

THE HEEADSSS ASSESSMENT FRAMEWORK



AN INDEPENDENT ANALYSIS

Developed in response to
correspondence sent to parents of
Year 9 students in New Zealand High
Schools, in early 2024



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CONTENTS	PAGE
Introduction	2
The Law	2
Historical Context	4
The HEEADSSS Assessment Framework - What Is It?	4
Funding	6
Official Information Act requests (OIA) And Other Feedback	7
School Decile Ratings	8
What Is Equity?	9
Parent Comments	9
Education Experts	10
Social & Emotional Learning (SEL) And Data Mining	11
Goodspace Schools	12
Psychotherapist/Psychologist Feedback	12
Summary Of Concerns And Legality	14
APPENDICES	
1. Letter To Parent From Te Whatu Ora - Jan 2024	17
2. The HEEADSSSS Assessment - Example Questions	18
3. OIA Response From the High School (Partial)	20
4. NZ Doctor Publication Article - HEEADSSS Assessment: Simple Ground Rules To Help You Use It Effectively	21
5. OIA to the High School	25

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<https://ourduty.group/new-zealand/>

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Introduction

In January 2024, parents at a High School in South Canterbury received a letter (Appendix 1) from the Public Health Nurse for Child and Youth Health at Te Whatu Ora, advising that the government had allocated specific funding for an 'extra health and wellness check' to be offered to all Year 9 students (aged 12-13yrs) using the HEEADSSS Assessment Framework (Appendix 2). Parents have expressed concerns about certain lines of questioning that their young children may be subjected to and it is clear that the aim is to conduct these assessments without parental attendance.

The Law

New Zealand law is derived principally from UK common law, with leading 18th century commentator Sir William Blackstone defining parental authority as one of protection, education and a duty to provide for their child. Crucially here, parents have authority over which school educates their child – which means they also have authority over which school does not. The authority to educate given by parents to school can also be taken away.

Some of the assessment questions are not appropriate for children of this age group. New Zealand law is subject to the ¹[Age of Majority Act 1970](#) which at section 4(1), states that a person shall reach full age at 20 years. A simple online search reveals other ²[studies](#) suggesting that most human brains take about 25 years to fully develop in varying degrees.

The ³[Privacy Act 2020](#) governs how organisations and businesses can collect, store, use and share personal information. As established in the OIA response (Appendix 3) from the High School dated 26 February 2024, parents usually sign a consent form during the enrolment process indicating that they acknowledge their information may be passed on to other Government agencies, as required by

¹ <https://www.legislation.govt.nz/act/public/1970/0137/latest/whole.html#DLM396479>

² <https://bigthink.com/neuropsych/adult-brain/>

³ <https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html>

law. **Parental consent has not been given to the school or to Te Whatu Ora to use children to conduct this research.**

There are questions in the assessment relating to the family, such as whether parents consume alcohol, whether they argue or what they do for a living. These questions are intruding on private and family life and seem to be an attempt by authorities to gather personal details about parents' private lives without their consent. Informed consent is an ethical and legal requirement under the codes of ethics of various professional bodies and the Health and Disability Act (1994) and Code of Health and Disability Services Consumers' Rights (1996). This is stipulated under the government's own education ⁴[guidelines](#).

Unlike legislation in other countries, there is no express right to privacy in the New Zealand ⁵[Bill of Rights Act 1990](#), although New Zealand is committed to the Universal Declaration of Human Rights and has ratified the ⁶[International Covenant on Civil and Political Rights](#), both of which contain a right to privacy (Article 12 and Article 17 respectively). The privacy intrusion interest was inadequately protected in New Zealand's legal framework until 2012, when the privacy tort of intrusion into seclusion was introduced in New Zealand following a High Court case ⁷[\(C v Holland\)](#). Such cases can potentially set precedent for future cases that are similar in nature.

A legal concept may apply whereby a government body or corporation is deemed to have acted beyond its powers ⁸[\(ultra vires\)](#). Parents received the letter in January, before the academic year had begun. Student enrolments are not confirmed until at least February when there may be some movement of students between schools, until largely settling down by March. Te Whatu Ora may have acted outside of its powers by accessing the private information of students and their families outside of the academic calendar, and prior to these students commencing their education at the High School (the letter being sent to year 9's who were yet to start their first year).

⁴ <https://parents.education.govt.nz/assets/Documents/Special-Education/Informed-Consent-Guidelines.pdf>

⁵ <https://www.justice.govt.nz/about/learn-about-the-justice-system/how-the-justice-system-works/the-basis-for-all-law/the-new-zealand-bill-of-rights-act/>

⁶ <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

⁷ <https://natlib.govt.nz/records/30703374?search%255Bi%255D%255Bsubject%255D%255B%255D=Torts&search%255Bi%255D%255Bsubject%255D%255B%255D=Common+law&search%255Bpath%255D=items>

⁸ <https://www.lexisnexis.co.uk/legal/glossary/ultra-vires>

Historical Context

The letter claims that such school-based assessments began in other schools across New Zealand as long ago as 2008, indicating that there is nothing irregular about this and parents should not feel alarmed. There is an opt-out paragraph giving parents the opportunity to decline the offer by 1st February 2024.

The letter states that such assessments were initially rolled out across decile 1 and 2 schools in 2008 and then decile 3 and 4 schools in 2012, with schools of all deciles incorporated into the assessment program in 2020. An explanation is absent as to why it was considered necessary for all schools and all students in certain year groups to be offered such in-depth assessment.

The letter further advises that this additional health and wellness check will use the HEEADSSS assessment framework which is 'well known locally and internationally and has a strong evidence base', although no such evidence is provided. The letter goes on to outline the areas of a child's life that the assessment explores. This includes questions about home and family life, and those of a more personal nature such as sexuality and spirituality.

