

Alcohol and Other Drug Education Programmes

GUIDE FOR SCHOOLS

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Background

The Ministry of Education commissioned Dr Jenny Robertson to carry out an independent review of government funded alcohol and other drug education programmes (AoD education programmes) for young people. The review was commissioned as part of the Prime Minister’s Youth Mental Health Project.

The Youth Mental Health Project was developed in response to a report from Sir Peter Gluckman, the Prime Minister’s Chief Science Advisor. Entitled [*Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence*](#)¹, this report raised concerns about the period when young people move from childhood to adulthood, including cannabis use and harmful use of alcohol. The report asked two key questions about alcohol and other drug education programmes:

- what programmes are being government funded?
- what does or doesn’t work?

This introductory guide for schools is based on Dr Robertson’s report² (to download the full text of the Robertson review report, [click here](#)). It summarises the findings of the Robertson review, and reflects additional thinking that boards of trustees, school leaders, and teachers may find useful to ask when selecting and implementing AoD education programmes.

The Ministry would like to acknowledge the work of Dr Robertson in conducting the review, and thank Dr Elody Rathgen, CORE Education, for writing the original version of this guidance document. Thanks are also due to Barbara Hollard and Debi Futter-Puati for their help.

¹ Gluckman, P (ed). (2011). *Improving the Transition: Reducing social and psychological morbidity during adolescence*. A report from the Prime Minister’s Chief Science Advisor. Parliament, Wellington, New Zealand.

² Robertson, J. (2013). *Review government funded Alcohol and Other Drug education programmes for young people*. Unpublished report prepared for the Ministry of Education, Wellington, New Zealand.

Alcohol and other drug education programmes for schools

This guide provides introductory information for schools on AoD education programmes. You will see some key messages repeated in text boxes.

For more in-depth information on AoD education programmes, please refer to the Robertson review on which this document is largely based (for the full text of the Robertson review, [go here](#)).

Contexts for alcohol and other drug education

This guide focuses mainly on two contexts for AoD education programmes for young people: school-wide health promotion activities; and curriculum teaching and learning programmes in the health and physical education (HPE) learning area.

Other contexts for AoD education programmes are early intervention for a student to reduce use or reduce harm, and multi-dimensional approaches involving both school and community. Multi-dimensional approaches involving school and community are needed to prevent or reduce alcohol and other drug use or related harm. Some of these approaches also aim to build resilience and improve educational outcomes.

The role of alcohol and other drug education programmes

AoD education programmes have an important and measurable educational role to play. They build knowledge and understanding and develop students' skills to critically analyse messages about alcohol and other drugs.

AoD education programmes do not directly influence behaviour change. Although they have sometimes been seen as "prevention" programmes, they seldom show delay or prevention of AoD use as outcomes. For this reason it is not useful to assess their effectiveness in terms of impact on student behaviour.

Education about alcohol and other drugs is best provided in a context where knowledge and skills contributing to the development of protective factors³ and minimisation of risk factors can be learnt. Many schools do this well already.

Encompassing Māori and Pasifika worldviews

All AoD education programmes must take account of Māori and Pasifika worldviews. These worldviews focus on nurturing potential, identifying opportunity, investing in people, local solutions, and tailoring education to the learner. Both communities should be consulted in the schools, homes, marae and churches. Educational initiatives should be grounded in Māori and Pasifika ways, which involve Māori and Pasifika people and distinct traditions. There is no generic Pacific community, so interventions must acknowledge diversity within Pacific peoples.

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³ Protective factors enhance opportunities and promote good wellbeing. Common protective factors include: having optimism and plans for the future; having at least one close friend; staying at school and achieving; and feeling connected to the community and one's culture. Such factors can reduce the impact of life's challenges.

