## Contents

### PREFACE

Most relevant to: **TEACHERS**  **LEADERS**  **BOARDS OF TRUSTEES**

PREFACE ........................................................................................................................................................................... 6

### INTRODUCTION

Most relevant to: **TEACHERS**  **LEADERS**  **BOARDS OF TRUSTEES**

INTRODUCTION ........................................................................................................................................................................ 7

- Our vision for relationships and sexuality education .............................................................................................................. 7
- Consulting with the school community .................................................................................................................................... 7
- Recognising Te Tiriti o Waitangi ............................................................................................................................................. 7
- Upholding human rights ............................................................................................................................................................ 8
- A changing society ..................................................................................................................................................................... 8
- What is in these guidelines? ....................................................................................................................................................... 9

1. OVERVIEW OF RELATIONSHIPS AND SEXUALITY EDUCATION ...................................................................................... 10

Why this learning is important for ākonga in years 1–8 ........................................................................................................ 12

- Children growing up in a changing world ................................................................................................................................. 12
- The need for RSE ......................................................................................................................................................................... 12
- Links with government policies and strategies .......................................................................................................................... 13

RSE and mātauranga Māori ......................................................................................................................................................... 13

- Te Tiriti o Waitangi ................................................................................................................................................................... 13
- Hauora ........................................................................................................................................................................................... 14

RSE and Pacific world views ...................................................................................................................................................... 14

- Pacific peoples in Aotearoa New Zealand .................................................................................................................................. 14
- Pacific world views ........................................................................................................................................................................ 15

### 2. A WHOLE-SCHOOL APPROACH TO RELATIONSHIPS AND SEXUALITY EDUCATION.................................................. 16

A whole-school approach and a localised curriculum ........................................................................................................... 16

Ethos and environment ............................................................................................................................................................... 17

- Policies for inclusion and diversity .............................................................................................................................................. 19
- The school culture ........................................................................................................................................................................ 19
- Leadership practices ...................................................................................................................................................................... 20
  - School leaders .......................................................................................................................................................................... 20
  - Student leaders, activists, and support groups .......................................................................................................................... 20
- The physical environment ............................................................................................................................................................ 20
  - Safe physical spaces to access support .................................................................................................................................. 20
  - Privacy when accessing health services ................................................................................................................................. 20
  - Toilets and changing rooms ...................................................................................................................................................... 20
  - Playgrounds .............................................................................................................................................................................. 21
  - Classrooms .............................................................................................................................................................................. 21
### 3. RELATIONSHIPS AND SEXUALITY EDUCATION IN THE NEW ZEALAND CURRICULUM

<table>
<thead>
<tr>
<th>MOST RELEVANT TO:</th>
<th>LEADERS</th>
<th>TEACHERS</th>
<th>BOARDS OF TRUSTEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>School management systems</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventing bullying</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewing school uniforms</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressing issues relating to sexual content online and image-sharing</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School support systems</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to health and support services</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being responsive to issues and incidents</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluating the whole-school approach</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole-school review</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators of effective practice</td>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Key Learning at Levels 1–4
- **Level 1**
  - Preparing for relationships
  - Respecting self and others
- **Level 2**
  - Understanding personal boundaries
  - Recognising and respecting diverse relationships
- **Level 3**
  - Developing self-awareness and self-esteem
  - Understanding and respecting gender diversity
- **Level 4**
  - Navigating complex relationships
  - Understanding and respecting diversity in relationships

#### Access to the RSE Curriculum for all ākonga

<table>
<thead>
<tr>
<th>MOST RELEVANT TO:</th>
<th>LEADERS</th>
<th>TEACHERS</th>
<th>BOARDS OF TRUSTEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approaches to RSE for ākonga</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approaches to RSE for Pacific ākonga</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approaches to RSE for LGBTQI+ ākonga</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approaches to RSE for disabled ākonga</td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective RSE programmes and pedagogies</td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support and professional learning for teachers</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment for learning</td>
<td>38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 4. WHAT ARE SCHOOLS REQUIRED TO DO?

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The National Performance Measures and the Human Rights Act</td>
<td>40</td>
</tr>
<tr>
<td>Section 91 of the Education and Training Act 2020</td>
<td>40</td>
</tr>
<tr>
<td>Reviewing programmes</td>
<td>41</td>
</tr>
<tr>
<td>Roles and responsibilities</td>
<td>42</td>
</tr>
<tr>
<td>The board of trustees</td>
<td>42</td>
</tr>
<tr>
<td>The principal</td>
<td>42</td>
</tr>
<tr>
<td>The middle leader or teacher in charge of health education</td>
<td>43</td>
</tr>
<tr>
<td>The teacher</td>
<td>43</td>
</tr>
<tr>
<td>Parents, caregivers, and whānau</td>
<td>43</td>
</tr>
<tr>
<td>Wider community agencies</td>
<td>43</td>
</tr>
<tr>
<td>Specific rights and responsibilities</td>
<td>43</td>
</tr>
<tr>
<td>The right to withdraw children</td>
<td>43</td>
</tr>
<tr>
<td>Answering children’s questions</td>
<td>43</td>
</tr>
</tbody>
</table>

### 5. CONSULTING WITH COMMUNITIES

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective consultation</td>
<td>44</td>
</tr>
<tr>
<td>Examples of effective strategies</td>
<td>45</td>
</tr>
<tr>
<td>Engaging with the school community</td>
<td>45</td>
</tr>
<tr>
<td>Some effective ways of consulting</td>
<td>46</td>
</tr>
<tr>
<td>Consulting with whānau, hapū, iwi, and Māori communities</td>
<td>46</td>
</tr>
<tr>
<td>Consulting with Pacific communities</td>
<td>46</td>
</tr>
<tr>
<td>Advising the school community of decisions</td>
<td>47</td>
</tr>
</tbody>
</table>

### GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOSSARY OF TERMS</td>
<td>48</td>
</tr>
</tbody>
</table>
# References, Useful Links, and Support

## References

Link to government policies and strategies

### Sources of support for teachers

- Te Kete Ipurangi .................................................. 55
- The New Zealand Health Education Association (NZHEA) .................................................. 55
- Family Planning .......................................................... 55
- Te Whāriki Takapou ........................................... 55
- The Village Collective ............................................. 55
- New Zealand Sexual Health Society ..................... 55
Preface

Relationships and Sexuality Education Years 1–8: A guide for teachers, leaders, and boards of trustees is an updated and more focused version of Sexuality Education: A guide for principals, boards of trustees, and teachers, which was first published in 2002 and revised in 2015. These newly revised guidelines have been designed to help schools adopt a whole-school approach to strengthening their programmes in relationships and sexuality education. A separate guide, Relationships and Sexuality Education Years 9–13: A guide for teachers, leaders, and boards of trustees, has also been developed.

Learning about relationships and sexuality is part of the New Zealand Curriculum and is one aspect of health education (within health and physical education). Other learning in health education includes mental health education, drug and alcohol education, safety and violence-prevention education, and food and nutrition studies. Learning about health more broadly is essential for the ongoing wellbeing of all the communities in Aotearoa New Zealand.

In 2018, the Education Review Office released a report into sexuality education in schools, Promoting wellbeing through sexuality education. The report concluded that while most schools were meeting minimum standards, many had significant gaps in curriculum coverage, particularly in teaching and learning about such important aspects as consent, digital technologies, and relationships.

Today the world is changing rapidly, in multiple ways, and Aotearoa New Zealand is more diverse than ever before. There are growing concerns about climate change and the impact of the recent global pandemic, COVID-19. This update is informed by an awareness of changing family structures, shifting social norms in relation to gender and sexuality, the rise of social media, and the increased use of digital communications and devices. It acknowledges the increased calls for social inclusion and for the prevention of bullying, violence, and child abuse. It recognises the importance of social and emotional learning for healthy relationships.

These revised guidelines continue to draw on Hutchison’s (2013) core recommendations and also incorporate the latest research on relationships, gender, sexuality, and wellbeing. The guidelines take into account the cultural and social changes noted above and the related interagency work to prevent violence. They also reflect Aotearoa New Zealand’s ongoing commitments to national and international legislation, including Te Tiriti o Waitangi and the Human Rights Act (1993).

Many schools have made good progress in implementing relationships and sexuality education programmes. Their advice, and the advice of wider sector groups, has been invaluable in developing this revision of the sexuality guidelines. The Ministry of Education acknowledges all those who have contributed to the development of these revised guidelines, especially the lead writer, Dr Katie Fitzpatrick.
Introduction

Our vision for relationships and sexuality education

Relationships and sexuality education cannot be left to chance in schools. When this education begins from early childhood and builds consistently, year after year, it prepares young people for navigating a range of relationships throughout their childhood, teen years, and adult life.

All young people equally deserve an education that enables them to develop healthy relationships, to become positive in their own identities, and to develop competencies for promoting and sustaining their own wellbeing and that of others.

These refreshed guidelines are designed to support teachers, school leaders, and boards of trustees as they implement the New Zealand Curriculum in ways that are effective, safe, and inclusive.

This book is a revision of Sexuality Education: A guide for principals, boards of trustees, and teachers (2015). The Ministry of Education has refreshed these guidelines to make explicit the key learning at each curriculum level. This key learning includes ideas for building a young person’s life skills - emotional, mental, social, spiritual, and environmental. The revised title reflects the Ministry's focus on relationships as an essential part of sexuality education.

Relationships and Sexuality Education in Years 1–8: A guide for teachers, leaders, and boards of trustees is intended for all state and state-integrated English-medium schools in Aotearoa New Zealand with ākonga (students) in years 1–8. Its overall aim is to enable these schools to deliver effective, quality programmes covering relationships and sexuality education (RSE) to their ākonga. It describes a school-wide approach to RSE focused on the idea of wellbeing.

In planning RSE programmes, policies, and procedures, it is essential that schools:

- consult with their community, as required by the Education and Training Act 2020, on how to implement the relevant parts of the health education curriculum
- explicitly recognise Te Tiriti o Waitangi and develop the partnership between Māori and other treaty partners in the context of RSE
- uphold the human rights of all people, as set out in key national and international statements.

Dedicated and significant curriculum time for health education, planned professional learning opportunities for teachers, strong policies and procedures, and safe and supportive school environments are all critical to ensuring the overall success of RSE.

Consulting with the school community

Every school’s RSE programme should be appropriate for their local community. Through such programmes, schools support the positive and holistic development and health of all ākonga in Aotearoa New Zealand schools – revised guidelines for teaching ākonga in years 9–13 are also available. Ensuring that the local school community knows what to expect in this part of the curriculum is critical to the programme’s success.

Recognising Te Tiriti o Waitangi

Under Te Tiriti o Waitangi, the Crown has an imperative to protect and promote the sexual and reproductive health of Māori and a responsibility to respond to Māori health aspirations and meet Māori health needs (Ministry of Health, 2019).

These guidelines aim to help schools plan RSE policies and programmes that:

- address the needs and aspirations of their ākonga Māori
- affirm the strengths and contributions of ākonga Māori, whānau, hapū, iwi, and other Māori communities.

The guidelines also recognise the diverse needs and strengths of Tangata Tiriti, including ākonga from Pākehā, Pacific, Asian, and other communities within Aotearoa New Zealand. See page 13 for information about how the Treaty principles relate to RSE, page 35 for ways of planning appropriate programmes in line with Te Tiriti, and page 46 for information on consulting Māori communities.
Upholding human rights
These guidelines align with and uphold the human rights of all people in Aotearoa New Zealand. The New Zealand Human Rights Commission states that:

All people have the same rights and freedoms, regardless of their sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). SOGIESC is an umbrella term like Rainbow, LGBTQI+, and MVPFAFF. It includes people who are takatāpui, lesbian, gay, bisexual, queer, intersex, transgender, transsexual, whakawāhine, tangata ira tāne ...