The HEEADSSS Assessment Framework – What Is It?

Let Kids Be Kids (LKBK) and others carried out independent research on HEEADSSS to determine who or what is behind it and its purpose. In a [2022 podcast](#) by the Goodfellow Unit, Primary Health Care Doctor Dame Sue Bagshaw describes it as an 'assessment framework', which is how it is described in the letter to parents. LKBK discovered this Guide providing health professionals with a ¹⁰[Psychosocial Interview Format for Adolescents](#).

In the podcast Dame Bagshaw, who specialises in adolescent/youth health, discussed the United States origin of the assessment tool and its development by other professionals in the field. Dame Bagshaw sees it as a useful engagement tool in the form of a framework (as opposed to a tick-box exercise) that can be modified to suit the context of the patient by asking questions that encourage descriptive answers rather than opinion.

⁹ <https://www.goodfellowunit.org/podcast/heedsss-five-minutes>

¹⁰ <https://healthify.nz/media/14413/heedsss-assessment-guide-usu.pdf>

The interview questions (Appendix 2) provided in the Psychological Interview Format document are centered around the young person's general well-being and any contributing factors that may cause their mental health to deteriorate, such as alcohol or drug use or relationship problems. There are also questions about sex and sexuality and the state of the young person's relationship with their siblings and parents. There are questions about the family's religious beliefs and practices, and questions about the parents' lifestyle – ie., do they drink or smoke; do they take drugs; do they argue a lot; what do parents do for a living.

Interviewers are encouraged to ask open-ended questions as a way of collecting both environmental and personal information.

The youth mental health organisation Whāraurau (in collaboration with key agencies) has developed this online ¹¹[eLearning module](#) that introduces the HEEADSSS assessment framework. Endorsed by The Pharmaceutical Society of New Zealand (PSNZ) and by The Royal New Zealand College of General Practitioners (RNZCGP), this 4-hour course is aimed at a range of health workers from GPs to youth workers and including school nurses and social workers.

¹²[Whāraurau](#) is contracted by Te Whatu Ora (Ministry of Health) and Te Tāhuhu o te Mātauranga (Ministry of Education) via the University of Auckland's research application company. The email addresses of staff (on the website in February 2024) - were all Auckland University emails (Website has since been revamped and emails are no longer visible).

Under the Resources tab there is a section called 'Supporting Rainbow Youth'. Awareness of a charitable organisation called ¹³[InsideOUT](#) led to a search for this on the website. InsideOUT has worked with New Zealand schools in this area and a quick search in the Whāraurau search bar reveals that it hosted an online event for the charity. While many parents would welcome guidance if their teenagers were experiencing gender distress, ¹⁴[concerns have been raised](#) in recent years about InsideOUT and its influence on young people:

This is part of wider concerns about the teaching of gender identity ideology in schools across the western world and apparent efforts to supplant it in place of biological sex, which some argue

¹¹ <https://www.wharaurau.org.nz/all-resources/working-with-youth-heeadsss-assessment>

¹² <https://wharaurau.org.nz/>

¹³ <https://insideout.org.nz/>

¹⁴ <https://theministryhasfallen.substack.com/p/the-homophobia-of-insideout>

could give rise to safeguarding breaches. In the ¹⁵[Goodfellow Unit podcast](#) mentioned earlier, Dame Bagshaw describes the type of questions that could be asked around gender, specifically ‘what gender do you feel you are?’ She then goes on to indicate that this could encourage young people to talk about things they would not otherwise discuss. It could be argued that such questioning could plant new thoughts in the minds of vulnerable and impressionable young people.

Bearing in mind the assessments are now being aimed at children aged 12 to 13 years, the guide makes it clear that parental involvement during the assessment is undesirable and not to be encouraged unless the young person requests it. Further evidence of this practice by medical professionals can be found in a 2021 article in the NZ Doctor publication (Appendix 4) which describes methods that can be used to encourage separation of child and parent before asking the questions.

More evidence of the sidelining of parents can be found in the Goodfellow Unit podcast where the involvement of parents is not discussed until the end of the podcast. The podcast host describes how health professionals are trained to conduct assessments without parental presence which can create ‘angst in the overbearing parent.’ The host asks for ‘tricks’ in how to remove the parent from the room. Dame Bagshaw describes a way of framing the question as a ‘developmental opportunity’ for the child and ‘no parent likes to turn that down in front of the doctor because they [the parent] look really bad.’ She then describes a method for establishing with the child what the parent should be told about their private discussion, making it clear to the child that the health professional is the child’s advocate, not the parent.

At the end of the podcast, Dame Bagshaw jokingly says that the information gathered will be ‘used against them,’ before laughing and saying, ‘I mean, to help them change.’

Funding

¹⁶[Youth19](#) Rangatahi and now Youth2000 is a series of health and well-being surveys that partners with universities at Auckland, AUT, Waikato and Otago. Youth19 is funded by the Health Research Council of New Zealand (HRC) which is the responsibility of the Minister for Health. Parliament appropriates funding for the HRC through Vote Business, Science and Innovation which is administered by the Ministry of Science, Research and Innovation.

¹⁵ <https://www.goodfellowunit.org/podcast/heedsss-five-minutes>

¹⁶ <https://www.youth19.ac.nz/>

The HRC is a Crown agency and is responsible for managing the government's investment in health research. Its main funding agreement is through the Ministry of Business, Innovation and Employment. HRC also receives some taxpayer funding through the Vision Mātauranga Capability Fund (a Māori-and-science initiative) and the Catalyst Fund (a supporter of international science and innovation). The Catalyst Fund falls under the scope of the ¹⁷[US Roddenberry Foundation](https://forest-finance.un.org/content/roddenberry-foundation) that is linked with the United Nations. The Foundation 'supports innovation, risk-taking and experimentation to disrupt existing dynamics...'.