Effective alcohol and other drug education programmes

The Robertson review could not say how effective programmes had been at preventing or reducing alcohol or drug use. This was because there have been limited opportunities to carry out comprehensive evaluations of most of the programmes used in New Zealand. The review found that most programmes were aligned with international best practice principles. It also made a number of recommendations about what does and doesn't work.

Effective AoD education programmes for young people:

- have comprehensive whole-school and community-based approaches
- are not divorced from other youth mental health and relationship education considerations
- are culturally responsive and developmentally appropriate
- have strategies that promote participation and retention in education
- use communication technologies effectively and responsibly
- are inquiry based
- have sufficient and relevant professional learning and development support available for teachers
- have input from key stakeholders, agencies, organisations and target groups in the planning, maintenance and future directions of the programme.

One-off events such as expos and presentations that focus on delivering information are not effective. They don't take account of an individual student's learning needs, or particular school contexts.

Monitoring and evaluation of AoD education programmes, as part of school self-review, ensures teachers and schools meet student needs more effectively. It assists with forward planning and improves future practices and activities.

One-off events such as expos and presentations that focus on delivering information are not effective. They don't take account of an individual student's learning needs, or particular school contexts.

Whole-school approach

Taking a whole-school approach

There is good evidence that modelling positive behaviour and values has a powerful influence on young peoples' attitudes to alcohol and other drugs.

School-wide health promotion is a more general context than AoD education programmes in the HPE learning area. Schools therefore need to think broadly about issues related to alcohol and other drugs.

The *New Zealand Curriculum* recognises classroom teaching is only one part of the educative process. Learning is enhanced when students are engaged at school, feel they belong and are valued. A positive whole-school approach including and involving the wider school community is important in shaping the values, attitudes and behaviours of the students.

A whole-school approach uses multiple strategies. It incorporates the school culture, curriculum, structures and organisational models (its norms and standards) and the attitudes and values modelled within the school environment. It involves everyone in the school community working together.

A whole-school approach should aim to include a combination of the following:

- consultation with boards of trustees, school leaders, teachers, students, and the wider school community to work out school policy and procedures involving alcohol and other drugs
- community, parent and whānau engagement to raise awareness of the school's policies and practices around alcohol and other drugs, to help parents take part in conversations about AoD education
- HPE teaching and learning opportunities related to alcohol and other drugs for all students
- a staff code of conduct which includes health-enhancing messages about alcohol and other drugs
- student action groups such as youth health councils to peer mentor and lead health promotion including policy and procedural development related to alcohol and other drugs
- early intervention support such as pastoral systems for at risk students
- other community stakeholders supportive of managing incidents related to alcohol and other drugs.

A positive whole-school approach including and involving the wider school community is important in shaping the values, attitudes and behaviours of the students.

This approach enhances student achievement, engagement and retention and helps students feel they belong and are valued.

Developing school policies

Schools may wish to develop clear policies and practices around AoD education. An AoD education policy should incorporate input from important stakeholders, including students.

As recommended by S^uPERU⁴ a three-tiered approach may provide a helpful framework:

- a whole-school approach that supports young people to remain engaged in education
- classroom-based learning of generic skills from year 1 based on the HPE learning area
- classroom-based learning of knowledge, attitudes and skills, specific to AoD education (particularly years 7 – 13).

Effective school policies:

- align with school charters, annual plans and targets for promoting students' achievement as well as annual curriculum planning and budgets, including professional learning and development
- establish clear health and wellbeing educational outcomes and indicators for reporting on these arrangements to senior school leaders, boards of trustees, and the wider community
- advocate a harm minimisation approach (discussed below under "Health approaches")
- clearly describe the school's incident reporting procedures and support structures for students, teachers and the wider community
- reflect philosophies supporting young people to remain engaged in education.

Selecting education programmes

Before engaging with external providers, schools and teachers should ask how to integrate new thinking into teaching and learning programmes and whole-school approaches to AoD education. When thinking about AoD education programmes, schools should understand their students' needs and experiences. Schools should also be clear about the changes and outcomes they want (as noted above, AoD education programmes do not themselves directly influence behavioural change).

