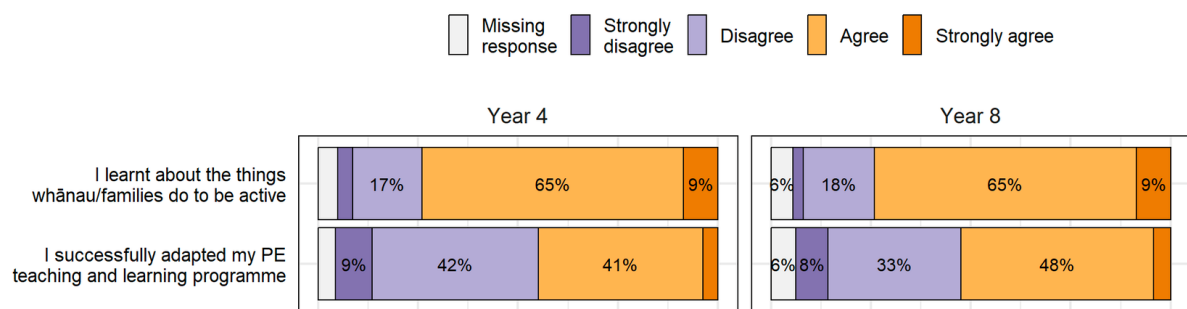


Figure 6.8 Percentage of teacher responses to the COVID-19 related questions for PE, by year level

Teachers were fairly evenly divided between agreeing that they successfully adapted their health and PE programmes for home learning, and that they didn't

Apart from Year 4 teachers of PE, close to half of the teachers in the sample reported successful adaptation of their programmes to a home learning environment. Overall, around 10 percent of teachers strongly disagreed that they were successful.

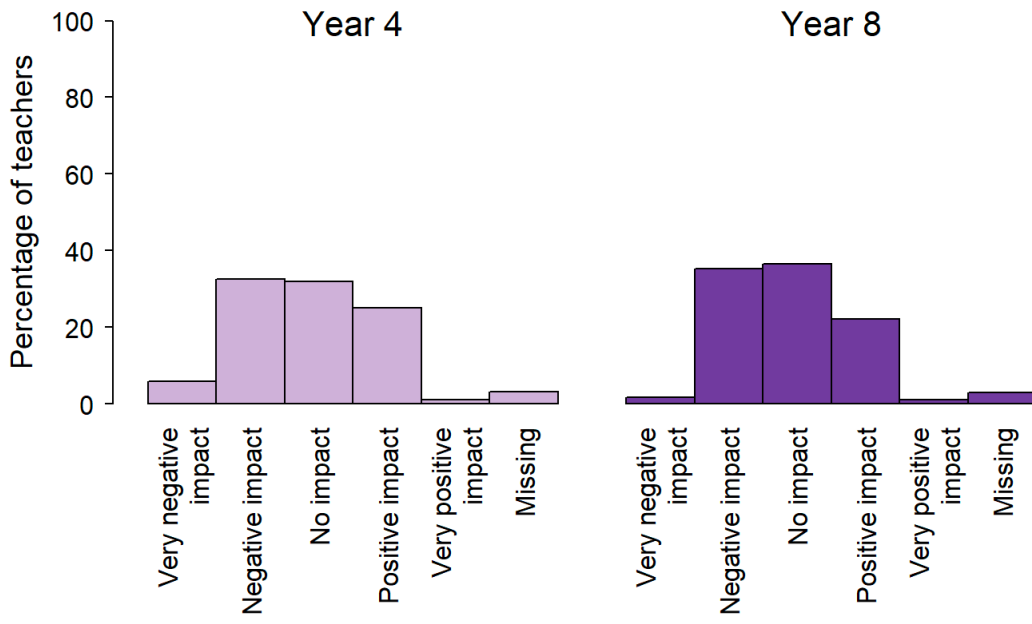


Figure 6.9 Percentage of teacher responses to impact of Covid-19 on student learning in health, by year level.