Official Information Act requests (OIA) & Other Feedback

On 1 February 2024, two OIA requests were sent by email to Te Whatu Ora, New Zealand's main health agency – one to the Chief Executive Officer and one to the Public Health Nurse. In-depth responses have been received and these can be accessed via this link:

An OIA request was also sent by email to the High School on 1 February 2024 (Appendix 5) and their emailed response was received on 26 February 2024. The types of information requested are summarised below with the College's responses paraphrased in green:

- The legislative and/or regulatory provision(s) which the school relies for authority to conduct the assessments on students; **The school is not responsible for any aspect of the assessment... This is done via Te Whatu Ora so we are unable to provide an answer.**
- Evidence of parental consent to the disclosure to Te Whatu Ora; **Signed consent form during enrolment process acknowledging that information is passed to other Government agencies.**
- Child's eligibility criteria for undergoing assessment and supporting evidence; **The school is not responsible for any aspect of the assessment... This is done via Te Whatu Ora so we are unable to provide an answer.**
- Funding sources and cost to the school; **The school is not responsible for any aspect of the assessment... This is done via Te Whatu Ora so we are unable to provide an answer.**
- List of 'youth friendly services' on offer; **The school is unable to answer on behalf of Public Health Nursing team. Question should be directed to them.**

¹⁷ <https://forest-finance.un.org/content/roddenberry-foundation>

- References and documentation relating to application of psychology principles; The school is not responsible for any aspect of the assessment... This is done via Te Whatu Ora so we are unable to provide an answer.
- Full list of questions that children may be asked; The school is not responsible for any aspect of the assessment... This is done via Te Whatu Ora so we are unable to provide an answer.
- Who provided the list of questions: The school is not responsible for any aspect of the assessment... This is done via Te Whatu Ora so we are unable to provide an answer.
- Who will have access to the child's responses; will the parents have access: The school is not responsible for any aspect of the assessment... This is done via Te Whatu Ora so we are unable to provide an answer.
- Lawful premise that allows parent to opt-out; The school is not responsible for any aspect of the assessment... This is done via Te Whatu Ora so we are unable to provide an answer.

It is clear from the school's responses that they had outsourced responsibility to Te Whatu Ora for the conducting of these assessments, which begs the question:

Why was the letter sent out to parents of families newly enrolled at the High School?

School Decile Readings

New Zealand has a 30-year history of using the decile system to allocate appropriate funding to the schools that need it the most. This system was replaced in January 2023 with the ¹⁸[Equity Index](https://www.education.govt.nz/our-work/changes-in-education/equity-index/) (EQI) to determine a school's level of equity funding. The EQI page on the government website states that neither deciles or EQI are measures of school quality but, rather, are ways to understand the relationship between socio-economic circumstances and student achievement. Via the 2022 Budget, the Government has provided a 50% increase (\$75 million) in equity funding.

¹⁸ <https://www.education.govt.nz/our-work/changes-in-education/equity-index/>

What Is Equity?

It may be more helpful to first establish what equity is not. It is not equality. We are used to thinking about equality as everyone being equal under the eyes of the law and having equal access to rights and opportunities - opportunities that we may or may not wish to pursue, as is our right.

¹⁹[Equity](#) is distinguished from equality in that equity refers to fairness and social justice and recognising that we do not all start from the same place, that adjustments to these imbalances must be made. The claim is that this approach fosters a greater likelihood of equality of outcome, leading to a more even distribution of wealth.

Readers may be aware of a recent initiative commonly referred to as ²⁰[DEI](#) – diversity, equity and inclusion – and which is now common practice across most workplaces and public service providers in New Zealand. Inclusion is also one of the components that feed into the Equity Index via the Support for Inclusion Funding ²¹[\(SIF\)](#) which replaces the Special Education Grant (SEG). The word ‘inclusion’ is intended to ensure that disadvantaged groups can easily access services and opportunities and be included everywhere in society, just like everyone else. In reality, ‘inclusion’ in this context refers to ‘rainbow youth,’ specifically those that claim to have a ‘gender identity’ and may wish to be included in the category that may or may not align with their biological sex (note that ‘sex’ is not included ²²[here](#) under the definition of ‘diversity’). In other words, boys ‘identifying’ as girls could demand to be included in girls’ sports, toilets and changing rooms or vice versa. There are many examples worldwide of girls being disadvantaged because of this policy, sometimes leading to them excluding themselves from certain activities or spaces. So in this instance, ‘inclusion’ can also mean ‘exclusion’.

Parent Comments

LKBK was initially contacted by a concerned parent who then also conducted some of their own research into other local parent’s thoughts/reactions to the HEEADSSS assessment letter:

¹⁹ <https://naceweb.org/about-us/equity-definition>

²⁰ <https://www.hrnz.org.nz/resources/dei-resources>

²¹ <https://www.education.govt.nz/our-work/changes-in-education/equity-index/the-eqi-and-iso-how-we-calculate-funding/>

²² <https://www.hrnz.org.nz/resources/dei-resources>

- A ‘few’ parents were spoken to and most were under the impression that all year 9 parents had been sent the letter and had done so for at least the previous two years.
- Most parents spoken to said that they had simply declined the offer of their child’s assessment and were otherwise not unduly concerned. They viewed it as a means to look after those kids that are less fortunate.
- Of particular note, one parent commented that they had noticed that this year’s letter had been ‘re-vamped.’ They chose not to allow their child to engage in the assessment, commenting that surely the kids and families that need help can be easily identified rather than every family being targeted. This parent viewed it as ‘another way of getting into your house and family.’
- Another parent reports she had also opted-out but she surmised that this is government-led so the school must implement it by law.

Parents from other NZ schools reported receiving similar letters or emails about HEEADSSS.