These questions may be useful for a school to identify its needs with regard to AoD education programmes:

- What is our vision for the whole school in this area?
- What do we want to achieve as a school? What changes and outcomes do we want?
- What is the AoD-related situation for our students, based on the data and information available to us?
- What programmes and approaches are known and available? Are there alternatives?
- What can we do within our own resources and capabilities?
- Do we need to partner with an external provider?
- How is our thinking and planning related to best practice principles?

When thinking about AoD education programmes, schools should understand their students' needs and experiences. Schools should also be clear about the changes and outcomes they want.

⁴ S^uPERU a division of the Families Commission (2013). *Effectiveness of Relationship Education in Schools for Years 7 – 13*. Families Commission Wellington.

Considering a specific AoD education programme

The following questions may help when you're considering a specific AoD education programme:

School focus:

- Does it meet the goals and expectations of the school charter?
- To what extent does it fit with your existing planned programme?
- Do its aims and intended learning outcomes support the vision, values and principles of the New Zealand curriculum, and can they be integrated into the HPE learning area of the curriculum?

Student focus:

- Does it meet the needs and interests of your target audience?
- What evidence supports the programme's effectiveness for students?
- Does it use interactive student-centred teaching and learning strategies?
- Are its aims and intended outcomes clearly stated and able to be monitored and evaluated?

Resource design:

- Is the resource or programme designed for a New Zealand audience?
- Is it inclusive? Does it avoid stereotyping and discrimination and promote respect for diversity?
- Does it aim to change behaviour as well as knowledge and attitudes?
- How time and cost effective is the programme?

Programme providers:

- Are the providers knowledgeable and skilled enough to work in an educational environment? Do they have the personal attributes to connect positively with your students?
- Are the providers open to negotiation and collaboration?

Teaching and learning focus:

- How will student learning be assessed as a result of this intervention?
- What are the next learning steps?
- Are contingency plans in place to support students in the event personal issues arise which could cause distress or harm?

Teaching and learning about alcohol and other drug issues

Alcohol and other drug education in *The New Zealand Curriculum*

AoD education sits primarily in the HPE learning area of *The New Zealand Curriculum*. As a context for learning it also has relevance for other areas such as the social sciences, English and science.

A positive classroom environment for AoD education, with social interaction promoting respect, concern for others and shared responsibility for learning, is important. This is described through aspects of effective pedagogy (*The New Zealand Curriculum*, p. 34-35) and underpinned by the values of *The New Zealand Curriculum* (p.10).

Schools can be effective in addressing the risk factors students face in their peer groups, and in the wider community. HPE provides learning opportunities and contexts for knowledge and skill building to make this difference. Quality AoD education programmes, as a part of meaningful health education, can enable all New Zealand youth to thrive and become confident, connected, actively involved, life-long learners (*The New Zealand Curriculum*, 2007).

HPE has appropriate learning outcomes from years 1 – 13 which focus on the relationship between AoD use and wellbeing. HPE is compulsory in years 1 – 10, and is a topic of student choice in years 11 – 13 with achievement standards. There is an expectation that AoD education is part of the mental health key area of learning.

All of the competencies in the learning areas of the New Zealand Curriculum are relevant to AoD education. Three in particular – relating to others, managing self, and participating and contributing – are fundamental to the development of healthy relationships and attitudes to alcohol and other drugs at every age.

Four concepts are central to the HPE learning area: hauora; attitudes and values such as respect and concern for others and for social justice; the socio-ecological perspective; and health promotion. These concepts promote a holistic approach which is designed to build resilience, empathy and a sense of personal and social responsibility in young people.

Curriculum outcomes are not measured by behaviour changes related to AoD. Some students have healthy behaviours already and do not need to change. Others may have issues with alcohol and other drugs that an AoD education programme cannot change in a few hours of teaching and learning.