Human Rights Commission:
www.hrc.co.nz/our-work/sogiesc

In the context of RSE, this means that schools need to:
• ensure inclusive environments for all young people
• allow their ākonga freedom of expression in relation to their gender identities and sexual orientation, including the right to determine their own identity and name
• include content on the diversity of sex characteristics, sexuality, and gender identities in their curriculum programmes.

The glossary on pages 48–50 defines specific terms used in these guidelines and spells out acronyms, including LGBTQI+ (lesbian, gay, bisexual, trans, queer, intersex, and other gender and sexual identities) and MVPFAFF (māhū, vakasalewalewa, palopa, fa'afafine, ‘akava’ine, fakaleiti (leiti), and fakafifine).


A changing society
This revision takes place at a time of significant global change. These revised guidelines are informed by:
• shifting social norms in relation to gender and sexuality
• a commitment to respecting and protecting the sexual and reproductive rights of Māori
• Aotearoa New Zealand’s increasingly diverse population
• global shifts, including trends towards earlier puberty and changing family structures
• continued societal concerns about child protection and abuse prevention
• the increasing use of digital communications and devices by children and young people
• the rise of social media and the increasing availability of pornography and explicit sexual content online
• increasing recognition of the importance of learning about healthy relationships, including consent and respect, as part of social and emotional learning
• increasing calls for social inclusion and for the prevention of bullying and violence.

Health education for young people in a changing society
All young people need opportunities to learn about the complexity of human relationships and sexuality, including issues related to gender, identity, communication, consent, safety, attraction, expectations, ethics, sex, values, media representations, and online behaviour. Schools can meet those needs by providing opportunities in health education, in other curriculum programmes, and in many other school contexts.

These guidelines describe the place of health education, including RSE, in the curriculum (in section 3) and set out the legal requirements for schools (in section 4).

Relationships and sexuality education
... includes learning about biology as well as about relationships, friendships, whānau, and social issues. Society is changing, so schools need to adapt to address the new challenges young people are facing. These can include things like the importance of social media and the growing understanding that there are different sexualities and sexual orientations.

ERO, 2018b, page 2
What is in these guidelines?
The Introduction explains the purpose of the revised guidelines and describes what is in them and who will use them.

Section 1, Overview of RSE (pages 10–15) defines RSE and explains its relevance for years 1–8 in terms of:
- children growing up in a changing world
- research evidence
- related government policies and strategies.

It provides information and suggestions to raise schools’ awareness of:
- how RSE relates to mātauranga Māori (including Treaty principles and the concept of hauora)
- how RSE relates to Pacific world views.

Most relevant to:
- TEACHERS
- LEADERS
- BOARDS OF TRUSTEES

Section 2, A whole-school approach to RSE (pages 16–23) discusses how to plan a whole-school approach that addresses wellbeing. It suggests how to address RSE issues within a school’s ethos and environment through developing:
- specific policies for inclusion and diversity
- an inclusive school culture
- sound leadership practices
- a safe and accessible physical environment
- sound management systems
- accessible support systems
- ways of evaluating the school’s practice.

Most relevant to:
- LEADERS
- BOARDS OF TRUSTEES

Section 3, RSE in the New Zealand Curriculum (pages 24–39) describes the place of RSE in the curriculum in terms of links to the key competencies and links to the underlying concepts of the health and physical education curriculum. It discusses issues in health education and makes suggestions for including RSE in physical education and in other curriculum areas.

It suggests ways of designing RSE programmes in the health curriculum that:
- include key learning for curriculum levels 1–4
- may engage with outside providers
- use effective and empowering approaches to RSE for all ākonga, including:
  - ākonga Māori
  - ākonga from Pacific backgrounds
  - ākonga from the range of sexualities and gender diversity
  - disabled ākonga
- use effective pedagogies and assessment for learning.

Most relevant to:
- TEACHERS

Section 4, What are schools required to do? (pages 40–43) highlights parts of the National Performance Measures and the Human Rights Act (1993) that relate to health education, reviews Section 91 of the Education and Training Act 2020, and outlines the roles and responsibilities of boards of trustees, principals, teachers (including the teacher in charge of health education), caregivers, and community agencies. It discusses:
- the right to withdraw children
- teachers’ rights when answering the questions that children ask.

Most relevant to:
- TEACHERS
- LEADERS
- BOARDS OF TRUSTEES

Section 5, Consulting with communities (pages 44–47) discusses how schools can consult with their communities about RSE. It includes ideas for effective consultation and for engaging the school community, including:
- consulting with whānau, hapū, iwi, and Māori communities
- consulting with Pacific communities.

Most relevant to:
- LEADERS
- BOARDS OF TRUSTEES

The Glossary of terms (pages 48–50) defines words and terms relevant to RSE, including many used in these guidelines.

Most relevant to:
- TEACHERS
- LEADERS
- BOARDS OF TRUSTEES

References, useful links, and support (pages 52–55) lists the references cited in these guidelines and provides links to other relevant resources and organisations.

Most relevant to:
- TEACHERS
- LEADERS
1. Overview of relationships and sexuality education

Learning in the area of relationships and sexuality education (RSE) aims to enable ākonga (students) to understand themselves and to develop the knowledge, skills, and attitudes to think about and engage in positive and healthy relationships. It includes:

- learning about the self (physically, socially, emotionally, and spiritually)
- gaining knowledge and skills for meaningful and supportive relationships with others
- learning about social, political, cultural, and environmental contexts, and taking action within these contexts.

These guidelines, then, cover learning about relationships as well as about gender and about sex and sexualities. They discuss social and emotional learning and look at how young people can come to understand the physical and social contexts of gender, bodies, and sexuality. This enables ākonga to enhance their interpersonal relationships, now and in the future. The formation of young people’s personal and gender identities is viewed as an ongoing lifelong process.

RSE is underpinned and informed by critical inquiry and social justice through the health curriculum concepts of hauora, health promotion, the socio-ecological perspective, and attitudes and values that promote hauora.

- In learning about hauora, ākonga will consider how the four dimensions of taha tinana, taha whānau, taha hinengaro, and taha wairua relate to and affect people’s wellbeing in terms of relationships, gender, and sexuality.
- In health promotion, ākonga could help to develop or evaluate school policies for positive action in terms of relationships, gender, and sexuality.
- Through the socio-ecological perspective, ākonga will critically examine the social, economic, political, and cultural influences that shape the ways in which people learn about relationships and express their gender and sexuality.
- Attitudes and values that ākonga will develop include respect for others’ rights and a sense of social justice.

**Sex education or sexuality education?**

It is important to note that sex education and sexuality education are different. The New Zealand Curriculum supports a holistic approach to sexuality education as defined by the hauora model, which includes physical, social, mental, emotional, and spiritual aspects. This is much broader than sex education, which relates only to the physical aspects of sexual and reproductive knowledge.

**Advantages for students**

Good quality sexuality education:

- promotes students’ overall wellbeing
- increases students’ ability to make good decisions about their health
- helps students think critically and act fairly towards others
- helps students thrive and become confident and actively involved life-long learners.

Boards of trustees are required to ensure quality outcomes for all students through sexuality education.

ERO, 2018b, page 1
1. OVERVIEW OF RELATIONSHIPS AND SEXUALITY EDUCATION
Why this learning is important for ākonga in years 1–8

Learning in RSE is essential for all children and young people, including ākonga in years 1–8. Increasingly, it is an urgent priority because:

• the world is changing faster than ever before
• the research evidence makes it clear that schools have to develop policies and programmes that can keep up with the changes and build on them.

Learning in RSE has links to many government policies and strategies.

Children growing up in a changing world

Children and young people are navigating increasingly complex social, cultural, environmental, and political contexts. Pubertal change is beginning earlier for some children, and digital environments are ubiquitous (UNESCO, 2018). Families are now more diverse than ever before, and children and young people are questioning gender norms and binaries. Climate change continues to impact how young people view their worlds and their relationship with others and with the environment.

In order to respond to these challenges, children and young people need the knowledge, skills, and attitudes that will empower them to care for themselves and others and to have a real impact on their worlds. They need to learn:

• how to develop healthy relationships (in both offline and online contexts)
• strategies for dealing with sexualised content (including sexually explicit material and pornography)
• strategies for dealing with online bullying.

Human relationships and identities are complex. Schools should provide dedicated curriculum time to enable ākonga in years 1–8 to explore their identities, learn about wellbeing, and develop interpersonal and communication skills. Children and young people have the right to engage in critical inquiry about relationships, gender, and sexuality as part of meaningful learning.

Quality RSE policies and programmes enable young people to:

• challenge homophobia, transphobia, sexism, and gender-based violence
• interrogate the ongoing effects of colonisation
• study the environmental impacts of changes in population growth and of related issues such as people’s use and disposal of menstrual products
• engage with mātauranga Māori
• gain knowledge about the diversity of cultures in Aotearoa New Zealand – including religious diversity
• gain understandings about the strengths of sexual and gender diversity.

This learning is vital for children and young people’s individual development and overall wellbeing, so it contributes to their academic success. It also enables us to develop more inclusive and positive societies.

The need for RSE

The Health Select Committee report, Inquiry into Improving Child Health Outcomes and Preventing Child Abuse with a Focus from Preconception until Three Years of Age (Hutchison, 2013), highlighted the importance of quality sexuality education programmes for all young people and the need to reduce barriers to accessing health services.

Recent national and international research (Office of Film and Literature Classification, 2018; New Zealand Family Planning Association, 2019; UNESCO, 2018) and educational evaluation (ERO, 2018a) confirms that such programmes are needed now more than ever.

These revised guidelines draw on Hutchison’s (2013) core recommendations and incorporate the latest research on relationships, gender, sexuality, and wellbeing. They take into account the cultural and social changes noted above and the related interagency work to prevent violence.

The guidelines also reflect Aotearoa New Zealand’s ongoing commitments to national and international legislation – including Te Tiriti o Waitangi and the Human Rights Act (1993).
Links with government policies and strategies

These guidelines support *Our Code, Our Standards: Code of Professional Responsibility and Standards for the Teaching Profession* (Education Council, 2017).

The guidelines should be used in conjunction with key resources such as *Ka Hikitia - Ka Hāpaitia, Tau Mai Te Reo, the Action Plan for Pacific Education 2020–2030*, Inclusive Education guides, the Child and Youth Wellbeing Strategy, and the New Zealand Disability Strategy. Full references and links to these government policies and strategies are on page 54.

RSE and mātauranga Māori

Research confirms that the principles of Te Tiriti o Waitangi provide a sound basis for developing RSE programmes that are appropriate to Māori. The concept of hauora, which underlies the health curriculum, is based on Māori understandings of health and wellbeing.

Te Tiriti o Waitangi

Te Tiriti o Waitangi is a “living document”, central to Aotearoa New Zealand’s present and future as well as its past. The Treaty establishes a relationship of partnership between the Crown and Māori, with a set of rights and responsibilities for each Treaty partner (Human Rights Commission, 2010). These rights and responsibilities are expressed through the following three principles (adapted from Waitangi Tribunal, 2019):

- **The principle of partnership** enables schools to form partnerships as part of engaging and building relationships with Māori students and communities. Within the definition of a Treaty partnership, Māori ākonga, whānau, hapū, iwi, and the wider community can partner with schools to design and provide RSE programmes that ensure their needs and preferences are met.

- **The principle of active protection** provides assurance that health education will be culturally appropriate and that tikanga Māori will be respected, incorporated, and practised within it (Waitangi Tribunal, 2019). Māori, iwi, hapū, and whānau have their own ways of expressing and enacting their notions of relationships, gender, and sexuality. These ways should be included and, where possible, used as the foundation of programmes.

- **The principle of equity** guarantees that Māori will be free from discrimination and obliges the Crown to promote equity positively. In the context of RSE, programmes should focus on reducing discrimination and enabling equity (Waitangi Tribunal, 2019).