Education Experts

A former principal who had been in post at the turn of the millennium said that such an approach did not seem normal and had not been in place when he was a principal. He recalled that he had been aware of HEEADSSS, or at least the previous version of it which has been around for a long time. He said it is a helpful tool but takes some time to administer and is better done by someone the child has built a rapport with and has confidence in. He reflected on how long it would take to administer with every new school enrolment having around 300 new year 9 students every year.

Bearing in mind that parents received the letter in January 2024, this former principal further commented that he was surprised that the Ministry of Education had access to student enrolments before the new academic year had begun. He says this shows a clear breach where the Ministry of Health and Te Whatu Ora has used school data to contact the parents – interestingly, by post rather than by email.

Further, he pointed to the Dunedin Longitudinal Study that was the first to realise that it was the first 1000 days of a child’s life that counted the most and that since then, other researchers have found evidence to support this time and time again through reliable, peer-reviewed research.

Overall, the former principal was of the opinion that while the decile system of funding was helpful but flawed, the funding support provided by the Equity Index might be an improvement but it comes too late.

Social & Emotional Learning (SEL) And Data Mining

Drawing on the work of US-based group ²³[Courage is a Habit \(CiaH\)](https://courageisahabit.org/) that is striving to disrupt the gathering of data from children while in school, social and emotional learning programs (SEL) have appeared in schools across the western world in recent years. SEL programs claim to teach children self and social awareness, responsible decision making and self-management. As claimed by CiaH, SEL allows schools to use screening surveys to collect mental health data on students that is then interpreted through an ‘equity lens,’ and is stored and used to create psychological profiles for each student. Surveys often use leading questions to gain access to student’s attitude, beliefs and values on subjective issues that are often divisive (ie., Black Lives Matter). The surveys aim to create social change by creating a ‘social justice’ culture in schools which – as claimed by CiaH – can lead to lower academic achievement. With schools’ focus more on issues of social justice rather than academic subjects, there could be some merit to this claim.

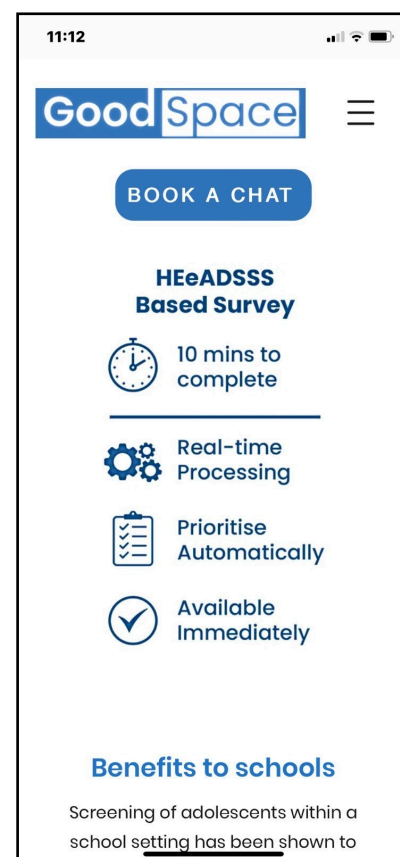
CiaH is clear in its assessment of SEL, that it is a way of ‘data mining your child’ and indoctrinating them into an ideological way of thinking, as opposed to critical thinking. CiaH urges parents to be alert to the pushing of such screening surveys and to exercise their right to opt their children out.

²³ <https://courageisahabit.org/>

GoodSpace Schools

One such organisation in New Zealand offering training in HEEADSSS-based screening tools for education professionals is ²⁴[GoodSpace Schools](https://www.goodspaceschools.com/). The company is currently working with more than 100 New Zealand schools, and with the University of Auckland, with the aim of improving student well-being and academic achievement and recommends screening entire year groups, which it claims can be achieved in under 15 minutes.

One teacher's testimonial states that the good behaviour of some students does not necessarily imply that those students have no mental health issues and screening can identify these issues. An insight shared by a school principal describes how his school was able to access funding for the project through the Regional Response Fund, a Ministry of Education initiative created in 2022 to help deal with the effect of the COVID-19 lockdowns on school children.



In the parent section, parents are assured that survey responses are used by the school to evaluate and prioritise needs but it is clear that data is being stored to identify patterns and trends for cohorts of students which could be used to effect social change.

Like the Whāraurau website, there is a 'Rainbow' section under the Resources tab which is focussed on creating 'rainbow-inclusive' policies and procedures for schools.

Psychotherapist/Psychologist Feedback

Several professionals in this field reviewed the parent letter and supporting documentation gathered by LKBK and a summary of their responses are as follows:

- This does not seem to be an innocent health screening process. It feels like a manipulative intervention that requires defensive action to opt out of. Anything requiring defensive action is offensive.
- If it is evidence based as suggested, references to such evidence should be provided.

²⁴ <https://www.goodspaceschools.com/>

- Opinion sought from Canadian school psychologist who had never heard of HEEADSSS and is quite suspicious.
- It would be unusual for parents to agree to their child being questioned in this way by a person unknown to them.
- The survey process discounts the skill and professionalism of teachers who are in the front-line with the children and are trained to pick up and identify any issues.
- Is this a research project?
- What is the follow-up with the child or their parents if red flags are raised?
- The letter does not describe a documented need from children or parents that is not being met.
- Comes across as the unwarranted desire of bureaucrats, government prying and inappropriate intrusion.
- Confidentiality criteria is so vague as to be useless. This is an invitation to abuse.
- If the stated intention of well-being were sincere, the program would inclusively educate parents and children on options, rather than introduce a secretive and divisive "assessment" regime.
- Social workers' uninvited intrusion on childrens' family life is inappropriate, unnecessary, unprofessional and unethical. Social workers do have an agenda, whether or not they are aware of it.
- Social workers focus on finding problems and doing what they think will fix or prevent the problem, which can be subject to an ideology of some sort.
- Surveys and questionnaires are not objective. They have their own educational or marketing purposes.
- The HEEADSSS assessment approach seems to be problem-focussed which will likely only create more problems.
- It is unethical to use a decline versus assent form. In research with children, there is a specific process. Parents/guardians are provided with detailed informed consent, then the

child is provided with a detailed assent form. A decline form implies that a parent should be participating. The form does not imply that the child has been provided with informed consent or assent.