Leaders have a role to play in helping create the wider school conditions for a HPE classroom. This emerges from a supportive whole-school environment, community and staff where behaviours are modelled to help shape the values, attitudes and behaviours of students. [Health Promoting Schools](#) is a helpful resource in this area.

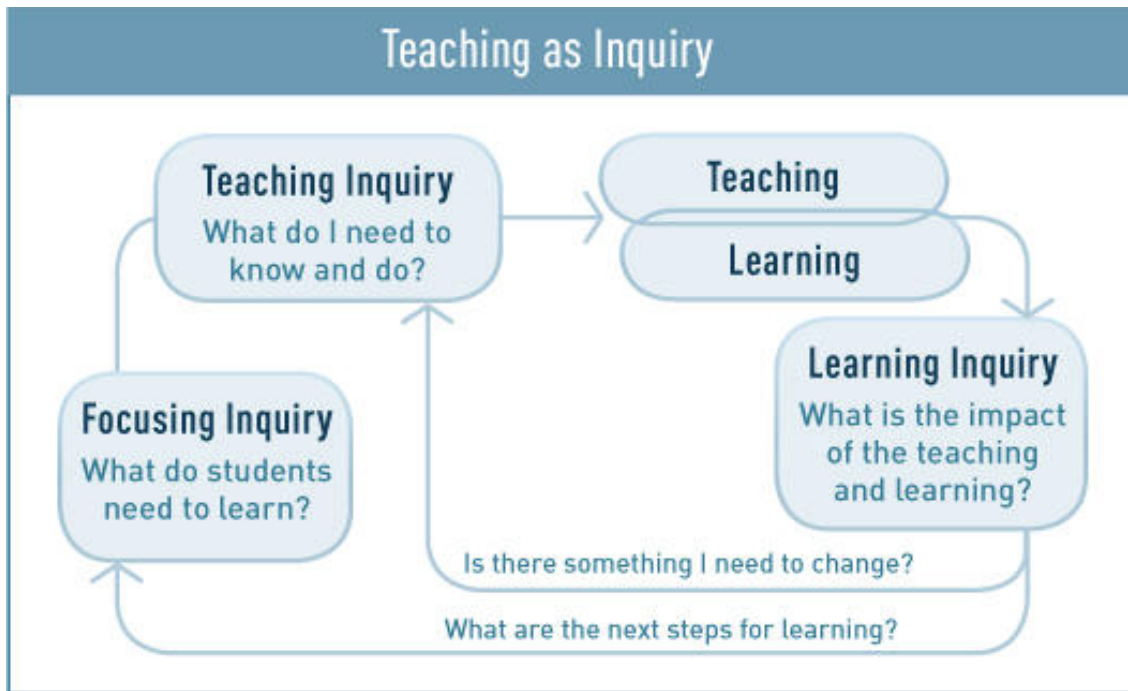
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Building teacher inquiry into programmes

Student learning needs drive the design and planning of curriculum-based AoD education programmes. This requires an inquiry approach to teaching and learning.

Learning is a social practice.⁵ Students learn and construct meaning as they engage in shared activities with their classmates and teacher. Different strategies work with different students. Effective teaching requires teachers to continually inquire into the affect of their teaching on students.



Teaching as inquiry diagram: *The New Zealand Curriculum* (2007) p.35

Assessing for learning

AoD education programmes must be assessed to make sure they improve students' learning and provide students with the skills they need to deal with situations involving alcohol and other drugs. It is important schools are clear about what results they want from students' learning. How might AoD education programmes best be implemented to achieve these goals?

Ongoing formative assessment helps motivate students through providing feedback about their progress. Formative assessment also helps teachers make decisions about next steps in teaching.

Summative assessment may occur at the end of the unit of work to determine if the focus of the learning has been achieved (relating to knowledge, understanding and ability to demonstrate specific skills). Where relevant, assessment can be tied into major school, student and community events.