The Treaty guides schools to recognise the partnership between Māori and the Crown in the context of RSE in the following ways:

- by partnering with Māori communities (whānau, hapū, iwi) to develop and evaluate RSE programmes
- by explicit recognition and inclusion of te reo Māori, mātauranga Māori, and te ao Māori in RSE programmes
- by using Māori models of health, philosophies of education, and concepts of sexuality as part of the foundation for RSE programmes
- by ensuring equality of access to RSE for all ākonga.

Research indicates that ākonga Māori do well when “being Māori” is affirmed; te reo Māori, mātauranga Māori, and tikanga Māori are valued; and teachers are supported to understand and engage with attitudes, skills, and practices that affirm ākonga Māori (Tuuta et al., 2004; Bishop et al., 2003; Webber, 2015; Webber and Macfarlane, 2018). Success is more likely when schools work in partnership with their communities.

To learn more about te reo Māori kupu used in these guidelines, or to check meanings in English, visit: www.maoridictionary.co.nz
Hauora

The health and physical education learning area incorporates Tā Mason Durie’s (1994) Te Whare Tapa Whā (the house with four sides) concept of hauora. This concept reflects a Māori view of wellbeing. For more information on Te Whare Tapa Whā, refer to supporting curriculum information online in the Health and Physical Education space, or go to: https://teara.govt.nz/en/diagram/31387/maori-health-te-whare-tapa-wha-model

- Hauora means “spirit of life, health, vigour” (Williams, 1971).
- Achieving hauora requires a careful balancing of the physical, spiritual, emotional, social, environmental, and relational elements that determine the wellbeing of individuals and collectives.
- The elements of hauora are interrelated, and hauora is always relational (within and across contexts).
- Sexuality is an element of hauora. Ākonga who are supported in regard to their sexuality are likely to have better overall health, which in turn supports their educational success and strengthens their relationships with whānau and friends.
- Māori understandings of health and wellbeing are often described as holistic because they go beyond the health of the physical body to include spiritual, mental and emotional, social, environmental, and relational elements and draw upon notions of collective wellbeing.

In addition to Te Whare Tapa Whā, other models that may be helpful when considering hauora, sexuality, and relationships include: “Te Pae Mahutonga” (Durie, 1999), “Te Wheke” (Pere, 1997), the Pōwhiri model (Waretini-Karena, 2014), “Te Uruuru Mai a Hauora” (Ratima, 2001), and “Te Tuakiri o te Tangata” (Mataira, 2011).

RSE and Pacific world views

Pacific peoples in Aotearoa New Zealand

Understanding Pacific sexuality requires an appreciation of Pacific world views and experiences. Pacific peoples and Māori share a unique history, long preceding western presence in the Pacific. Among the many concepts common to Māori and Pacific peoples is the tuakana-teina family relationship. The concept of a tuakana-teina relationship can be extended to the connection between Māori (as tāngata whenua) and Pacific people in Aotearoa New Zealand. Central features of this relationship include closeness, cooperation, mutual respect, and loyalty.

The term “Pacific peoples” is used throughout this document. Other terms that are used in a similar way include Pacific Islanders, Pasifika peoples, Tangata Pasifika, and Pacificans.

In these guidelines, the term “Pacific” refers to communities from Polynesia, Melanesia, and Micronesia that share many similarities. However, there are also many subtle but significant differences between them.

In Aotearoa New Zealand, the largest Pacific ethnic groups are from the communities of Sāmoa, the Cook Islands, Tonga, Niue, Fiji, Tokelau, Tuvalu, and Kiribati. Over two-thirds of Pacific peoples in Aotearoa New Zealand were born here. In 2013, almost half (46.1 percent) of the Pacific population was less than 20 years old, compared with 27.4 percent of the total population. By 2038, Pacific children aged 0-14 years are projected to make up almost one fifth (19.6 percent) of all children here.
Pacific communities are diverse. Pacific people have individual identities, which include not only ethnicity, gender, and sexuality, but a host of other features as well. To work effectively with Pacific ākonga and their families, schools need to understand the different ways that Pacific cultures and individuals value and express the concepts of relationship and connection.

**Pacific world views**

In promoting sexual health and wellbeing for their Pacific children, schools and teachers need to recognise the importance and influence of culture. This may involve comprehensive efforts but is worth it.

While Pacific peoples are diverse, in many Pacific families sexuality is considered a tapu topic. There is often a connection between sexuality and religious teachings. In some families, there are tensions between discussing sexuality and values relating to respect (Veukiso-Ulugia, 2016).

It is very useful for teachers of Pacific children to gain an understanding of family dynamics and structures and of the status and roles of each individual within Pacific families. In many Pacific communities, a person’s identity is strongly embedded in and connected to their family (immediate and extended). Many Pacific young people grow up with an understanding that their actions are not a reflection of themselves alone but rather of their wider family. This relational dynamic can be observed when Pacific people meet for the first time. In most cases, the initial questions include: “What is your surname?”, “Who are your parents?”, “Who is your family?”, and “Which village or church do you belong to?”. This dialogue helps identify relationships and connections.

A wide range of models describe Pacific world views and understandings. They include the Fonofale model developed by Fuimaono Karl Pulotu-Endemann (2001), the Kakala model by Helu Thaman (Thaman, 1992), and the Tivaevae model by Teremoana Maua-Hodges (Maua-Hodges, 2001). (For a fuller list of models, see Ministry of Health, 2013). Each of these models recognises the importance of Pacific values, including family, collectivism and communitarianism, respect, spirituality, and reciprocity.

While no single Pacific model addresses all the nuances within each Pacific group, the Fonofale model is recognised by many and can be a starting point for discussion and inquiry.

To view the Fonofale model, go to: https://whanauoraresearch.co.nz/wp-content/uploads/formidable/Fonofalemodelexplanation1-Copy.pdf

**Questions for schools to consider**

The following questions are designed to help your school reflect on ways of engaging with Pacific ākonga and their families.

- How does your school build quality relationships with Pacific ākonga and their families?
- How does your school support RSE that embraces the cultures of its community? Is learning facilitated in a way that acknowledges and caters for different cultural values and norms?
- How can your school apply Pacific frameworks in teaching and learning? Are you able to engage appropriately skilled and experienced Pacific experts?
- In reflecting on spirituality as one of the key domains that features in Pacific frameworks, does your school acknowledge the spiritual beliefs of ākonga and their families and consider how this may affect their engagement with RSE?
2. A whole-school approach to relationships and sexuality education

A whole-school approach to relationships and sexuality education (RSE) is best practice. Appropriate, up-to-date school policies, active leadership, quality teaching, and strong reciprocal relationships between the school and its families and community are all essential for success. This section describes:

- how to develop a whole-school approach to RSE
- how to ensure that all ākonga (students) in the school have ready access to the RSE curriculum.

A whole-school approach begins with the school culture and leadership and extends to the curriculum and school structures and organisation (NZCER, 2012). This ensures that school practices are underpinned by the school’s acknowledged attitudes and values.

![A whole-school approach diagram](image-url)
A whole-school approach and a localised curriculum

The table below outlines the different dimensions of school life (quoted from NZCER, 2012, page 3) and suggests how each can be related to RSE.

<table>
<thead>
<tr>
<th>THE DIFFERENT DIMENSIONS OF SCHOOL LIFE</th>
<th>ADDRESSING RSE ISSUES IN EACH DIMENSION</th>
</tr>
</thead>
</table>
| Ethos and environment: This includes school policies and culture, leadership practices, the physical environment, and student management and support systems. | • Policies related to inclusion and diversity  
• A culture of inclusion that addresses bullying and values diversity  
• Leadership practices that foster openness, inclusion, and student leadership  
• A physical environment that is safe and accessible for all, for example, ākonga are able to access toilets in accordance with their gender identity  
• Management systems, such as procedures to address bullying related to sexual orientation and gender identity  
• Support systems such as access to health services |
| Curriculum, teaching, and learning: This includes curriculum delivery, pedagogy, student skill and competency development, teacher modelling, and teacher professional learning and development. | • Dedicated curriculum time and support for teacher professional development |
| Community connections: This includes connections and partnerships with parents and caregivers, education and health agencies, and community groups. | • Partnerships with families, whānau, hapū, iwi, and community organisations |

This section of these guidelines (section 2) focuses on the dimension of “Ethos and environment”. “Curriculum, teaching, and learning” is covered in section 3 (pages 24–39) and “Community connections” in section 5 (pages 44–47).

Ethos and environment

The school’s cultural environment and the overall school ethos set the tone for the whole school and inform leadership, policy, and the internal culture of the school. Consider how your school supports the development of positive relationships, demonstrates inclusive practices, and encourages learning in RSE.

School boards of trustees and principals have an important leadership role in creating an appropriate school environment. Such environments emerge from a supportive culture, where leaders and teachers model behaviours that support the school’s attitudes and values. These in turn help to shape the values, attitudes, and behaviours of ākonga. Health Promoting Schools (http://hps.tki.org.nz/) is a helpful resource in this area.
Policies for inclusion and diversity

Effective school policies that relate to RSE:
• align with the school's local curriculum and ensure that whānau and community are consulted about curriculum content
• ensure that school planning includes planning for professional learning and development that will enable teachers to support the wellbeing of ākonga
• clearly describe the school's reporting processes
• include policies that explicitly require inclusion of diverse staff, families, and community members who interact with the school
• clearly describe the support systems in place for ākonga, teachers, and the wider school community.

By putting in place appropriate policies and systems, schools can support RSE in focused and explicit ways. For example, schools can require that:
• ākonga and staff are known, and addressed at school, by their name of choice
• school rolls and records use each person's name, gender, and pronoun of choice
• all school forms allow for genders in addition to male or female (eg, gender diverse, non-binary, takatāpui)
• the school has clear and safe procedures for disclosures and complaints
• the school has clear and safe procedures for responding to and monitoring bullying and sexual harassment
• ākonga have access to health services, including nurses and counsellors
• school uniform policies are reviewed so that all the school's uniforms are inclusive and don't reinforce outdated, Eurocentric, and exclusionary notions of gender
• procedures for sports are inclusive so that all ākonga can take part, whatever their sexual or gender identities.

These policies and procedures should be communicated to all staff, and all staff should be aware of who to go to for help and advice.

Where coaches are involved in school sport, they need to understand the school policies around the safety and support of all ākonga.

For example, they should be clear that homophobic, transphobic, sexist, and other discriminatory language is not tolerated in sporting practices and engagements.

For further ideas, school leaders can refer to: https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/

The school culture

The school culture is very powerful. Whether or not they plan to do so, all schools give ākonga and their families messages about what is acceptable and what is not, in terms of gender and sexuality. Values are inherent in the practices, policies, and language used by teachers and school leaders.

The New Zealand Curriculum recognises human rights and the values of diversity, equity, and respect. These values ensure the rights of all ākonga to self-expression, self-identification, and support. RSE acknowledges and supports diversity among ākonga. It is crucial that schools establish and maintain cultures of inclusivity.

Schools are encouraged to question gender stereotypes and assumptions about sexuality, including:
• gender norms
• gender binaries
• gender stereotypes
• sex norms, for example, the assumption that sex characteristics at birth are always male or female.

School cultures should acknowledge the sexual diversity of Aotearoa New Zealand communities. The culture should recognise and actively support the rights of those who identify as:
• takatāpui, lesbian, gay, bisexual, queer, intersex, transgender
• whakawāhine, tāngata ira tāne
• māhū (Tahiti and Hawai‘i)
• vakasalewalewa (Fiji)
• palopa (Papua New Guinea)
• fa’aafafine (Sāmoa and American Sāmoa)
• ‘akava’ine (Cook Islands)
• fakaleitī or leitī (Tonga)
• fakaifine (Niue and Tokelau)
• other sexual and gender identities.