- Hawthorne effect – children will try to please the researcher and participate.
- The stated purpose in the letter to parents does not align with the very long questionnaire.
- This kind of long questionnaire requires investment with the child to form a relationship and to follow up. How will public health nurses form a relationship with the children?
- The questions are intrusive, uncomfortable and may be triggering for some children.
- As highlighted above, there may be a breach of the Act where the Ministry of Health and Te Whatu Ora had used school data to contact parents before the academic year had begun.

Summary Of Concerns And Legality

Perhaps the HEEADSSS Assessment Framework was originally designed with good intention. The identification of well-being issues in children that school staff have concerns about is crucial in ensuring that those children receive targeted support to improve their overall well-being and academic outcome. The change to a **now-blanket roll-out of the assessment to all children** in specific year groups indicates a change of purpose and a shift in policy – **which is not being revealed to parents.**

Key areas of concern:

- Teenagers are impressionable and may be prone to suggestions of mental health or ‘identity’ issues that may not exist.
- Re-vamping of the letter in recent years, as indicated by one parent, and a now blanket roll-out of these assessments to all Year 9 children correlates with the shift in education policy from decile ratings to the Equity Index. Do schools receive more funding, the more children they record as having mental health issues?
- With so many surveys and assessments being carried out across New Zealand schools, how much time does this leave for academic learning?

- There appears to be a clear instruction to medical professionals to ensure parents are not present during the assessment process and then some collusion with the child to agree what the parents should be told, while stressing that the medical professional is the child's advocate rather than the parent. This indicates a deliberate strategy to place the state between parent and child.
- This assessment should be offered to parents on an 'opt-in' basis. The parent may simply forget to opt-out due to other pressures and may not have time to investigate the nature of the questions being asked.
- Parents often work and are time-poor. Some may be inclined to ignore such requests from school, trusting that the school is acting in the best interests of their child. This 'time-poor loophole' may be exploited by authorities to carry out data mining on unsuspecting young people who may inadvertently part with personal information about themselves or members of their family.
- Assessment questions ask students to provide information about family members but it appears that no attempt will be made to gain consent from those family members to their personal information being shared. What is the purpose of gathering this information, who will have access to it and what safeguards are in place?
- Schools may be opting children in via school enrolment forms and then providing student information to a health professional that may or may not be employed by the school.
- The letter claims such assessments are backed up by evidence. Where is the evidence?

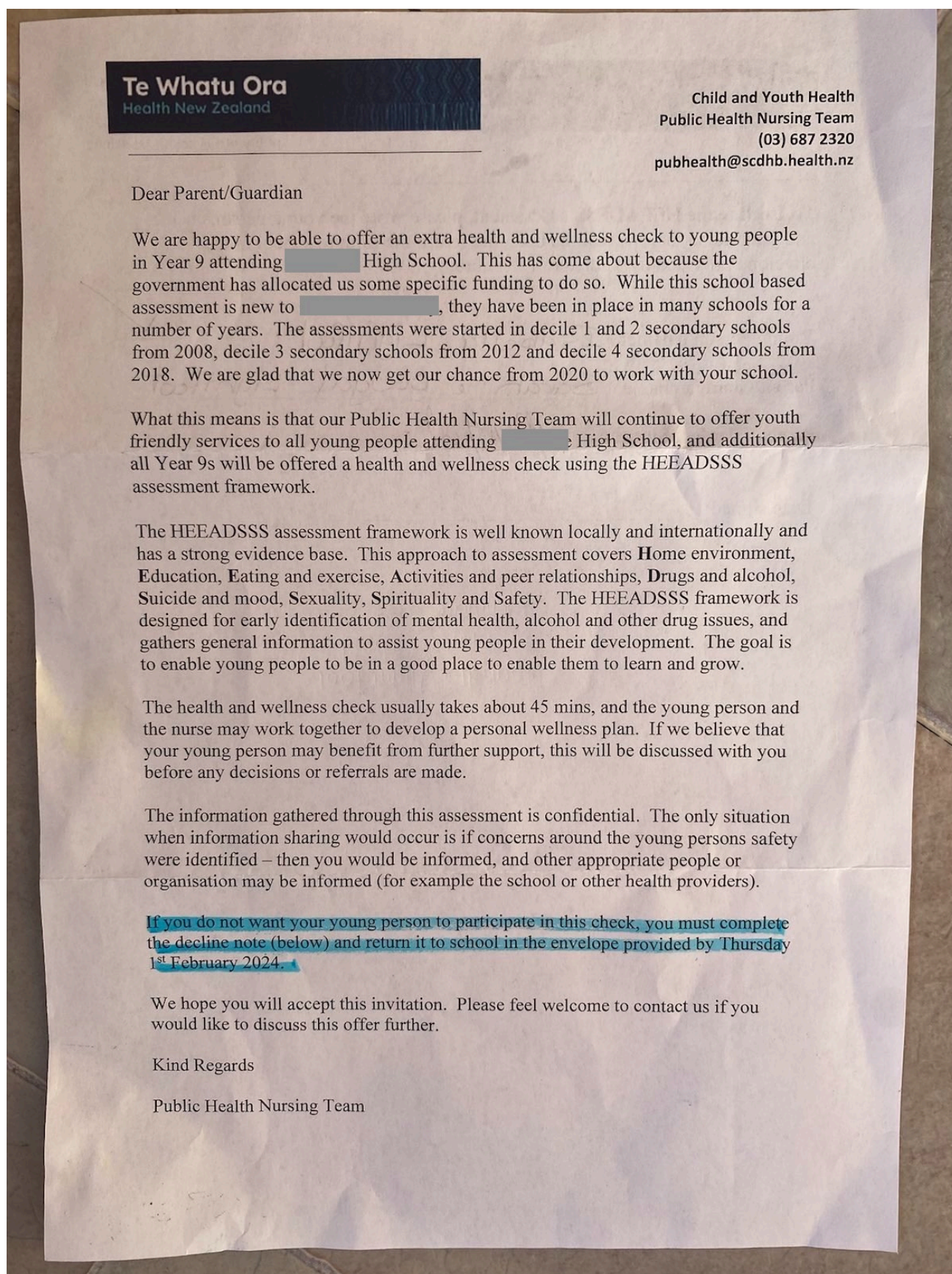
During the drafting of this report, time was spent carrying out online searches to establish the English meaning of the Maori words and names used across the various sites that we visited. For parents who are not familiar with the Maori language or who have little access to IT, this creates another potential barrier to them carrying out a thorough investigation of what is being proposed by their children's school.

