## Auckland Regional Public Health Service Rātonga Hauora ā Iwi o Tamaki Makaurau







Working with the people of Auckland, Counties Manukau and Waitemata

Auckland Regional Public Health Service

Cornwall Complex
Floor 2, Building 15
Greenlane Clinical Centre
Private Bag 92 605

15 December 2016

Ministry of Education Wellington

Early.Learning@education.govt.nz

#### Submission on Te Whariki

Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on Te Whariki.

The following submission represents the views of the ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to **Appendix 1** for more information on ARPHS.

The primary contact point for this submission is

Dr Nicky Welch Senior Policy Analyst Auckland Regional Public Health Service nwelch@adhb.govt.nz

Yours sincerely,

Jane McEntee General Manager

**Auckland Regional Public Health Service** 

Dr Michael Hale

**Medical Officer of Health** 

**Auckland Regional Public Health Service** 

#### **Summary:**

ARPHS applauds the emphasis of Te Whariki to include all children and support them to learn and succeed. We strongly support the focus on the wellbeing of mind, body and spirit. This approach is reflective of holistic health and aligns with Maori and Pasifika cultural perspectives of health and wellbeing.

The aspiration is ambitious and all-compassing. It recognises the importance of health and wellbeing to child development and reflects the link between mind, body, spirit and sense of belonging with the child's future potential to contribute to society.

We encourage further clarity of terminology and provide strong support for a comprehensive, online website to support teachers. Furthermore, we support the facilitation of non-contact time for teachers to further professional development.

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- 1. To what extent do you agree that the aspiration statement expresses our hopes for our children, now and in the future?

  Agree.
- 2. Do you have any comments which expand on your response above?
  - We strongly support the focus on the wellbeing of mind, body and spirit. This approach is reflective of holistic health and aligns with Maori and Pasifika cultural perspectives of health and wellbeing.
  - From a health and wellbeing perspective the aspiration is ambitious and allcompassing. It recognises the importance of health and wellbeing to child development and reflects the link between mind, body, spirit and sense of belonging with the child's future potential to contribute to society.
- 3. To what extent do you agree that the updated Te Whāriki includes all children and supports them to learn and succeed?

  Agree.
- 4. Do you have any comments which expand on your response above?
  - We applaud the efforts to progress the update of Te Whariki to include all children and support them to learn and succeed. We acknowledge that the document is not intended to be prescriptive, and it holds high-level frameworks and paradigms. We support the integration of Pasifika methodologies and theories as well as Te Whariki a Te Kōhanga Reo (page 11).
  - We support the inclusive curriculum for all children. We applaud the efforts to go beyond gender and ethnicity to include a diversity of ability and learning needs, family structure and values, socioeconomic status and religion.
  - During the Hui consultation, it was identified that there has been very little focus on supporting the learning of those with disabilities. Although there is mention of "special education", we recommend both a quality standard and consideration of what special education will look like in practice.
- 5. The updated Te Whāriki includes 20 learning outcomes (condensing these from the current 118). To what extent do you agree that these learning outcomes focus on what our children need to learn in order to be 'confident and competent', now and in the future?

Agree.

- 6. Do you have any comments which expand on your response above?
  - We agree that the learning outcomes focus on what our children need to learn in order to be 'confident and competent' now and in the future.

- To enable the teachers or kaiako to identify how the 118-200+ learning outcomes of their curriculum have been condensed, it is recommended that a resource, such as an online website platform, captures the thematic grouping of learning outcomes.
- An online resource would also allow transparency regarding the thematic decisions made in clustering the outcomes and to determine that the richness and benefits of the many outcomes from 1996 have not been lost. This would enable the learning outcomes to be effectively implemented by kaiako.

The updated Te Whāriki includes links to the New Zealand Curriculum and Te Marautanga Aotearoa - 7. To what extent do you agree that these links will help teachers, educators and kaiako to support children's learning continuity as they move from ECE/kōhanga reo to school/kura?

Agree.