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AoD education programmes must be assessed to make sure they improve students' learning and provide students with the skills they need to deal with situations involving alcohol and other drugs.

⁵Vygotsky, L. (1978). *Mind in Society: The development of higher psychological processes*. (M. Cole, V. John-Steiner, S. Scribner, & E. Souberman, eds) Cambridge, MA: Harvard UP.

Teaching and learning best practice

Best practice principles are central to the delivery of the teaching and learning processes of AoD education. They shape the approaches teachers might take in delivering AoD education programmes. Teaching and learning best practice principles include:

- employing the cycle of inquiry, and knowing the learner through a wide range of data and evidence
- making sure the programme is developmentally relevant to students' experiences and learning
- engaging in culturally responsive teaching contexts, resources, and language, acknowledging identity and incorporating this into learning
- developing positive relationships
- providing lots of opportunities for students to achieve
- encouraging students to take leadership roles
- believing all students have a right to learn
- using cooperative and interactive approaches to learning
- approaching teaching and learning in a way that supports learner diversity.

Teacher professional learning and development

Effective AoD education programmes require teachers with the specific knowledge, understanding, expertise and personal attributes to facilitate quality learning. Teachers may need support to access this learning.

In secondary schools, health education should be taught by qualified and registered health education teachers who may supplement and enhance their teaching and learning programmes with help from external providers. Primary teachers may require specific support for appropriate strategies.

Teachers need to learn the content and strategies of their HPE learning area to meet the learning needs of their students, and practice in their working context. They learn best by using an inquiry process to identify their professional learning and development (PLD) needs, and by participating in learning activities which reflect on and construct meaning from their classroom contexts. This is why on-site support must complement off-site PLD activities.

Teachers learn most effectively by sharing ideas with professional colleagues, and asking questions. The goal is that teachers can respond to the learning needs of their students.

Schools and teachers should question how to integrate new ideas into their AoD teaching and learning programmes or their whole-school approach to AoD education when working with external providers. Questions like what does the school want to achieve? Or, what is the evidence the programme supports student learning? Or, is the programme culturally and developmentally appropriate for the students, and what will our next steps be?

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Health approaches

Harm minimisation

Harm minimisation is the policy of the World Health Organisation and the New Zealand Government Drug Policy 2007 – 2012. Improving the social, economic and health outcomes for individuals, the community and the population at large are the aims of harm minimisation.

A harm minimisation approach is the recommended strategic response to preventing and reducing alcohol and other drug use and misuse. It should be strength-based⁶ and underpin all health promotion, early intervention, and curriculum teaching and learning programmes.

AoD education is based on the principle of harm minimisation. It does not condone harmful or illegal drug use. It does recognise it is important to minimise the personal, social and economic costs associated with those behaviours. For many people “just say no” is not effective. Often a range of influences in their lives such as peers, families and social media are more powerful.

Several strategies are needed to prevent harm from drug misuse. Strategies that support harm minimisation can be divided into three groups or ‘pillars’: supply control; demand reduction; and problem limitation.

Approaching alcohol education through health promoting messages

As alcohol is legal, educators have to frame alcohol issues differently from those relating to illicit drugs or the misuse of medical drugs.

Alcohol is integral to the fabric of New Zealand society. It is the drug of choice for youth and is consumed across the population. It also causes the most harm.

It is best to approach alcohol education through health promoting messages, which focus on delaying use and reducing harm. For example: “If you choose to drink, then drink safely.” Harm minimisation needs to feature alongside messages of prevention, delay and reduction.

The evidence reinforces positive behaviour as a key feature of an effective approach. This includes avoiding the normalising of heavy drinking among teenagers. While prevention of the use of alcohol seems to be an unobtainable goal for some young people, a number of students may choose not to drink.

A harm minimisation approach is the recommended strategic response to preventing and reducing alcohol and other drug use and misuse.