Aside from the ethical issues raised in this report, a significant question is whether screening assessments such as this represent an appropriate and effective use of public money.

APPENDICES

	Page
1. Letter to parents from Te Whatu Ora - Jan 2024	17
2. The HEEADSSS Assessment - Example Questions	18
3. OIA Response from the High School	20
4. NZ Doctor Publication Article - HEEADSSS assessment: Simple ground rules to help you use it effectively	21
5. OIA to the High School	25

1. Letter To Parents From Te Whatu Ora - Jan 2024



2. The HEEADSSS Assessment Example Questions



The HEEADSSS Assessment

Example Questions

HOME	
• Who lives at home with you?	• What are the rules like at home?
• Where do you live? How long?	• How do you get along with your parents, your siblings?
• Do you have your own room?	• What kinds of things do you and your family argue about the most?
• How many brothers and sisters do you have and what are their ages?	• Is home warm and dry?
• Are your brothers and sisters healthy?	• How would you rate home 1-10?
• Are there any new people living in your home?	
• Are your parents healthy?	• Do you have any concerns – i.e. is there enough food?
• What do your parents do for a living?	• Household income?
• History of contact with Oranga Tamariki	• Family member in jail, etc.
Culture	
• What culture do you identify with?	• Is church important to your family?
• What is your family's cultural background? Whakapapa /iwi/hapū? Whānau/extended family/Marae connectedness.	• What language is spoken at home?
Whānau	
• Do you feel close to whānau – do you feel close, cared for and loved by someone in your whānau?	• Who do you feel closest too?
• Who do you spend most time with?	• Who can you talk to about everything?
• If you had a worry, who would you talk to?	• Do you feel safe at home?
• Do you feel safe in your neighbourhood?	
EDUCATION & EMPLOYMENT, EXERCISE & EATING	
• What do you like best and least about school?	• Favourite subjects? /least favourite subjects?
• Do you have a teacher that you can talk to?	• Tell me about your friends at school?
• Do you feel safe at school?	• Have you had any trouble with bullying?
• What's your attendance like?	• What are your goals for the future?
• Have you changed school recently?	• Have you ever been stood down/excluded?
• Learning difficulties (even concerns with eyesight) that they are aware of – family history, etc.	
EATING	
• What do you eat for breakfast/lunch/dinner?	• Sometimes people overeat or under eat when stressed – has this ever happened for you?
• If concerned check out – have you ever made yourself sick on purpose/ or taken medication to control your weight?	

ACTIVITIES	
• What happens after school/weekends for you and your friends?	• Have you experienced bullying?
• How much screen time do you have each day?	• How do you protect yourself/privacy online?
• Do you play any sports or belong to any clubs or youth groups?	• What games do you play online?
• Do you have hobbies/read, etc?	• What online sites/platforms do you use?
• Do you and your friends watch porn?	• What do you think of your friends' use of porn?
• Have you ever felt pressured to engage in porn?	
DRUGS	
• Do not forget NZ context – use of Kava maybe relevant for the young person	• Substance use and sexual wellbeing -non-consensual sexual activity under the influence or use of substances prior to “hooking up” /mental wellbeing, e.g. confidence, sleep
• Concern for those in their family /home of substance use – family history/safety	
SEXUALITY	
• Ask about onset of periods, period problems	• Do you think people use porn to learn about sex?
• Assess knowledge of puberty and sex	• Does porn affect your relationships/ have you felt pressured by peers to watch porn or try new stuff?
• Sexual attraction, sexual activity, understanding of consensual sex, sexual assault/abuse, porn use	
SUICIDE & SCREENING FOR ALL MENTAL ILLNESS	
• Rate mood 1-10	• Family history of mental health/ addiction or concerns
• Questions around appetite, anger, concentration, energy or anxiety, suicidal ideation, etc.	• Past connections with other support services/ counsellors, etc.
• Peers or family members who have self-harmed or suicided.	• Does it seem that you've lost interest in the things that you used to really enjoy?
• Feel cared for or loved by a safe adult?	
SAFETY	
• Spirituality – what are your beliefs, what helps you relax, escape? What gives you a sense of meaning?	• Strengths – this is the identification of all the protective factors you and the young person has identified throughout the conversation
• Questions about culture might fit here or in Home.	

3. OIA Response From the High School

From: [REDACTED] >
Sent: Monday, 26 February 2024 3:11 pm
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: Information request

Kia ora [REDACTED]

Please find below our responses to your OIA request. I have added our response in colour under each question. I suggest you forward your questions to Te Whatu Ora as we are only able to answer 1 question.