This list is adapted from the Human Rights Commission (2020).
There are many ways schools can build a culture in which gender and sexual diversity are valued and all staff and ākonga feel safe in the school environment. For example:

- Schools can consider how ākonga groupings affect non-binary, gender diverse, and trans ākonga.
- Mixed groupings convey inclusion and acceptance of diversity. Separating ākonga into girls and boys (e.g., to line up, for groups, to hang up school bags, for sports and games) is not usually necessary.
- All school extra-curricular activities should be inclusive of all ākonga and encourage diverse participation.
- School events should welcome diverse families with a range of structures, actively including same-sex, trans, and gender-diverse partners and community members.
- Language and examples used by teachers and school leaders should recognise gender diversity and diverse families. It is essential to make them visible. For example, schools should avoid referring exclusively to “Mum and Dad” and include other possible family structures, such as families where single parents, same-sex parents, gender diverse parents, foster parents, or other family members are the key caregivers.

**Leadership practices**

**School leaders**

Boards of trustees, principals, and senior and middle leaders all have a role to play in creating the conditions in which RSE programmes are successful. These leaders set the tone of the school.

Effective school leaders:

- support teachers to develop their knowledge and expertise in teaching about relationships, gender, and sexuality
- make it clear that ākonga can ask questions about these things
- value the sexual orientation and gender identities of school staff members and ākonga
- value the voices of both staff and ākonga
- welcome and encourage open conversations with communities such as whānau, hapū, and iwi, church groups, sports clubs, and parent groups.

**Student leaders, activists, and support groups**

Most schools have a school council made up of ākonga who can advocate for change in the school. Ākonga should be involved in school-level decision making and policy.

Many schools also have ākonga-led initiatives to provide peer support and to encourage friendships at school. Such initiatives include buddy systems, friendship groups, tuakana-teina relationships, and student conflict mediators.

Ākonga should be free to challenge school practices (such as rules about uniforms). School leaders and teachers need to be open and provide spaces for student voices and feedback.

**The physical environment**

Some suggestions for making the school’s physical environment safe for all ākonga are described below.

**Safe physical spaces to access support**

Schools should provide a safe space where ākonga can access immediate support. This can be a designated area where staff are on hand to respond. Some schools use the library, a classroom, or the staffroom.

**Privacy when accessing health services**

Ākonga should be encouraged to access health services, and they should be able to do so without teachers and other children knowing about it. For example, schools can ensure that the accessway to the health centre does not make children highly visible. This supports a high-trust approach where ākonga can access health services with confidence.

**Toilets and changing rooms**

Schools need to ensure that ākonga can access toilets and changing rooms that align with their gender identification. This supports their sense of identity and wellbeing. Many ākonga, including trans, non-binary, or intersex students, may feel vulnerable having to change clothes in front of others. It is important to gain student feedback about facilities and their uses.

Toilets and changing rooms can be unsafe environments for many ākonga, especially those who don’t identify as male or female. Disabled ākonga may also be gender or sexually diverse. Toilets and changing rooms should be safe and accessible for all ākonga. For example, some schools have individual unisex toilets.
Talk to ākonga and get their feedback about the school’s facilities, so that you can identify any issues and create safe and private spaces for changing, including during out-of-school activities.

Trans, non-binary, and intersex ākonga should be able to choose a toilet and changing room that matches their gender identity. Trans girls should be able to use the female toilets if they prefer to. Ideally, schools will have at least one gender-neutral toilet available for ākonga, but trans, non-binary, and intersex ākonga should not be required to use this rather than male or female toilets.

Playgrounds
All children, regardless of gender identification, should be able to access the playground equipment and areas of their choice. Playground equipment should not be restricted by gender identification.

Classrooms
Dividing ākonga into groups or teams by gender causes difficulties for those who do not identify as either a girl or a boy. Mix up groups and lines and use other ways to form teams. Schools might consider letting children sit where they feel comfortable in the classroom and changing the physical space around to allow different groupings over time. Avoid structuring spaces into girls’ and boys’ areas (including spaces to hang bags and jackets).

During play and discovery times, encourage children to engage with a wide range of equipment, toys, and play materials. These times offer opportunities to discuss and challenge unhelpful stereotypes about girls and boys (for example, if ākonga suggest that only girls play dress-ups or that only boys play with trucks).

School management systems
School management systems that can affect RSE include:

- procedures to address bullying related to sexual orientation and gender identity
- the use of school uniforms
- procedures to address issues relating to sexual content online and on phones.

Preventing bullying
School procedures for discouraging bullying and dealing with incidents of bullying should directly address bullying related to sexual orientation and gender identity. Such bullying includes making sexist remarks as well as homophobic or transphobic mocking or name-calling.

Schools can address this sort of bullying by:

- discussing and dealing with inappropriate behaviour and activity on social media and websites
- recording and following up all bullying incidents, including all those involving sexist, transphobic, or homophobic slurs
- making ākonga aware of the issues associated with photographing others in sexualised ways
- developing school rules and procedures that include appropriate responses to this type of behaviour.

Useful resources on bullying prevention are available at: https://www.bullyingfree.nz

Reviewing school uniforms
School uniforms often reinforce gender norms and binaries, so schools should offer gender-neutral clothing choices when reviewing school uniforms. All ākonga should be able to wear any of the uniform items available. Labelling uniform items by gender is an exclusionary practice.

Schools can also consider including clothing items worn by people in the school’s various cultures, such as lavalava.
Addressing issues relating to sexual content online and image-sharing

Aotearoa New Zealand research shows that children and young people are being exposed to, and accessing, pornography online. A recent study (Office of Film and Literature Classification, 2018) showed that one in four children in Aotearoa New Zealand saw porn before the age of 12 and that 71 percent were not seeking out porn when they first saw it – it either popped up in a search or someone else showed them.

Sexting means sending or receiving nude or near-nude images, videos, or texts, including underwear shots and sexual content. Young people can feel pressured to send images or believe that everybody is doing it. One in five young people report having been asked to send a nude image. Refer to Netsafe’s online parent safety toolkit: https://www.netsafe.org.nz/advice/parenting

Schools can address issues around porn or sexting by:

- having a digital safety management plan (see the Netsafe website for advice on setting this up: https://www.netsafe.org.nz/the-kit/dsmp-digital-safety-management-plan)
- providing clear policies for the use of phones and devices
- explicitly teaching strategies for online safety
- engaging parents and families in discussions about online safety
- making time to discuss the pressures that ākonga can experience when communicating online or by phone
- helping ākonga plan strategies if they are asked to share images of themselves or others
- ensuring that their ākonga know what to do and who to talk to if they see images online that make them feel uncomfortable. This includes teaching ākonga what to do if explicit content pops up. (Teachers shouldn’t assume that children are actively looking for such content.)

Privacy online is covered by the Harmful Digital Communications Act (2015). When images of children are shared, that Act may be breached. Netsafe provides incident support for all online safety challenges. Their service is entirely confidential and free, and schools remain in control of decision making at all times.

Call Netsafe on 0508 NETSAFE (0508 638 723) or see their website for advice. They also offer a free text support service for young people. If you have a student who wants to contact Netsafe directly, they can text “Netsafe” to 4282.

For more advice and resources, see the Netsafe schools kit.

School support systems

Support systems include access to health and support services and procedures for responding to issues and incidents.

Access to health and support services

Ākonga should be able to access support services, including health professionals such as nurses, doctors, and counsellors. Many schools offer these services on the school premises. On-site services reduce issues of access and embarrassment for ākonga and allow them to seek immediate support and advice in a safe, supportive, and confidential environment.

The Health Select Committee report (Hutchison, 2013) found that schools with dedicated health services greatly reduce risk factors and issues of healthcare access for young people. This finding is supported by international evidence (Bearinger et al., 2007).

Where access to on-site services is not possible, schools should support ākonga to access professionals outside the school.

Being responsive to issues and incidents

When specific issues arise in the school (for example, an incident of homophobic bullying), specific discussions or programmes (in classes, assemblies, or parent and whānau meetings) can raise awareness of the school’s related support systems and policies. When the whole school community is aware of the issue, all can work together to address it.
Evaluating the whole-school approach

Evaluating the effectiveness of the approach should not be done by school leaders alone. Teachers, parents, ākonga, and others in the school community also have a role here. In particular, every school should ensure that ākonga contribute their views and ideas to the school’s approach. Ākonga should be involved in planning, identifying, accessing, and evaluating the school’s policies, practices, and partnerships.

Whole-school review

Schools should include RSE as a specific element in their regular whole-school review. This will enable them to find out how effective their whole-school approach to RSE is so that they can record the results, reflect on them, and consult as appropriate to make any necessary changes and improvements.

The NZCER Wellbeing@Schools self-review cycle is one way of showing a continuous review process. To view this, refer to NZCER 2012, page 6.

Indicators of effective practice

The Education Review Office has developed indicators of effective practice that schools can adapt and use to evaluate their whole-school approach to RSE (ERO, 2018a, pages 42–45). Indicators are grouped under the headings:

- **Stewardship** (eg, “The BOT has a policy that explicitly addresses bullying through social media, websites, and other technology.”)
- **Leadership** (eg, “Leaders deliberately plan and implement sexuality education across the curriculum …”)
- **Educationally powerful connections and relationships** (eg, “The school reports to parents on students’ learning in sexuality education.”)
- **Responsive curriculum, effective teaching, and opportunity to learn** (eg, “Sexuality issues are explored across the curriculum, not just in health.”)
- **Professional capability and collective capacity** (eg, “All staff understand their school process for reporting suspected neglect or abuse …”)
- **Evaluation, inquiry, and knowledge building for improvement and innovation** (eg, “The school is able to demonstrate how programmes meet the needs of their students.”)
- **Outcomes for students** (eg, “Students are confident in their identity, language, and culture.”)

For more examples of indicators under each heading, refer to ERO, 2018a, pages 42–45: https://www.ero.govt.nz/publications/promoting-wellbeing-through-sexuality-education/
3. Relationships and sexuality education in the New Zealand Curriculum

In the New Zealand Curriculum, relationships and sexuality education (RSE) is part of the Health and Physical Education learning area. It must be included in teaching programmes for years 1–8, using the strands and achievement objectives outlined in the curriculum.

RSE can also be taught in other learning areas and contexts. In years 1–8 classes, there are many opportunities to focus on this learning while working across the curriculum or in authentic social contexts.

Programmes in health education and across the curriculum will provide ākonga (students) with a range of developmentally appropriate learning opportunities.

RSE and the key competencies

Thinking – Ākonga will make sense of information about growth and development, sexuality, relationships, pubertal change, and societal issues. They will:
  • reflect critically on that information
  • examine their own and others’ attitudes, values, beliefs, rights, and responsibilities with regard to development, gender, sexuality, and relationships
  • consider how to solve problems in social situations.

Using language, symbols, and texts – Ākonga will examine the social and cultural influences that shape the way people learn about and express their sexuality, including in the mass media, in social media, and in online environments. They will critically examine values, cultures, and stereotypes and how these affect themselves and others.

Managing self – Ākonga will develop strategies for relationships, personal identity, and growth and development. They will use their learning to make decisions, identify and access support, and develop resilience and resourcefulness.

Relating to others – Ākonga will learn about the complexity of relationships and about skills and strategies for positive relationships. They will explore emotional skills and practise interpersonal communication skills. They will learn how to support and respect others in order to develop and maintain healthy relationships.

Participating and contributing – Ākonga will learn about the importance of respecting diversity and will contribute to inclusive classroom and school communities.
3. RELATIONSHIPS AND SEXUALITY EDUCATION IN THE NEW ZEALAND CURRICULUM
The underlying concepts of health and physical education are hauora, health promotion, the socio-ecological perspective, and attitudes and values that promote hauora.