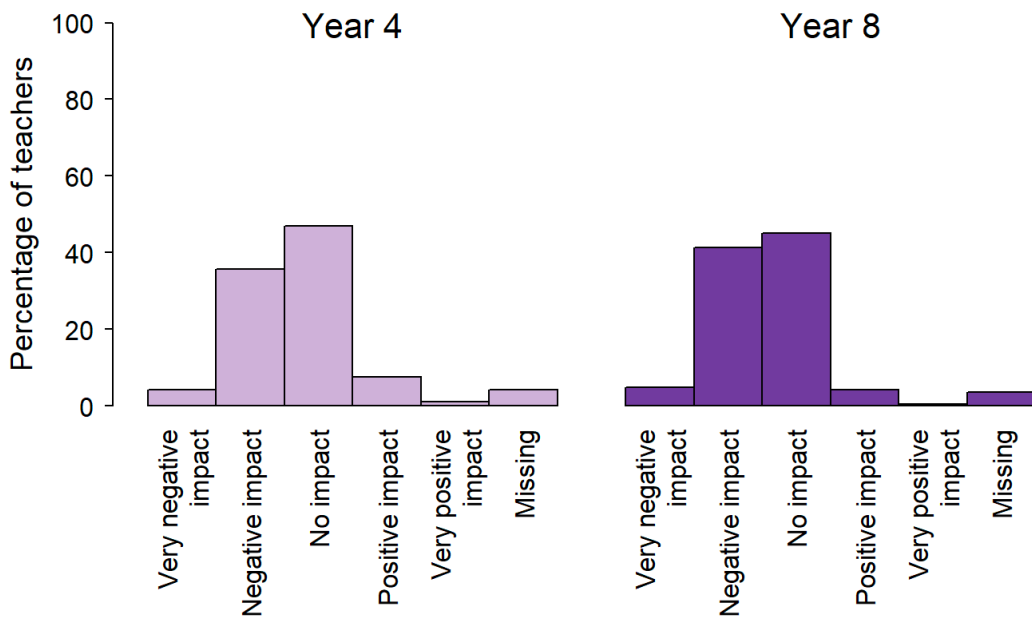


Figure 6.10 Percentage of teacher responses to impact of Covid-19 on student learning in PE, by year level.

More teachers reported a negative impact on the teaching and learning of health and PE than a positive impact on students

At both year levels, teachers were reasonably evenly divided in their perception of the impact of Covid-19 on student learning in health. A little over a third of teachers suggested that there was a negative impact on their students’ learning, about a third thought there was no impact, and about a quarter thought the impact was positive.

Very few teachers noted a positive impact on students’ learning in PE. Just under a half of the teachers reported no impact and a slightly smaller proportion of teachers than that suggested the impact was detrimental.

Principals’ perspectives on the effect of Covid –19

Principals were presented with a series of statements about teaching and learning health and PE, student and teacher wellbeing, and home and school partnerships. They were asked to indicate how Covid-19 had impacted on how much time and resource they allocated to each of these (Figure 6.11).