- The legislative and/or regulatory provision(s) which [REDACTED] High School relies on for their purported authority to conduct a HEEADSSS assessment on students directly or through a third party.

[REDACTED] High School is not responsible for any aspect of the HEEADSSS assessment, this is done via Te Whatu Ora so we are unable to provide an answer.

- Evidence of my consent to have our daughter's contact details disclosed to Te Whatu Ora (in order for us to have received the recent letter offering our daughter a wellness check using the HEEADSSS assessment framework).

The school is sometimes obliged by law to give information to Government Departments (eg the Ministry of Education and the Ministry of Health). Except for contact details explained below, your information will not otherwise be disclosed without your authorisation.

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

I/we agree that our child will abide by the rules and regulations made from time to time for the running of the school.

I/we agree to my child's scholastic records being transferred from his/her present school to [REDACTED] High School.

I/we agree that photographs including our child may be published in school documentation eg Newsletter, School website. It is the school's policy that any photos for publication are positive depictions or are taken in such a way to avoid identification.

Signature of Parent / Caregiver [REDACTED]

Date 31 / 1 / 23.

Signed consent on our enrolment form acknowledging that we pass information on to other Government agencies.

4. NZ Doctor Publication Article - HEEADSSS Assessment: Simple Ground Rules To Help You Use It Effectively

²⁵ 31 March 2021 ⁻²⁶ <https://www.nzdoctor.co.nz/vault/newspaper/issue/2021-03-31> (subscribers only)

Cathy Stephenson

Wednesday 31 March 2021

It is important to identify resilience factors, such as engagement in extracurricular activities; this is also a good place to start a HEEADSSS assessment

GP **Cathy Stephenson** finds using the HEEADSSS psychosocial assessment hugely rewarding, satisfying and effective. In this article, she provides a framework to ensure you get the most out of this underutilised tool.

It has been well documented that young people/rangatahi visit their primary care provider less often than other age groups. This means that when they do choose to come, it is not only a rare occurrence but also a vital opportunity to find out how they really are.

Some young people/rangatahi will be dealing with serious physical health issues, but many won't be, so the focus of these precious interactions needs to include an assessment of the major determinants of their health and wellbeing – the psychosocial stuff!

HEEADSSS (Panel 1) is a well-established tool used all over the world. It provides a framework for a conversation with a young person/rangatahi and enables rapport building or whakawhanaungatanga. I'd encourage you to use it with anyone in the 10 to 24-year age range who comes to see you; it is as important as other screening interventions.

We don't hesitate to check in with our female patients about their cervical screening or mammogram status, or to chat to the men that come through our door about their prostate, but embarking on a HEEADSSS assessment seems more daunting; hence, it often gets put to the side.

If you take anything away from reading this column, I'd love you to feel enabled to at least give it a go – once you start using it regularly, it is neither complex nor terribly time-consuming.

Panel 1: An aide-mémoire for HEEADSSS

H = Home

E = Education and employment

E = Eating and exercise



²⁵ <https://www.nzdoctor.co.nz/vault/newspaper/issue/2021-03-31>

²⁶ <https://www.nzdoctor.co.nz/vault/newspaper/issue/2021-03-31>

A = Activities and peers
D = Drugs and alcohol
S = Sexual health, sexuality and gender
S = Suicidality, self-harm, depression and mood
S = Safety and risk-taking behaviours
(**S** = Spirituality)

Getting the most out of HEEADSSS

There are some simple ground rules that will ensure you get the most out of a HEEADSSS assessment.

Don't miss anyone – use the HEEADSSS assessment with all young people/rangatahi, not just the ones you consider to be somehow at risk. This will ensure you don't miss those who are putting on a brave face but are actually incredibly vulnerable.

Be upfront about confidentiality – if a young person/rangatahi doesn't trust that the information they share with you will be protected (except in certain risky situations), they are highly unlikely to disclose anything important.

Create space to talk alone – if possible, don't do a HEEADSSS assessment with an adult or parent present. As hard as it can be to create space for the young person/rangatahi to talk on their own, this is absolutely crucial, to make sure they are enabled to talk freely about what is going on with them.

I often address this at the start of the consultation, using words such as, "Thank you both so much for coming in to see me. It is really important that all young people start to have health discussions with their doctor or nurse in private, so I'm going to ask you (parent) to pop back to the waiting room in a few minutes so that we can talk on our own. I'll come and get you again before we finish up."

If that fails, you may need to get creative. For example, using, "Come down to the treatment room so we can get a urine sample," or another similar ploy can at least give you the opportunity to organise a time for them to come back on their own.

Signpost – "frame" the HEEADSSS assessment before you start. Saying hello, then launching straight into this kind of conversation is understandably totally off-putting for anyone, let alone a young person/rangatahi who may be seeing you on their own for the first time, so make sure you frame it up properly.

This can be done by saying something as simple as, "Because they can have a huge impact on your health and how you feel, we ask all the young people we see about the things that are going on in their life."

Focus on risk and resilience – we know that many young people/rangatahi who die by suicide had contact with a health provider in preceding weeks, so identifying and managing risk factors is really important. Fortunately, there is also good evidence to show that if we enable young people/rangatahi to identify their resilience factors – their strengths – and if we can encourage them to build on those, it is hugely protective. Refer to Panel 2 for risk and resilience factors.

Panel 2: Focusing on risk and resilience

Risk factors:

- poor mental health
- previous suicide attempts

- exposure to violence or trauma
- lack of supportive adults or other social connections
- alcohol or other drug misuse
- issues with relationships
- conflict or confusion around gender, spiritual or cultural identity.