**HAUORA**
The holistic approach to RSE is based on the concept of hauora. This approach recognises that all relationships have social, mental and emotional, and spiritual dimensions as well as physical dimensions. These aspects are interrelated.

**SOCIO-ECOLOGICAL PERSPECTIVE**
Through the socio-ecological perspective, ākonga examine the social and cultural contexts that affect how people learn about, understand, and express their relationships, gender, and sexuality. This perspective enables ākonga to look critically at culturally-based values and beliefs and how they affect individuals and society.

**HEALTH PROMOTION**
Ākonga can take health promotion action within schools and communities to advocate for access to services, to raise awareness of sexuality and gender issues, to work against discrimination, and to show support for diversity. Ākonga can be involved in communicating between schools and communities in relation to gender and sexuality issues and programmes.

**ATTITUDES AND VALUES**
RSE programmes are underpinned by the values of social justice and equity. Ākonga can explore diverse values and learn about respect and about care and concern for themselves and other people. They can examine how values are expressed in relationships and in different groups and contexts. They can develop understandings around ethics, rights, and responsibilities.

---

**RSE in health education**

Most learning about relationships, gender, and sexuality will occur in dedicated health education classes, where it is a key area of learning. Teaching will align with *The New Zealand Curriculum* definition of health education.

When considering the amount of time to allocate to RSE, schools need to balance content across health and physical education programmes to ensure that all seven key areas of learning are addressed.

Classroom programmes need to be sensitively developed so that they respect the diverse values and beliefs of ākonga and of the community. The views and requests of ākonga should be included in the regular planning and review of sexuality programmes, and teachers should also consult ākonga about content and approach.

*In health education, students develop their understanding of the factors that influence the health of individuals, groups, and society: lifestyle, economic, social, cultural, political, and environmental factors. Students develop competencies for mental wellness, reproductive health and positive sexuality, and safety management, and they develop understandings of nutritional needs. Students build resilience through strengthening their personal identity and sense of self-worth, through managing change and loss, and through engaging in processes for responsible decision-making. They learn to demonstrate empathy, and they develop skills that enhance relationships. Students use these skills and understandings to take critical action to promote personal, interpersonal, and societal wellbeing.*

A note on teaching about sexual violence

Health education programmes should include clear teaching about:
• sexual violence and how to prevent it
• where to seek help and support
• how to support others if they disclose.

Issues of consent, coercion, and safety in intimate relationships are important aspects of RSE. For example, the key learning at level 2 (on page 31) includes, “Understand what consent means in a range of contexts …”.

Ākonga need to develop:
• effective and assertive communication skills
• awareness of ethics and of their own personal values
• respect for the feelings and decisions of others.

However, RSE should not be framed by notions of risk and violence, because this can lead to programmes that are driven by fear and blame. Teachers may decide to separate teaching about violence, safety, and abuse from their RSE programme and, instead, address these issues as part of learning about mental health, keeping safe, or alcohol and other drugs. Issues relating to violence should not dominate learning in RSE.

RSE in physical education

While most RSE content will be taught in health education classes, physical education classes have a role to play in establishing a supportive environment and keeping messages consistent with the school’s approach. International research suggests that physical education classes are often not inclusive of diverse ākonga and can reinforce rather than question gender and sexuality stereotypes (Denison and Kitchen, 2015; Landi, 2019; McGlashan, 2013; Sykes, 2011; Wright, 2004). For example, grouping ākonga according to gender can exclude those who do not conform to gender norms (Sykes, 2011).

However, physical education classes can present opportunities for exploring and challenging gender stereotypes and for working towards inclusion. Programmes with a strong focus on values, critical thinking, power sharing, and student voice can support learning about gender and sexuality issues and be empowering for ākonga. Achievement objectives in physical education provide opportunities for ākonga to discuss and question stereotypes and gender norms.
Suggested learning intentions
Relationships, gender, and sexuality can be addressed in physical education by:
• developing effective communications skills in games and physical activities
• exploring gender stereotypes in physical activity and sport
• developing knowledge about how people’s participation in sport relates to gender, culture, and community contexts
• engaging in critical inquiry into issues around gender and national sporting teams (for example, the levels of funding provided for the Black Ferns compared to the All Blacks)
• discussing gender issues related to uniforms for sport and physical education
• discussing issues related to gender binaries
• exploring how growth and development affect participation in physical activities.

RSE across the curriculum

Suggested learning intentions
While RSE concepts and content will be specifically taught in health education and supported in physical education, there are many opportunities for RSE across the New Zealand Curriculum. For example:

In English, ākonga can:
• critically explore how the diversity of families, schools, and communities is represented in texts
• explore and critique the representation of gender roles and relationships in texts
• co-construct ground rules for engaging in critical discussions about text content
• create oral, visual, or written texts about the roles and relationships within their whānau or family
• engage in dialogue and debate in the context of provocative online posts linked to relationships, gender, and sexuality
• explore their whakapapa and present it as an oral text

In science, ākonga can:
• consider how biological sex has been constructed and measured over time and what this means in relation to people who have variations in sex characteristics
• consider variations in puberty, including the role of hormone blockers
• explore the role of genetics in constructing debates about gender and sexuality
• challenge gender stereotypes about careers in science
• identify famous male and female scientists and their contributions
• explore what “male” and “female” mean in relation to various living things, for example, plants, sea creatures, and fungi.
In **technology**, ākonga can:

- challenge gender stereotypes in relation to design and materials
- explore symbols linked to the gay and transgender rights movements
- identify how gender expectations are embedded in technology, for example, in:
  - the design and style of power tools and other tools
  - the range of colours, textures, and designs available for clothing
- explore the way toys, apps, and online games and activities are designed for a gendered audience
- engage in a gender-neutral design challenge.

In **social sciences**, ākonga can:

- identify different types of families and gender roles within them – who is included and what roles do family members play?
- interview family members and friends about how they have experienced gender roles and expectations in their lives
- explore whakapapa and a range of other ideas about family and family histories
- explore the women’s liberation movement (for example, women gaining the right to vote in 1893 in Aotearoa New Zealand) and the development and persistence of gender stereotypes (for example, by researching the #MeToo movement)
- consider famous “rainbow” figures from history
- explore geographical spaces in the school and community in terms of how they relate to gender (for example, are spaces designed according to gender? Who plays on which areas of the playground and why?).

In **languages**, ākonga can:

- discuss the use of gendered or non-gendered pronouns across different languages
- identify words and ideas about relationships and gender that are or are not present in different languages, and consider what that might mean
- investigate the different words and their meanings used by indigenous peoples in their languages to depict different kinds of relationships or sexual orientations in accordance with their world views.

In **mathematics and statistics**, ākonga can:

- explore ways of collecting information and interpreting the data in meaningful ways. They could collate and record information, use appropriate charts and graphs, analyse data, and draw conclusions, for example, in relation to class or school demographic information.
Designing a RSE programme for ākonga in years 1–8

The tables on pages 30–33 present key learning in RSE at levels 1–4 of the New Zealand Curriculum. This key learning is aligned with the achievement objectives within the strands Personal Health and Physical Development, Relationships with Other People, and Healthy Communities and Environments in the Health and Physical Education learning area.

Teachers should refer to *The New Zealand Curriculum*, 2007, Health and Physical Education Achievement Objectives charts, to identify achievement objectives at each level. Suggested learning intentions that support the key learning presented below can be found online alongside these guidelines and other Health and Physical Education curriculum support materials.

The Education Review Office has identified that schools with effective programmes spend at least 12–15 hours per year on sexuality education (ERO, 2007b). It is recommended that this learning is planned across the year and that appropriate and diverse resources are used to engage ākonga.

Key learning at levels 1–4

**Key learning at level 1**

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>KO AU — ALL ABOUT ME</th>
<th>KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS</th>
<th>KO TŌKU AO — ME AND THE WORLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ākonga can show that they:</td>
<td>Knowledge, understandings, and skills relating to physical and sexual health and development: emotional, mental, social, spiritual, and environmental</td>
<td>Understandings and skills to enhance relationships, for example, in relation to friendships, intimate relationships, love, families, and parenting</td>
<td>Critical inquiry, reflection, and social-action skills related to issues of equity, gender, body image, risk, and safety</td>
</tr>
<tr>
<td></td>
<td>• Recognise body parts, including genitals, can name them (in te reo Māori and in English), and understand basic concepts about reproduction.</td>
<td>• Are able to make friends, be a good friend, be inclusive, and accept and celebrate difference in a range of contexts (including in games, play, classroom activities, and at home).</td>
<td>• Understand the relationship between gender, identity, and wellbeing.</td>
</tr>
<tr>
<td></td>
<td>• Know about body safety, including hygiene and appropriate touching, know how to show respect for themselves and others, and can use strategies to keep themselves safe (including basic safety strategies online and on devices).</td>
<td>• Are able to express their own feelings and needs and can listen and be sensitive to others by showing aroha, care, respect, and manaakitanga in a range of contexts.</td>
<td>• Are able to stand up for themselves and others (eg, if there is unfairness, teasing, bullying, or inappropriate touch).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Know about belonging and about roles and responsibilities at school and within the whānau and wider community.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Know who to trust and how to ask for help.</td>
<td></td>
</tr>
</tbody>
</table>
### Key learning at level 2

<table>
<thead>
<tr>
<th>LEVEL 2</th>
<th>KO AU — ALL ABOUT ME</th>
<th>KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS</th>
<th>KO TŌKU AO — ME AND THE WORLD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge, understandings, and skills relating to physical and sexual health and development: emotional, mental, social, spiritual, and environmental</td>
<td>Understandings and skills to enhance relationships, for example, in relation to friendships, intimate relationships, love, families, and parenting</td>
<td>Critical inquiry, reflection, and social-action skills related to issues of equity, gender, body image, risk, and safety</td>
</tr>
</tbody>
</table>
| Ākonga can show that they: | • Know about human anatomy, about how bodies are diverse and how they change over time, and about human reproductive processes.  
• Understand what consent means in a range of contexts, including online contexts.  
• Are able to give and receive consent (eg, at the doctor, in the playground, or online). | • Are able to name and express a wide range of feelings and use skills to manage their feelings.  
• Engage positively with peers and others during play, games, classroom activities, and online (by listening, affirming others, waiting, taking turns, recognising others’ feelings and respecting them, and showing manaakitanga, aroha, and responsibility). | • Understand that personal identities differ (eg, in terms of gender, ethnicity, language, religion, and whakapapa).  
• Are able to identify gender stereotypes, understand the difference between gender and sex, and know that there are diverse gender and sexual identities in society.  
• Are able to contribute to and follow guidelines that support inclusive environments in the classroom and school. |
### Key learning at level 3

<table>
<thead>
<tr>
<th>LEVEL 3</th>
<th>KO AU — ALL ABOUT ME</th>
<th>KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS</th>
<th>KO TŌKU AO — ME AND THE WORLD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge, understandings, and skills relating to physical and sexual health and development: emotional, mental, social, spiritual, and environmental</td>
<td>Understandings and skills to enhance relationships, for example, in relation to friendships, intimate relationships, love, families, and parenting</td>
<td>Critical inquiry, reflection, and social-action skills related to issues of equity, gender, body image, risk, and safety</td>
</tr>
<tr>
<td>Ākonga can show that they:</td>
<td>• Know about pubertal change and how it is different for different people, and understand associated needs that relate to people’s social, emotional, and physical wellbeing.</td>
<td>• Understand consent, pressure, coercion, and rights, and have skills for giving or withholding consent and for staying safe and engaging respectfully in a range of contexts, including online contexts.</td>
<td>• Understand how communities develop and use inclusive policies and practices to support gender and sexual diversity (eg, at public events, during physical activity and sports, within whānau, in community organisations, and online).</td>
</tr>
<tr>
<td></td>
<td>• Are able to take part in collective action to implement school and community policies that support young people during pubertal change.</td>
<td>• Are able to use strategies to address relationship challenges (in friendships, groups, and teams, with whānau, and online).</td>
<td>• Are able to critique the ways in which social media and other media represent bodies and appearance, relationships, and gender, and can identify a range of ways in which these affect wellbeing.</td>
</tr>
<tr>
<td></td>
<td>• Understand different types of relationships (eg, friendships, romantic relationships, relationships between whānau, team, and church members, and online relationships) and understand how relationships influence their own wellbeing and that of others.</td>
<td>• Know about a range of health and community services and have strategies for seeking help (for themselves and others), including at school and within their whānau.</td>
<td></td>
</tr>
</tbody>
</table>
### Key learning at level 4