It is best to approach alcohol education through health promoting messages, focusing on delaying use and reducing harm. For example: “If you choose to drink, then drink safely.”

⁶ A strength-based approach focuses on strengths, potential, and solutions rather than on problems and deficits.

Intervening early

There is a difference between curriculum-based AoD teaching and learning programmes for all students, and early intervention strategies for a minority of students who need additional support.

Opportunities to learn about alcohol and other drugs should be available to all students as part of health education. These should be revisited throughout schooling years in age-appropriate ways. Help should be accessible to any student who needs additional support for issues around alcohol and other drugs that affect their wellbeing and learning.

Early intervention is recommended as an approach, before the onset of major problems. It is about detecting and screening for AoD use. Effective early intervention for low to moderate needs also contains educative and skill-building activities to change behaviours related to alcohol and other drugs.

Students who need early intervention for personal AoD issues must be supervised by a school counsellor (or other adult with designated responsibilities for student welfare) or attend a specialist programme either inside or outside of the school setting.

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Supporting young people

The broad purpose of AoD education is reducing harm from alcohol and other drug use. The most effective school-based approaches emphasise supporting young people, through building resilience and developing positive behaviours, rather than narrowly focusing on alcohol and other drugs. Schools and teachers need a strong focus on engagement and on retaining students at school so that they can make the right choices for their future achievement.

Young people's misuse of alcohol and other drugs is the result of influencing factors like cultural norms around alcohol use, loss of cultural identity, dysfunctional family relationships, unrecognised grief after significant loss, high levels of stress and adversity, poor mental health, and exposure to violence and abuse.

Teachers should support students who wish to take action around AoD issues as part of their learning programme or as part of school wide health promotion activities. Students can also work alongside the board of trustees and community as policies and practices related to AoD contexts are reviewed or developed. Students gain self-efficacy as they realise the actions they take can make a difference.

Students need to be actively involved. They need opportunities to develop their ability to seek help and make use of health services and guidance networks. They also need to feel sure that they can access help and support confidentially.

The place of PB4L, restorative practice, and resilience in AoD education

Positive behaviour for learning (PB4L) initiatives are used by an increasing number of New Zealand schools. PB4L encourages positive strength-based behaviours to improve the engagement and achievement of all students. It recognises that there are no quick fixes and changes in behaviour take time. A strength-based approach has been developed to support Māori student achievement alongside PB4L.

PB4L Restorative Practice is also showing considerable success in creating calmer school environments, with less classroom disruption and more time for teaching. It provides a consistent best-practice approach across the whole-school community that aligns with schools' shared values. PB4L Restorative Practice supports a relational approach to AoD education as well other learning areas in a school, and aligns with the five key competencies of *The New Zealand Curriculum*.

Resilience also leads to positive outcomes for all students. Building skills for coping with life's challenges can make a positive difference to students' achievement and relationships.

PB4L encourages positive strength-based behaviours to improve the engagement and achievement of all students.

Schools and teachers need a strong focus on engagement and on retaining students at school so that they can make the right choices for their future achievement.

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Positive Behaviour for Learning.

<http://www.minedu.govt.nz/theMinistry/EducationInitiatives/PositiveBehaviourForLearning.aspx>

Promoting Student Health and Wellbeing

<http://www.minedu.govt.nz/~media/MinEdu/Files/EducationSectors/SpecialEducation/SupportForStudentsQuickGuide/DrugEducationGuidelines80410.pdf>