Protective or resilience factors:

- feeling connected to others
- remaining in school
- being able to do, or doing well in, something (eg, school work, sports, music, dance)
- the presence of supportive adults and/or whānau in their lives
- having a sense of belonging (eg, to a church, sports team, community)
- engagement in activities that are meaningful to them
- having a purpose
- having higher self-esteem
- good physical health
- well-developed life skills, such as problem solving, coping skills and adaptability to change.

Take your time – don't worry if you don't ask all the questions in the HEEADSSS assessment in one consultation. Although this is possible and might be necessary at times, occasionally, time just won't allow it. There will also be occasions when it isn't appropriate to work your way through them all.

Hopefully, you can either ask the young person/rangatahi to come back or plan a phone or video call with them, so you can fill in the gaps if needed. Alternatively, one of your team may know them better than you and be able to help complete the picture. Utilising other health providers is a really good strategy when working with young people/rangatahi – there is huge power and safety in a multidisciplinary team approach.

Ask in any order – don't try to ask all the questions in the right order. The idea of the HEEADSSS assessment is that it can be woven quite naturally and informally into a conversation with a young person/rangatahi. You don't want them to feel like you are scrutinising their life or that this is a test they could potentially fail.

Ask the right way – ask open questions (eg, “What do you really enjoy at school/work?” rather than, “Do you enjoy school?”), and open with the easier questions before you move to potentially more sensitive topics. You can imagine that asking whether they enjoy any sports, music or other activities out of school might feel more comfortable for you both than launching straight into questions around drug use or sexual health!

Speak their language – without sounding “try-hard”, as my kids would say, if you copy the phrases or terminology they have already used (eg, they might say weed instead of marijuana or cannabis), the conversation will sound more familiar and less “medical” to them.

This is not a one off – unlike doing a smear or booking a mammogram, the HEEADSSS assessment is a changing being, growing and morphing in front of your eyes, depending on where the young person/rangatahi is in their life and what is going on for them. You need to revisit it each time you have contact with them, particularly if you have concerns around safety or risk-taking. You will also need to adapt the way you phrase or emphasise the questions, depending on their development level and understanding.

Wrap up effectively – lastly, make sure you set aside time at the end of the consultation to wrap it all up as effectively as you can. Being asked very personal questions can leave anyone feeling quite vulnerable and uncertain around what you are going to do with their information, but particularly so for this age group.

Thank them for being so honest and sharing so much. Reinforce and reiterate their strengths – there will be many! Remind them about confidentiality, and give them the opportunity to ask questions. Where appropriate, normalise their experiences and reassure them that many people you talk to have the same concerns, worries or fears. Address any immediate safety issues, then start making a plan together, prioritising their top concerns and utilising a range of supports or resources that might work for them.

Yes, it's a lot to get through, but it is possible!

If you want to learn more about how to perform a HEEADSSS assessment and what questions you might ask under each of the topics, I can recommend the resources listed in Panel 3.

Panel 3: Useful resources

- Starship. ²⁷[Adolescent Consultation and the HEEADSSS Assessment](#).
- BPACnz. ²⁸[Addressing mental health and wellbeing in young people](#).
- Goodfellow Unit. ²⁹[An Introduction to HEEADSSS Assessment](#) (a free four to six-hour course)

Cathy Stephenson is a GP at Mauri Ora, Student Health and Counselling Services, Victoria University of Wellington

³⁰https://www.nzdoctor.co.nz/article/educate/practice/heedsss-assessment-simple-ground-rules-help-you-use-it-effectively?check_logged_in=1

²⁷ <https://starship.org.nz/guidelines/adolescent-consultation/>

²⁸ <https://bpac.org.nz/BPJ/2015/October/wellbeing.aspx>

²⁹ <https://www.goodfellowunit.org/podcast/heedsss-five-minutes>

³⁰ https://www.nzdoctor.co.nz/article/educate/practice/heedsss-assessment-simple-ground-rules-help-you-use-it-effectively?check_logged_in=1

4. OIA to the High School

1 February 2024

[Principal, Board Chair]

Principal and Board of Trustees Chair

XXXXX High School

xxxxxxxxxx

Dear [Principal, Board Chair] and Board of Trustees

Official information request: HEEADSSS Assessment Framework

Please supply the following information under the Official Information Act 1982 (OIA):

- The legislative and/or regulatory provision(s) which [XXXX] High School relies on for their purported authority to conduct a HEEADSSS assessment on students directly or through a third party.
- Evidence of my consent to have our daughter's contact details disclosed to Te Whatu Ora (in order for us to have received the recent letter offering our daughter a wellness check using the HEEADSSS assessment framework).
- The eligibility criteria for children who are approved to undergo a HEEADSSS assessment and evidence or basis on how the eligibility criteria is formed.
- Details of sources and amount of funding provided by the government to implement HEEADSSS assessment on children in [XXXX] High School, OR the cost to the school to implement the assessment, for 2022, 2023 and 2024.
- A complete list of all 'youth friendly services' that Te Whatu Ora/Public Health Nurse/teaching and support staff offers to students at [XXXX] High School.
- References and documentation pertaining to all psychology principles that have been used to develop the HEEADSSS assessment.
- A full list of questions that children may be asked during the HEEADSSS assessment.
- Entities and/or persons that provided the list of questions.
- Whom the parties are that have access to the child's answers, and whether parents will have access to their child's answers, or not, and reasons thereof.
- The lawful premise on which a parent is required to 'opt out' of their child's participation in this assessment.

If you need any more information from me please let me know as soon as possible.

I understand that a decision on a request for information under the OIA should be made within 20 working days of receiving that request.

If you do not normally deal with official information requests, or you need advice on dealing with this request, guidance is available from the Ombudsman at ³¹www.ombudsman.parliament.nz.

Yours faithfully

[parent]

³¹ <http://www.ombudsman.parliament.nz>