<table>
<thead>
<tr>
<th>LEVEL 4</th>
<th>KO AU — ALL ABOUT ME</th>
<th>KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS</th>
<th>KO TŌKU AO — ME AND THE WORLD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge, understandings, and skills relating to physical and sexual health and development: emotional, mental, social, spiritual, and environmental</strong></td>
<td><strong>Understandings and skills to enhance relationships, for example, in relation to friendships, intimate relationships, love, families, and parenting</strong></td>
<td><strong>Critical inquiry, reflection, and social-action skills related to issues of equity, gender, body image, risk, and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Ākonga can show that they:</td>
<td>· Know about pubertal change (including hormonal changes, menstruation, body development, and the development of gender identities), and about how pubertal change relates to social norms around gender and sexuality; and can make plans to support their own wellbeing and that of others.</td>
<td>· Are able to manage intimate relationships (involving attraction, love, and desire) and relationship changes (including changes to relationships online and using social media), through:</td>
<td>· Understand how school and community contexts (eg, school procedures and rules, sports and physical activities, and community facilities and environments) link with people’s gender and sexual identities; and can take action for inclusion.</td>
</tr>
<tr>
<td>· Understand various differing approaches to conception and contraception and how these relate to social norms, choice, consent, and wellbeing.</td>
<td>· Knowledge of rights and responsibilities</td>
<td>· Knowledge of the need to give and receive consent and to make informed choices</td>
<td>· Know how to access help for themselves and others, know about a range of strategies and resources that support health and wellbeing, and understand how these can enhance wellbeing, mitigate risk, and support gender and sexual identity.</td>
</tr>
<tr>
<td></td>
<td>· Assertive communication.</td>
<td></td>
<td>· Are able to identify connections between people’s wellbeing and media representations of relationships, gender, and bodies (including representations in social media, in films, and on television).</td>
</tr>
</tbody>
</table>
Engaging outside providers for RSE programmes

Classroom teachers are the experts in terms of pedagogies and the needs of their ākonga, and they are ultimately responsible for curriculum delivery. It is not considered best practice to hand over the responsibility for RSE programmes to outside providers. Classroom teachers are best, because they are more likely to have trusting relationships with their ākonga and connections with their family and communities.

However, a wide range of outside providers are available to help teachers better understand the diversity of needs that their ākonga may have. Outside providers can also help schools implement their RSE programmes.

Some outside providers are government funded and some are private. Some have specialist knowledge and expertise and can help teachers to develop effective and meaningful learning that links to the curriculum. Some have access to specific content that can enhance programmes. Others have a particular agenda, and many are trying to sell goods and services to schools. Not all potential providers have appropriately trained or qualified staff.

Where outside providers are engaged, their services should be incorporated within existing programmes and linked with achievement objectives from the health and physical education learning area of the New Zealand Curriculum. Teachers should be involved in the planning and implementation and should always consider whether they should be present or not during sessions.

Lecture-style presentations and other one-off programmes that focus on delivering information are not effective. Such presentations and programmes tend not to take into account individual students’ learning needs or the particular school contexts in which they are delivered (Tasker, 2013).

When engaging outside providers, ask questions like these:

- How does this provider extend learning opportunities for my ākonga?
- Does this provider have cultural knowledge and expertise that will enhance programmes, for example, for Pacific, Māori, or Asian ākonga? For LGBTQI+ ākonga? For disabled ākonga?
- How far will the learning provided address the health and physical education achievement objectives in our RSE programme?
- What are the values of this organisation? Do they align with the values of the New Zealand Curriculum and the values of our school?
- What expertise do the provider’s staff members bring with them, and what pedagogical approaches will they use?
- Are this provider’s practices culturally appropriate for our ākonga?
- How is this provider funded and what is its purpose for existing? What is its agenda?

Schools should evaluate the programmes and services provided by outside agencies alongside their in-school learning programmes.

Access to the RSE curriculum for all ākonga

Schools should consider the learning needs of all ākonga to support their access to these programmes. This involves establishing the specific needs of learners, for example:

- ākonga from particular cultural backgrounds, including Māori and Pacific
- LGBTQI+ ākonga
- disabled ākonga
- neuro-diverse learners
- ākonga learning English or with first languages other than English.
Approaches to RSE for ākonga Māori

Teachers of ākonga Māori need professional learning and development that meets their identified needs. They also need to partner with experts in the community, such as kaumātua. Culturally relevant (whānau, hapū, iwi-focused) and evidence-based RSE can be an effective way to support ākonga Māori to achieve overall success. Schools could consider the following strategies. (These strategies are also likely to be effective and supportive for all ākonga.)

- Introduce the concept of sexuality as one of the elements that contributes to general health and wellbeing (ie, to hauora). Draw on Māori concepts, models, and knowledge, such as te ira tangata, and focus not just on the physical side of sexuality and relationships but also on the emotional, spiritual, and psychological aspects.

  Te ira tangata conveys the idea of children’s physical and spiritual endowment and the need to nurture both in their education, as described in Te Aho Matua (Te Rūnanga Nui o ngā Kura Kaupapa Māori, 2000).

- Include kupu, kīwaha, and kupu whakarite when teaching ākonga about ways to express themselves and talk about sexuality. For example, there are many words to describe desirable or undesirable attributes in a partner, and there are different words for types of “hoa” – hoa rangatira, hoa piri pono, whaiāipo, ipo, tau, makau …

- Explore and discuss pūrākau, such as the stories of Ranginui and Papatūānuku and of their children. Discuss pūrākau of specific iwi. Māori narratives can be used to highlight the idea of collectivity as compared with individualism; the roles of men, women, and other genders; and the relationships between people and the environment.

- Encourage the use of waiata, karakia, and whakataukī to teach ākonga about their place in the world, their place in society, and important values and expectations. Affirm and reinforce the value of being Māori in Aotearoa New Zealand, and across the world.

- Identify and explore te kawa me te tikanga o te marae. Schools that have on-site marae can use the marae as a venue to support teaching RSE.

Relevant activities for ākonga Māori could include:

- exploring notions of whakapapa or their origins, using the key questions “Ko wai koe?” and “Nō hea koe?” as starting points
- identifying and exploring pūrākau and pakiwaitara that follow the lives and deeds of atua and tuahangata or tuawahine in terms of how they deal with concepts and issues related to RSE, such as consent, flirting, different types of relationships, and conception
- identifying evidence of Māori strengths, such as the supportive relationships that Māori have formed with other indigenous peoples
- discussing contemporary issues using a kaupapa Māori perspective. For example, they could examine ideas about conception and belonging to families.

Māori children do not become part of their whānau through a purely biological process of conception. Whāngai, taurima, and atawhai are some of the valid and important ways in which Māori children traditionally were, and still are, brought into families and raised. These concepts of fostering, adopting, and caring for children were, and still are, used to:

- maintain whakapapa connections
- provide people who are unable to have biological offspring with children to love
- make sure that children know they are loved by many – the whole whānau, hapū, and iwi.

A saying, “Kia mātua rautia ngā tamariki”, expresses the idea that children should have many parents to love and nurture them.

Teachers can also refer to:

- Te Whāriki Takapou: https://tewhariki.org.nz/

To learn more about te reo Māori kupu used in these guidelines, or to check meanings in English, visit: www.maoridictionary.co.nz
Approaches to RSE for Pacific ākonga

In many Pacific cultures, gender and sexuality are highly regarded and viewed as tapu. Because there are cultural restrictions on what is acceptable and polite, and because of other aligned Pacific values, such as respecting vā (relational space), some may think that sexual health and sexuality are forbidden subjects. (These restrictions may be attributed to cultural and religious beliefs that are also experienced in other cultures.)

Given the high regard placed on relationships within Pacific cultures and the sensitivity surrounding sexuality, schools need to recognise that discussing such issues in an open and frank manner may be very difficult for parents, ākonga, and teachers. Pacific values can have a huge bearing on how ākonga respond to the delivery of RSE.

The cultures of Sāmoa and Tonga highlight the special relationship between a brother and sister, which has a specific code and etiquette. For a brother and sister, this is a lifelong commitment, notably for the brother in respecting, serving, and honouring his sister.

For example, if siblings are in the same class, discussing sexual matters may be seen as violating the bonds between siblings or other family members. Such situations can place considerable strain on young people, who may have issues that they want to talk about but are unsure of how to approach this subject or are uncomfortable talking about it.

Teachers need to consider these dynamics and present RSE lessons in culturally appropriate ways after open discussions with ākonga, families, and community members. The school community can be strengthened and empowered by positive reciprocal relationships, where healthy and positive messages and views of sex and sexuality are reinforced.

Pacific expressions of sexuality are practised and reinforced in many cultural forms, including art, language, song, dance, drama, music, stories, and myths and legends, as well as dress, food, and other aspects of daily life. These creative and innovative cultural forms, which are intertwined in Pacific cultures and identities, can be used as a resource for engaging young people in discussions.

Promote the use of Pacific language terms in RSE. For example, fa'afafine (Sāmoa), fakaleitī (Tonga), and ‘akava’ine (Cook Islands) are all terms used to describe the traditional gender identities of males who identify themselves as having the spirit of a woman or as behaving like a female. It is important to recognise that these terms describe gender roles unique to the Pacific and do not fit neatly into Western categories.

Teachers can also refer to information on effective teaching for Pacific students: http://pasifika.tki.org.nz/Effective-teaching

Approaches to RSE for LGBTQI+ ākonga

LGBTQI+ is an acronym for “lesbian, gay, bisexual, trans, queer, intersex”, and the ‘+’ on the end denotes other gender and sexual identities. The combination and number of letters can vary.

Many ākonga at primary and intermediate schools are thinking about their gender identities, and some are aware of their sexual orientation. Ākonga with diverse sexual orientations and gender identities have a right to inclusive RSE. Ākonga are likely to have whānau or family members who are sexually and gender diverse.

• Programmes should acknowledge gender and sexual diversity and make sure that a range of identities is visible in resources.
• Ākonga should be addressed by their preferred name and pronouns.
• Teachers can reflect on and change exclusionary practices such as lining up in girls’ and boys’ lines, requiring students to place bags in girls’ or boys’ categories, or organising class groups according to gender binaries.
Approaches to RSE for disabled ākonga

Disabled ākonga have a right to access RSE. The New Zealand disability strategy 2016–2026 makes this clear.

Gender norming plays out in the disability community, just like it does in society more generally. Disabled women and girls face different barriers to disabled men and boys.
Office for Disability Issues, 2016, page 14

Disabled ākonga, like all people, have complex identities, and relationships education should be tailored to their specific needs.

There can also be an incorrect perception that disabled people do not have sexual desires. Disabled ākonga should be included in RSE programmes. The resources and the programmes themselves may need to be adjusted so that learning is accessible and inclusive.

Disabled ākonga and their whānau should be consulted about RSE programmes and about issues of access, safety, and inclusion in the school.

Schools may find the Human Rights Commission statement on disability useful: https://www.hrc.co.nz/your-rights/your-rights/#disabled-people-have-the-right-to

Effective RSE programmes and pedagogies

The Effective Pedagogy section of The New Zealand Curriculum (Ministry of Education, 2007) describes how the following approaches have a positive impact on learning.