- 8. Do you have any comments which expand on your response above?
  - Pages 52 to 54 clearly illustrate the links between Te Whariki and the New Zealand Curriculum and from page 55 there are links between Te Whariki and Te Marautanga. The tables and parallels in these pages between the curriculums clearly demonstrate overlap. For example, in Te Whariki, the mana atua strand promotes Te mana atautanga where children can manage themselves and express their feelings and needs. This has been tied to the New Zealand curriculum key competency of 'managing self'.
- 9. To what extent do you agree that the updated Te Whāriki provides useful guidance for teachers, educators and kaiako when they weave their local curriculum? Slightly agree.
- 10. Do you have any comments which expand on your response above?

The Te Whariki does provide useful guidance for teachers, educators and kaiako when they will weave their local curriculum. There is a key responsibility of kaiako to engage with children, parents and whanau to identify learning priorities and then weave their curriculum using the framework provided by Te Whariki.

- The broadness of the updated Te Whariki does give significant flexibility for each centre to have robust discussions around what their curriculum/services will deliver, providing early childhood centres with an opportunity to develop and deliver highquality curriculum for tamariki.
- The non-prescriptive content of Te Whariki has been regarded in ERO as a strength and weakness. It is advantageous as it provides a framework, principles, strands and examples.

 However, tied to the point above; this can accommodate considerable variability in quality. Reporting has documented case examples whereby Te Whariki has been used to justify inappropriate or poor performance and quality. Cullen<sup>1</sup> and Te One<sup>2</sup> have highlighted the risk of this framework being applied to encourage or justify the current practice, as opposed to developing curriculum that will transform practice.

The updated Te Whāriki has been organised so that it is easier to navigate. 11. To what extent do you agree that the updated Te Whāriki is easier to navigate? Strongly agree.

- 12. Do you have any comments which expand on your response above?
  - The document itself is straightforward to navigate. It is structured well in terms of the NZ background contextual information, the Whariki, key theories and dispositions, principles and the strands, as well as the learning outcomes.
  - This flows well into the responsibilities of the kaiako, assessment, planning and evaluation, as well as pathways to school and Kura.
- 13. Please list any terminology in the updated Te Whāriki that you would like to be changed or clarified.

All the theories and terms are clearly explained. However, we would like clarification of the terms;

- Kaiako: It would be helpful to clarify if kaiako refers to both teachers and parents.
   We support a collaborative approach that explicitly includes parents. Further clarity around this term may also clarify the different roles of parents and teachers.
- Special education: Clarity around the breath of what is considered *special education* is required. In addition, some consideration of special education is needed to ensure that this curriculum is indeed for all.
- 14. Briefly describe any additional content you consider should be included.
  - Although there are numerous bibliography references to psychological theories, this is not captured on pages 13 to 14. It would be helpful if the psychological theories underpinning the document were explicitly referenced.

<sup>&</sup>lt;sup>1</sup> Cullen, J. (1996). The challenge of Te Whāriki for future developments in early childhood education. Delta, 48 (1): 113-125.

<sup>&</sup>lt;sup>2</sup> Te One, S. (2003). Te Whāriki: Contemporary issues of influence. In J. Nuttall (Ed.), Weaving Te Whāriki: Aotearoa New Zealand's early childhood curriculum document in theory and in practice (pp. 17-49). Wellington: New Zealand Council for Educational Research Press.

- 15. Briefly describe any content you consider is not necessary.
- 16. Overall, how satisfied are you with the updated Te Whāriki? Satisfied.
- 17. What tools, resources or professional learning opportunities would you value to support you to implement Te Whāriki in your setting?
  - We endorse the advisory group report for MoE recommendation 4 that promotes a cross-sectoral collaboration for ongoing resourcing of a comprehensive website.
  - We recommend national public health input from the Ministry of Health and Public Health Units across Aotearoa for the health and wellbeing page for Mana Atua.
  - This website will inform teaching, learning, and professional development in early years education, emphasising kaupapa Maori pedagogical approaches.
    - The interactive nature of this website will allow for teachers to be supported, have their questions addressed and open discussion for key insights of best practice in terms of weaving the curriculum into local centres.
    - As a public health unit, we currently deliver professional development in the areas of nutritional environments (kai culture) in early childhood centres and preventing communicable childhood illness. We would be very happy to share resources and insights.
  - o Furthermore, the website could be informed by on-going research pertinent to early learning and services. A website would make such resources more accessible for teachers, family and whanau. We would expect MoE to be the broker of this.
  - This online website platform embodies a living document of Te Whariki and could include;
    - Podcasts and discussion
    - Key documents (i.e. NZ curriculum, Te Marautanga o Aotearoa, Education Review Office (ERO) indicators for nga Kohanga reo, Pasifika education 2013-2017.
    - Short guides, downloadable PDFs, aspects of practice (e.g. mana whenua in practice, understanding autism) for teaching teams to use in planning and PD. Available in Maori, English and Pasifika languages.
    - Interviews and seminars and short presentations by key educationalists, teachers, teaching teams on implementing Te Whariki.
    - Online resources.
    - A clearing house that holds key documents and resources to support teachers.
    - Professional development initiative focusing on the implementation or weaving of Te Whariki.
    - Capacity building initiatives or resources for parents and community.