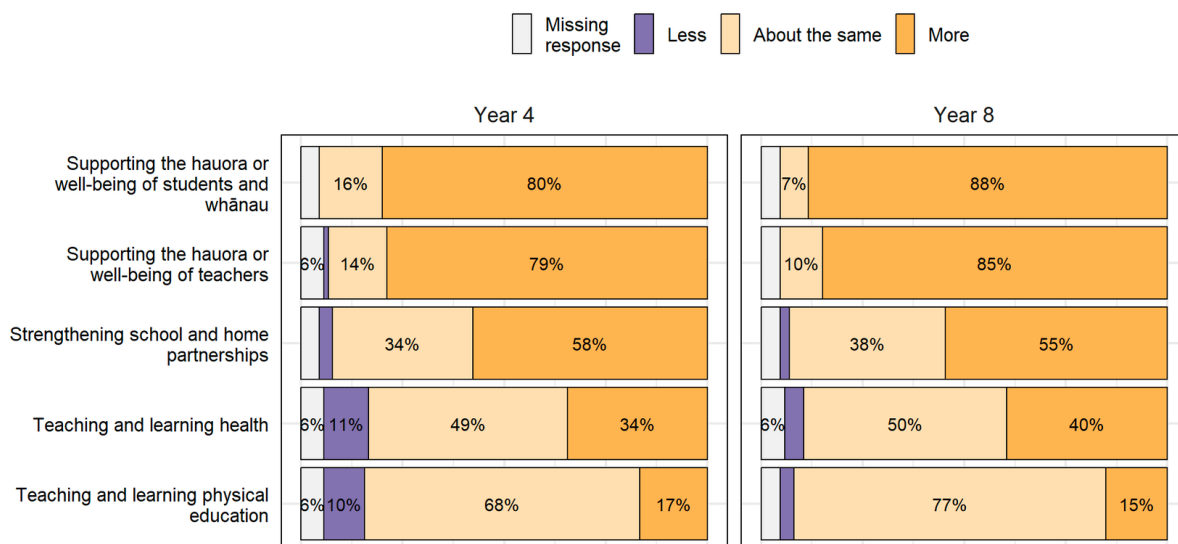


Figure 6.11 Percentage of principal responses to the Covid-19 related questions, by year level

Most principals indicated that they allocated ‘more’ time and resources to support the hauora/wellbeing of teachers and students than on teaching and learning

The majority of participating principals reported that they allocated ‘more’ time and resources to supporting the hauora and wellbeing of both students and teachers than they had prior to Covid-19. Over half of Year 4 and 8 principals indicated that they also spent more time and resources strengthening home and school partnerships (58 percent and 55 percent, respectively); and while about a third of the principals indicated more time and resource was spent on teaching and learning health, a much smaller proportion reported the same for PE.

Impact on student learning

The principals were also asked about their perceptions of the impact of Covid-19 on student learning. Their responses are shown in Figures 6.12 and 6.13.

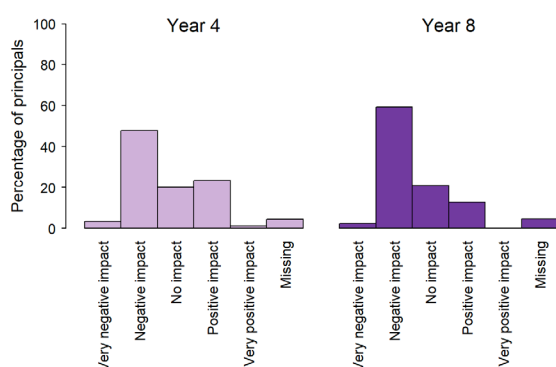


Figure 6.12 Percentage of principal responses to the impact of Covid-19 on students' learning about health, by year level

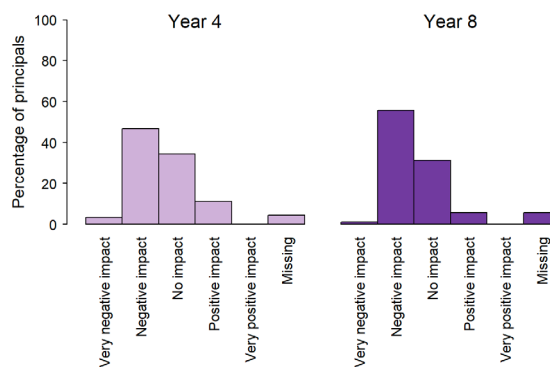


Figure 6.13 Percentage of principal responses to the impact of Covid-19 on students' learning about PE, by year level

Half of the principals at both year levels reported that they perceived a negative impact on teaching and learning in both health and PE.

When asked to rate how Covid-19 had impacted both health and PE, on average around 50 percent of Year 4 principals, and 58 percent of Year 8 principals, reported that it had had a negative or very negative effect on teaching and learning. Year 4 principals were more likely to report a positive impact than Year 8 principals, but overall, the response distributions were similar.

Principals, teachers and students had different views on the impact of Covid-19 on learning

More principals reported that COVID-19 had a negative impact on teaching and learning than teachers did. Most students on the other hand were more likely to report that their learning was not affected or that it improved. However, 20 to 30 percent of the students were not sure whether learning health and PE at home had had any impact.