• Creating a supportive learning environment
• Encouraging reflective thought and action
• Enhancing the relevance of new learning
• Facilitating shared learning
• Making connections to prior learning and experience
• Providing sufficient opportunities to learn
• Teaching as inquiry

Research and evaluation shows that effective and successful RSE occurs when enough time is dedicated to programmes and when teachers are confident and knowledgeable enough to deliver programmes that are meaningful, student-centred, and up-to-date (Allen, 2005; ERO, 2018a; Tasker, 2013).

Effective programmes are not designed by teachers alone. When designing programmes, keep these priorities in mind.

• Be responsive to the needs of your ākonga in terms of RSE. Ākonga should be involved in curriculum design. For ideas on how to achieve this, go to: peace.net.nz/school-programmes/cool-schools-peer-mediation

• Plan your curriculum with significant input from your local community, including whānau, hapū, and iwi. While the curriculum provides general direction, consulting with your own communities and ākonga (including diversity groups) will provide more relevant and specific content.

• Attitudes to RSE will differ within and across communities and across generations within families. Young people may be negotiating the space between the views and values of their families and those presented in popular culture and media. Discuss these conflicts and help ākonga to think through the differences as part of their formal learning.

You can consult health professionals about content for curriculum programmes. They can be a useful resource for teachers, both in planning programmes and as guest presenters alongside the class teacher.

Teachers can also refer to the Education Review Office indicators of effective practice, especially those listed under “Responsive curriculum, effective teaching, and opportunity to learn” and “Outcomes for students” (see page 23 for link).
Support and professional learning for teachers

RSE requires teachers who are not only well informed but also well supported in ongoing ways. Because of the diversity of needs and communities, teachers need to access regular professional learning and development. They need to be comfortable talking about:

- gender identity and sexual orientation
- different families and different types of relationships
- gender and sexuality more generally.

Teachers need to keep up to date with best practice. They should have:

- access to the latest research and developments in the fields of gender and sexuality education
- up-to-date resources
- personal and professional support.

Effective professional learning is embedded within the work of teachers and integrated into the school year. Teacher-led learning communities can enable teachers to support one another and provide opportunities for them to reflect on programmes and resources.

A number of government-funded agencies offer support and resources for teaching sexuality education. Many groups run courses for teachers and offer other support. See Sources of support for teachers on page 55 for more details.

Assessment for learning

Assessment for learning is about developing teachers’ and learners’ ability to design and use assessment for its core purpose – to support further learning. This involves gathering, analysing, interpreting, and using information in focused and timely ways that provide evidence of learner progress.

The practice of assessment for learning works best when ākonga and their whānau take an active part in conversations about each learner’s strengths and their progress, talking about:

- what is being learned
- how the learning connects to the learner’s life
- the next steps in their learning
- how learners, whānau, and teachers can together construct meaningful learning pathways and support their use.

The assessment information is used to celebrate learners’ progress and their strengths, to plan their next learning opportunities, to adjust strategies according to their needs, and to identify any needs for additional support sooner rather than later.

Enhancing the way assessment is used in the classroom promotes learning and wellbeing, raising learners’ levels of progress and achievement, and also informs local curriculum design.

For more information, go to: https://assessment.tki.org.nz/Assessment-for-learning/Student-progress-and-achievement-across-the-curriculum
3. RELATIONSHIPS AND SEXUALITY EDUCATION IN THE NEW ZEALAND CURRICULUM
4. What are schools required to do?

Boards of trustees play an important strategic role when they support principals to develop and maintain a school environment in which effective implementation of relationships and sexuality education (RSE) programmes can occur. (For specific details on the board of trustees’ roles and responsibilities, see page 42.)

The National Performance Measures and the Human Rights Act

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

The National Education Goals and National Administration Guidelines that support the learning of ākonga (students) in sexuality education are as follows.

<table>
<thead>
<tr>
<th>NATIONAL PERFORMANCE MEASURES</th>
<th>NATIONAL ADMINISTRATION GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NATIONAL EDUCATION GOALS</strong></td>
<td><strong>NATIONAL ADMINISTRATION GUIDELINES</strong></td>
</tr>
<tr>
<td>The following National Education Goals support the learning of ākonga in sexuality education by providing for:</td>
<td>Under the National Administration Guidelines:</td>
</tr>
<tr>
<td>1. The highest standards of achievement, through programmes which enable all students to realise their full potential as individuals, and to develop the values needed to become full members of New Zealand’s society.</td>
<td>1. Each board of trustees, through the principal and staff, is required to:</td>
</tr>
<tr>
<td>2. Equality of educational opportunity for all New Zealanders, by identifying and removing barriers to achievement.</td>
<td>a. develop and implement teaching and learning programmes;</td>
</tr>
<tr>
<td>7. Success in their learning for those with special needs, by ensuring that they are identified and receive appropriate support.</td>
<td>i. provide all students in years 1–10 with opportunities to progress and achieve success in all areas of the National Curriculum;</td>
</tr>
<tr>
<td>10. Respect for the diverse ethnic and cultural heritage of New Zealand people, with acknowledgment of the unique place of Māori, and of New Zealand’s role in the Pacific and as a member of the international community of nations.</td>
<td>ii. giving priority to student progress and achievement in literacy and numeracy ... especially in years 1–8.</td>
</tr>
</tbody>
</table>

Ministry of Education

In addition, the Human Rights Act (1993) prohibits discrimination on the grounds of sex (including gender identity, gender expression, and sex characteristics), religious belief, ethical belief, colour, race, ethnic or national origins, marital status, age, political opinion, employment status, family status, and sexual orientation.

The vision and goals of the school community, as set out in the school’s charter, should incorporate or refer to all policies, programmes, student achievement goals, and procedures for health education. Ideally, the board will consider the question, “How might this vision or strategic policy look in the context of relationships and sexuality education?” along with other practical “tests”. For example, “How might this take account of priority learners?”
Section 91 of the Education and Training Act 2020

Health education is the only part of the school’s curriculum for which the law specifically requires the board of trustees to consult with the school’s community. Section 91 of the Education and Training Act 2020 requires the board to consult with the school community at least once every two years on how the school will implement the health education component of the curriculum. The board is required to adopt a statement on the delivery of the health curriculum following this consultation.

Decisions on contraceptive education should be considered during the consultation process. The 1990 repeal of section 3 of the Contraception, Sterilisation and Abortion Act 1977 removed any legal impediment to young people of any age having access to contraceptive use or to the supply of contraceptive devices. Ākonga can, however, be withdrawn from contraceptive education (under section 51 of the Education and Training Act 2020).

Reviewing programmes

This diagram outlines a process for reviewing health education programmes that include sexuality education.
Roles and responsibilities

The board of trustees, the principal, other staff, and the wider community all play essential parts in making decisions about RSE programmes.

Below, the term “sexuality education” is used to ensure alignment with the wording of the Education and Training Act 2020. Where the term is used, it is safe to assume that it can be taken to denote “relationships and sexuality education”.

The board of trustees

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

• delivery of the curriculum
• consultation with the local community
• ensuring positive outcomes for every student at the school
• school planning and reporting.

One of a board’s primary objectives in governing a school is to ensure that the school:

(i) is a physically and emotionally safe place for all students and staff; and
(ii) gives effect to relevant student rights set out in this Act, the New Zealand Bill of Rights Act 1990, and the Human Rights Act 1993; and
(iii) takes all reasonable steps to eliminate racism, stigma, bullying, and any other forms of discrimination within the school; and
(c) is inclusive of, and caters for, students with differing needs.

(Clause 127, Education and Training Act 2020)

Clause 122 of the Education and Training Act 2020 requires boards to ensure the school gives effect to Te Tiriti o Waitangi, including by working to ensure that its plans, policies, and local curriculum reflect local tikanga, mātauranga and te ao Māori.

The following resource will be useful for boards: *Sexuality education in primary schools: Information for boards of trustees* (ERO, 2018b)

ero.govt.nz/assets/Uploads/ERO-18262-Sexuality-Education-brochure-Primary-BOT-v2.pdf

With specific reference to sexuality education, the board needs to ensure that the curriculum is delivered and that consultation takes place. The board has to do the following.

• Ensure that “the school community” to be consulted includes the parents of ākonga enrolled at the school and, in the case of a state-integrated school, the school’s proprietors. The board may also consult with any other person whom the board considers is part of the school community for the purpose of health education community consultation.

• 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.

• Adopt a method of consultation that it considers will:
  o inform the school community about the content of health education
  o 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
  o determine, in broad terms, the health education needs of the ākonga at the school.

• Give members of the school community time to comment on the draft.

• 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 CEO to the board and the professional leader of staff. Their 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 any student whose parent has applied in writing to have their child excused from tuition in any particular element of RSE is excluded from the relevant tuition and is supervised during the period of that tuition

• ensures that programmes are implemented and evaluated effectively and that adequate time is given to sexuality education and to health education in general.
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 wholehearted and professional engagement of every member of staff to provide an effective sexuality education programme in the school.

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

The teacher

Quality sexuality education programmes need effective teachers. Programme evaluation should include links to Registered Teacher Criteria, to Tātaiako: Cultural Competencies for Teachers of Māori Learners (Education Council New Zealand and Ministry of Education, 2011), to the Code of Ethics for Registered Teachers, and to general performance appraisal procedures within the school. This includes provision for effective professional learning in the area of RSE.

Parents, caregivers, and whānau

Parents, caregivers, and whānau need sufficient, relevant information from the school to enable them to make an informed decision about their children’s participation in RSE. They should also be informed about the rules regarding withdrawal of ākonga from RSE and strategies for managing any difference of views or values between home and school.

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

The following resource may be useful: *Sexuality education in primary schools: Information for whānau* (ERO, 2018c) ero.govt.nz/assets/Uploads/ERO-18262-Sexuality-Education-brochure-Primary-whānau-v2.pdf.

Wider community agencies

Wider community agencies (including, but not limited to, advocacy groups, counselling agencies, and social services) may provide valuable advice and support the school’s staff and board in delivering an effective and appropriate RSE programme. (See Engaging outside providers for RSE programmes, on page 34.)

Specific rights and responsibilities

Schools, teachers, and parents or caregivers have some particular rights and responsibilities around:

- requests for children to be withdrawn from aspects of the sexuality programme
- responding to children's questions on sensitive issues.

The right to withdraw children

When the board of trustees has adopted the statement on the delivery of the health curriculum, the school does not need to seek parents’ or caregivers’ permission for ākonga to participate in the programme.

However, according to the Education and Training Act 2020 (section 51), parents or caregivers may write to the principal requesting to have their child excluded from any particular element of sexuality education in a health education programme. The principal is required to ensure that the student is excluded from the relevant tuition and that the student is supervised during that time.

Answering children's questions

Teachers are legally entitled to respond to any questions that ākonga ask in formal RSE programmes or at any other time. Some questions may be difficult to answer, and teachers may wish to delay their answers and seek advice and support from other health education teachers (or via professional development contacts).

One possibility is to set up a process such as a question box, where ākonga can post anonymous questions and teachers can answer them at their leisure, with time to give thought to the appropriate answers. Discussion about respectful questions is important, and teachers are entitled to refuse to answer personal questions.
5. Consulting with communities

The Education and Training Act 2020 defines the school community as:

- in the case of a state-integrated school, the parents of students enrolled at the school and the school’s proprietors
- in the case of any other state school, the parents of students enrolled at the school
- in every case, any other person whom the board considers is part of the school community for the purpose of health education community consultation.

Boards of trustees consult with their community to:

- inform the school community about the content of the health curriculum
- ascertain the wishes of the school community regarding the way in which the health curriculum 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.