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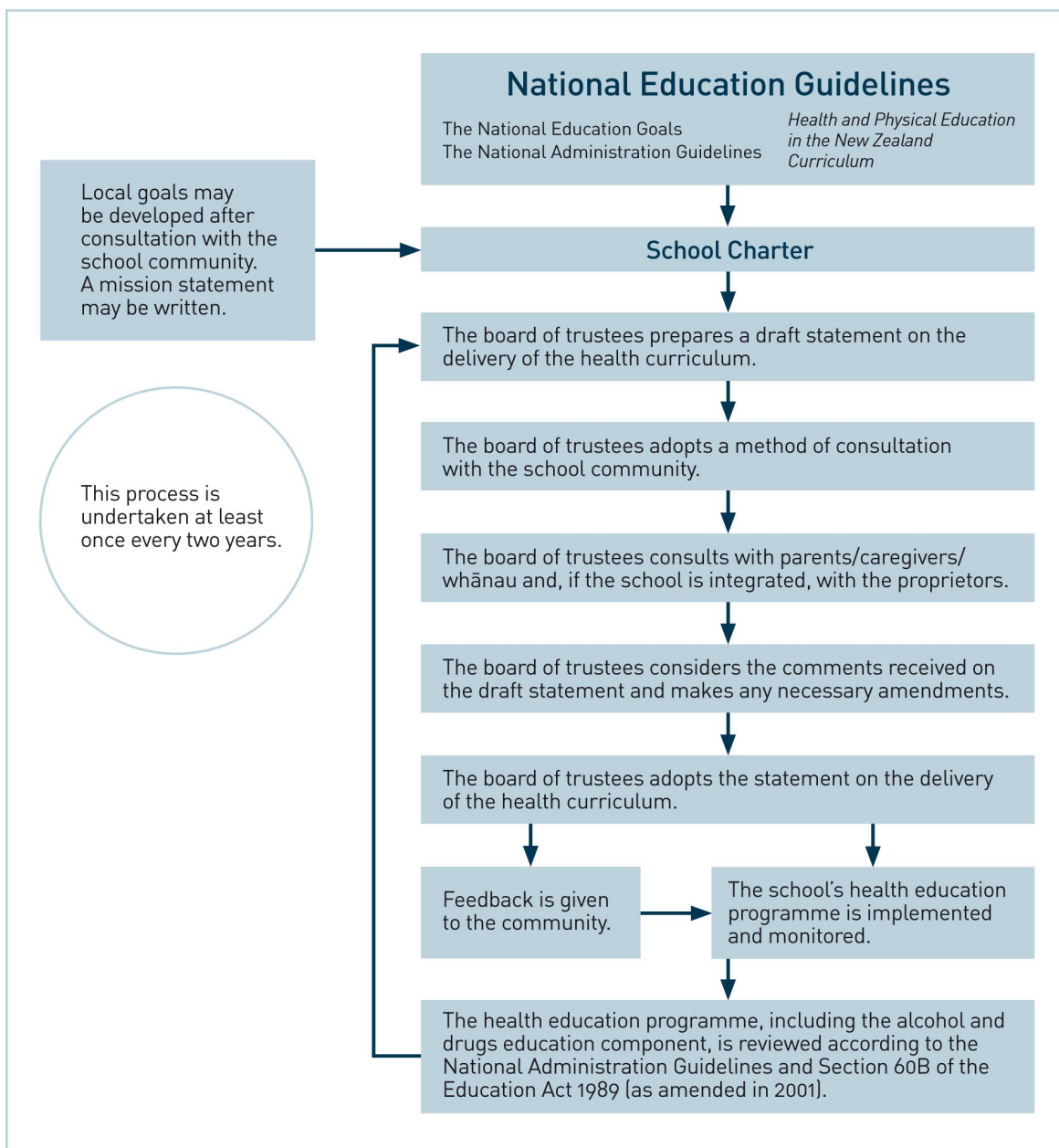
Appendix: Roles and responsibilities

The statutory obligations

Schools are legally required to comply with the National Education Guidelines (which consist of the National Education Goals, the foundation curriculum policy statements, the national curriculum statements, and the National Administration Guidelines).

Boards of trustees are required by law to consult their school community at least every two years on how the school plans to implement the health curriculum, of which AoD education is a part.