- Engagement with communities of learning.
- It will also be helpful to include successful examples of local initiatives. This would allow models to become known beyond the local ECE and schools that implement them. It would also assist in the tailoring to local needs and practices.

18. Please provide any final comments or feedback you have about the updated Te Whāriki.

ARPHS are strongly interested in supporting of Te Whariki online resources and engagement with the Communities of Learning. In particular, while we appreciate that the strands are interrelated, we could contribute to the Mana Atua (Health and Wellbeing) strand.

The following final comments about the updated Te Whariki are as follows:

With regard to the online website and repository for resources, we support cross-sectoral efforts and collaboration to ensure that health information is consistent across the region and empirically sound. As such, we recommend both Public Health Unit and Ministry of Health input on the Mana Atua (health and wellbeing) related web-page.

### A digitised Te Whariki Version with hyperlinks

A fully digitised version of the updated document would enhance this implementation and allow easy online access by teachers, whānau and families. It should include hyperlinks within the document (allowing, for example, users to cross-reference learning outcomes under one strand with related learning outcomes under another strand). The digitised document should also embed links to take users outside the document to key digital (or embedded PDF) sources of information and advice. An extra benefit of digitisation would be the speed with which links could be developed and updated. The cost, compared with updating print resources, would be low. Various early childhood education and care services would prefer to rely on the print version of Te Whāriki. Thus, print versions should still be made available on request.

# Investing in kaiako and teachers through Professional Development Initiatives and Non-Contact inquiry time:

The extent of the usefulness of Te Whariki for teachers, educators and kaiako will vary greatly across centres. In the Report of the Advisory Group on Early Learning (2015)<sup>3</sup>: recommendation 4 encouraged the Ministry of Education to implement or call for tenders for a major professional development initiative (2016-2020) with a focused leadership for learning in early childhood education and care settings (0-5 years) with emphasised

<sup>&</sup>lt;sup>3</sup> <u>http://www.education.govt.nz/assets/Documents/Ministry/consultations/Report-of-the-Advisory-Group-on-Early-Learning.pdf</u>

leadership of implementation of Te Whariki for all learners, and Maori perspectives and leadership for bicultural practice.

- o This recommendation would provide support for educators and kaiako in weaving Te Whariki into their local curriculum. The Professional Development would invest in teachers and could emphasise the implementation of Te Whariki.
- o Further, teachers and kaiako will require inquiry time (approximately 2 hours) non-contact time per week to support continuing professional development. These developmental activities are pivotal for mentoring, collaboration with families and whanau, professional meetings, individual and group development.
- O We see this as a direct investment in building kaiako, teacher and service capacity and, as such, time must be prioritised in a systematic way and accounted for in audit returns.

Thank you for the opportunity to provide input into Te Whariki In addition to this written submission, we would be more than happy to meet and discuss any other initiatives that the Ministry of Education is investigating where it considers ARPHS may have a particular interest or be able to provide some assistance.

To help us better analyse the feedback we receive, we have a few questions about you.

Demographic questions Te Whāriki Consultation 19. Which sector are you most closely aligned with? Other (Auckland Regional Public Health Service - Public Health)

25. As part of the consultation process, the Ministry may publish examples of the feedback we have received. Do you agree to have your comments and responses published alongside the name of your organisation? Yes, I am happy for my name or organisation to be used.

## Appendix 1 - Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards).

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.