This diagram outlines a process for reviewing health education programmes:



Boards of trustees must also meet the following to protect students' rights:

- The United Nations Convention on the Rights of the Child:
 - Article 19: Right to protection from all kinds of violence
 - Article 28: Right to education that develops respect for children's human rights, identity and democracy
 - Article 29: Children's education must be delivered in a spirit of peace clearly anticipating non-violent and wholly supportive places of learning.
- The Treaty of Waitangi reflects turangawaewae (the right to belong) and the concepts of participation, protection and partnership (within the school context).
- The Health and Safety Act 1992, which states that schools must comply with the Act and the Ministry of Education's Health and Safety code of practice for state and state-integrated schools. Schools must take all practical steps to prevent hazards from harming people. A person's behaviour may be a hazard: for example, a school permitting bullying to occur due to inaction of teachers, with students suffering harm, could be in breach and face prosecution under the Act.
- The Education Act 1989, in particular Section 14, establishes the legal reasons that a student may be stood-down, expelled, or excluded from a school.
- The New Zealand Bill of Rights Act 1990.
- The Privacy Act 1993.

Being clear about roles and responsibilities

Understanding the roles that the board, principal, school staff, and the wider community play in making decisions about health education will support the effective implementation of AoD education programmes.

The board of trustees

The board of trustees is the school's legal entity and accountable to both the government of the day and the local community. The board is responsible for everything that happens in the school.

With specific reference to health education programmes, the board needs to ensure that the curriculum is delivered and that consultation takes place. The board has to:

- ensure that "the school community" consulted includes the parents of students enrolled at the school and, in the case of an integrated school, the school's proprietors. The board must also consult with "any other person whom the board considers is part of the school community" for this purpose
- prepare a draft statement on the delivery of health education that describes how the school will implement the health education components of *The New Zealand Curriculum*
- give members of the school community time to comment on the draft
- adopt a method of consultation that will best:
 - inform the school community about the content of health education

- find out the wishes of the school community in terms of how health education should be implemented, given the views, beliefs, and customs of the members of that community
- determine, in broad terms, the health education needs of the students at the school
- consider any comments received on the draft
- adopt a statement on the delivery of health education after the process of consultation.

The principal

The principal is the Chief Executive to the board of trustees and the professional leader of staff. The principal's job is to act as professional advisor to the board, implement the board's decisions, and provide professional leadership to the board's other employees. The principal:

- may be delegated by the board of trustees to prepare the draft statement on the delivery of health education and to coordinate the consultation process
- ensures that programmes are implemented and evaluated effectively and that adequate time is given to AoD education programmes, and to health education in general
- may be delegated by the board of trustees to have responsibility for preparing the draft statement on the delivery of health education and for co-ordinating the consultation process.

Proprietors of integrated schools

Integrated schools provide unique special character education. Proprietors of integrated schools must be consulted.

Parents/caregivers/whānau

Parents and caregivers must have the opportunity to become involved in the consultation process.

The middle leader or teacher in charge of health education

Health education is a whole-staff, whole-school responsibility. A teacher or curriculum team may be delegated to lead this curriculum area but it will still require the engagement of every member of staff to provide effective AoD education in the school.

The middle leader or teacher responsible for health education may be delegated by the board of trustees to have leadership responsibility for preparing the draft statements on the delivery of health education and for coordinating the consultation process.

Boards of trustees and/or senior school leaders are expected to monitor the HPE learning area in such a way that it can deliver this part of *The New Zealand Curriculum* in order to enhance student health and well-being through classroom learning and a safe and supportive whole-school environment.

Wider community agencies

Wider community agencies (including but not limited to advocacy groups, counselling agencies, social services) may provide valuable advice and support the school's staff and the board of trustees in delivering an AoD education programme. Overall responsibility for delivery of effective and appropriate AoD education rests with the board of trustees through the principal and staff.