Effective consultation

The Education and Training Act 2020 allows the board of trustees to adopt any method of consultation that it considers will best achieve the purposes outlined in Section 91 of the Act.

Effective consultation about the health curriculum:

- has no universal requirements as to form or duration
- involves providing a draft statement so that those being consulted know what is being proposed
- must provide a reasonable period of time for people to respond
- requires that the process is seen to be undertaken in good faith, with a genuine willingness to take account of feedback received
- does not necessarily involve negotiation
- does not require that there be agreement
- requires more than just a notification of what is to happen.

It is critical that ākonga (students) be consulted as part of the formal consultation process, as their relationships and sexuality education (RSE) needs to relate to their needs (Leahy et al., 2009).
Examples of effective strategies

The following strategies have been used successfully in schools to increase their communities’ involvement in consultation about health education.

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>HOW SCHOOLS HAVE USED THE STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use appropriate protocols to involve parents and caregivers from all groups. There are protocols for consulting with Māori, Pacific, Asian, and other cultural or religious groups in a school’s community.</td>
<td>A large multicultural primary school has significantly increased the involvement of parents and caregivers from the different groups within its community by enlisting the support of key people from each cultural group. The board of trustees (or its delegated representative) issues a general invitation, and then key people from each cultural group make personal approaches to other members of their cultural group.</td>
</tr>
<tr>
<td>Consider the languages that the school uses to communicate with parents, whānau, and caregivers. People feel included and valued if material they receive is in their language and is clear and free of jargon.</td>
<td>Another primary school uses key people within their community to translate all communications. These people have mana in the community and a shared philosophy with the school. When these people are unable to translate, the school calls on the services of groups such as the local refugee and migrant support services.</td>
</tr>
<tr>
<td>Contact the parents, whānau, and caregivers of prospective ākonga by liaising with early childhood centres. The board could identify these people as part of the community for the purpose of this consultation.</td>
<td>One school provides information about their health education programmes when new ākonga enrol.</td>
</tr>
<tr>
<td>Combine a consultation meeting with another school-community event, such as a working bee, school performance, or display of students’ work.</td>
<td>An intermediate school with a ninety-percent-Māori roll attracted interest by combining a kapa haka group performance with their consultation meeting.</td>
</tr>
</tbody>
</table>

Engaging with the school community

Parent-teacher associations, college associations, whānau, hapū, iwi, and ‘aiga support groups, church groups, home and school committees, and parent and caregiver groups at local early childhood centres are some important sources of community opinion.

Not all community members will be comfortable discussing sexuality education, and a sensitive and culturally responsive approach is needed. Some parents, caregivers, and whānau have strong views about sexuality education in schools. Some may think that the draft programme is not comprehensive enough, and others may object to the whole programme. Issues like this should be worked through during the consultation process, but they may also arise during the programme’s implementation.

Consultation involves listening to others, considering their responses, and then deciding what should be done. It is important to use appropriate protocols when engaging with Māori, Pacific, Asian, and other communities if the diverse needs of ākonga are to be understood and provided for. In planning for consultation, do not assume that the school is the best venue for the meeting.

Although quoting research findings may not always be sufficient to allay concerns, information based on research can help to illustrate the rationale for RSE programmes. Parents and whānau can also be reminded of the established place of sexuality education in the New Zealand Curriculum.
Think about some of the ways that parents and caregivers might react to RSE programmes and develop appropriate ways to respond. These general principles may be helpful:

- Listen to the concerns of parents and caregivers and acknowledge their points of view.
- Give parents and caregivers as well as ākonga an opportunity to express their values and beliefs.
- Ensure that the values on which all school programmes are based are those promoted in The New Zealand Curriculum.
- Reassure parents and caregivers about how you will ensure that the material covered in each classroom is age-appropriate and how you will communicate with them if any concerns arise during class.
- Connect back to The New Zealand Curriculum and the established place of relationships and sexuality in the context of the curriculum key competencies.
- Make links to the school’s charter and values, the achievement objectives of the curriculum, and the relevant learning intentions of the school’s draft programme.

Refer to the key learning described in this document on pages 30–33 (in section 3).

The report Promoting wellbeing through sexuality education (ERO, 2018a) offers good guidance in this area. https://www.ero.govt.nz/publications/promoting-wellbeing-through-sexuality-education/

The brochure Sexuality education in primary schools: Information for whānau (ERO, 2018c) might also be useful for consultation. ero.govt.nz/assets/Uploads/ERO-18262-Sexuality-Education-brochure-Primary-whanau-v2.pdf

Some effective ways of consulting

In many cases, an existing framework for consultation can be used, as long as it caters for the diversity of the school community and provides an effective vehicle for parents, caregivers, and whānau, as well as ākonga, to have genuine input.

Consultation that engages the community in convenient and timely ways could include:

- email responses, virtual meetings, and online feedback and discussions
- consulting when parents are engaging in other school-based activities (for example, parent–teacher meetings or sports and cultural events)
- engaging local community leaders to hold meetings with their groups (these leaders could include iwi leaders, church leaders, mātai, and other community leaders)
- a special newsletter for parents inviting them to a meeting about the draft programme
- sharing a draft of the school’s health education programme – including RSE – before consultation begins
- a “test run” of the curriculum content for parents, where teachers deliver content as they might in a classroom. In this way, parents can contextualise the content that will be delivered to their children, and have the opportunity for discussion and feedback afterwards.

Consulting with whānau, hapū, iwi, and Māori communities

Schools need to have a strong relationship with Māori parents and the Māori community before consultation starts. The following suggestions may be helpful when consulting with Māori.

- Ask parents what success looks like for their child, and link academic success to their child taking part in RSE.
- Consider inviting whānau to a consultation meeting at the local church hall, marae, or community centre.
- Hold a consultation meeting after a whānau event, or a sports or cultural event, and include refreshments. This has been successful for many schools.

Consulting with Pacific communities

When consulting with Pacific communities, consider the differences between Pacific groups and engage leaders from the various communities to assist with consultation.

The following suggestions draw on the Ministry of Health (2013) literature review on Pacific sexual health:

- Involve Pacific peoples from the outset. The decisions need to be driven by them.
- Provide information in a way that is culturally sensitive and acceptable.
• Be aware of cultural protocols and etiquettes (for example, it may be inappropriate to have a brother and sister, or pastor and church member, in the same group).
• Incorporate communication media that many Pacific peoples respond to, such as ethnic radio stations, ethnic-specific languages, drama, and music.
• Identify and coordinate services that can make school programmes more effective for Pacific groups.
• Consider identifying Pacific non-government organisations and Pacific experts in the sexual and reproductive health sector to help facilitate consultation meetings with Pacific families.
• Whenever possible, form partnerships and clarify roles for consultation meetings beforehand. Evaluations of these meetings (by school members and Pacific experts) can help inform the process.
• Where possible, encourage Pacific teachers and other professionals to be part of the consultation meetings.


### Advising the school community of decisions

When consultation is complete, inform the school community that the statement on the delivery of the health curriculum that has been adopted by the board of trustees specifies:
- how RSE will be implemented across the school
- that they may withdraw their children from any aspect of the RSE programme by writing to the principal.

Within any community, there is likely to be a range of responses. Some initial reactions to RSE are based on anxiety about possible content and its developmental appropriateness, or on misinformation about what is taught. Open and honest conversations between community members and schools will ensure that misunderstandings are addressed and do not escalate unnecessarily.
Glossary of terms

This glossary defines or discusses the terms used in these guidelines to discuss sexuality and gender, as well as some additional terms. Schools need to be aware that gender and sexuality language and terms change over time, and that terms can have different meanings in different contexts and mean different things to different people.

'Akava'ine: (Cook Islands) Term used to describe cultural and gender identity, encompassing aspects of familial, social, and genealogical selfhood. Can be used to describe the traditional gender identities of males who identify themselves as having the spirit of a woman or as behaving like a female. However, the term is nuanced, cultural understandings can vary, and the essence of terms such as these are not always translatable.

Ally: Someone who considers themselves a friend and active supporter of the LGBTQI+ community. This term can be used for non-LGBTQI+ allies as well as those within the LGBTQI+ community who support each other.

Asexual: A person who does not experience sexual attraction but may experience romantic attraction towards others.

Bisexual: A person who is emotionally and sexually attracted to more than one gender.

Cisgender (cis): A person whose gender aligns with their sex assigned at birth.

Coming out: Refers to the process of acknowledging and accepting one's own sexual or gender identity. It also encompasses the process of disclosing one's sexual or gender identity to others.

Fa'aafafine: (Sāmoa and American Sāmoa) Term used to describe cultural and gender identity, encompassing aspects of familial, social, and genealogical selfhood. Can be used to describe the traditional gender identities of males who identify themselves as having the spirit of a woman or as behaving like a female. However, the term is nuanced, cultural understandings can vary, and the essence of terms such as these are not always translatable.

Fakafifine: (Niue and Tokelau) Term used to describe cultural and gender identity, encompassing aspects of familial, social, and genealogical selfhood. Can be used to describe the traditional gender identities of males who identify themselves as having the spirit of a woman or as behaving like a female. However, the term is nuanced, cultural understandings can vary, and the essence of terms such as these are not always translatable.

Fakaleitī (leitī): (Tonga) Term used to describe cultural and gender identity, encompassing aspects of familial, social, and genealogical selfhood. Can be used to describe the traditional gender identities of males who identify themselves as having the spirit of a woman or as behaving like a female. However, the term is nuanced, cultural understandings can vary, and the essence of terms such as these are not always translatable.

Gay: A person who is emotionally and sexually attracted to the same gender. This is more widely used by men than women and can be both a personal and community identity.

Gender: Gender is an individual identity related to a continuum of masculinities and femininities. A person's gender is not fixed or immutable.

Gender binary (male/female binary): The (incorrect) assumption that there are only two genders (girl/boy or man/woman).

Gender diverse: An umbrella term used to encompass people who do not necessarily identify with being transgender but don’t feel their gender fits into the binary of male or female.

Gender expression: A person’s presentation of their gender through physical appearance – including dress, hairstyles, accessories, and cosmetics and also mannerisms, speech, behavioural patterns, names, and personal references. Gender expression may or may not conform to a person’s gender identity.

Gender fluid: Describes a person whose gender changes over time and can go back and forth. The frequency of these changes depends on the individual.
Heteronormativity: The assumption that heterosexuality is the “default” or “normal” sexual orientation, rather than being just one of many possibilities.

Heterosexual, straight: A person who is sexually attracted to people of the other binary gender.

Homophobia, transphobia, bi-phobia: An irrational negative response to, or fear of, people who are homosexual, transgender, bisexual, or otherwise gender and sexually diverse. Such phobias may manifest as discrimination or violence.

Intersex: This term covers a range of people born with physical or biological sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that are more diverse than stereotypical definitions for male or female bodies.

Lesbian: A woman who is emotionally and sexually attracted to other women. This is used as both a personal identity and a community identity.

LGBTQI+: An acronym for lesbian, gay, bisexual, trans, queer, and intersex, and the “+” on the end denotes other gender and sexual identities. The combination and number of letters can vary.

Māhū: (Tahiti and Hawai’i) Term used to describe cultural and gender identity, encompassing aspects of familial, social, and genealogical selfhood. Can be used to describe the traditional gender identities of males who identify themselves as having the spirit of a woman or as behaving like a female. However, the term is nuanced, cultural understandings can vary, and the essence of terms such as these are not always translatable.

MVPFAFF: An acronym for māhū, vakasalewalewa, palopa, fa’afafine, ‘akava’ine, fakaleitī (leitī), fakafifine

Non-binary: An umbrella term for gender identities outside the male/female binary.

Palopa: (Papua New Guinea) Term used to describe cultural and gender identity, encompassing aspects of familial, social, and genealogical selfhood. Can be used to describe the traditional gender identities of males who identify themselves as having the spirit of a woman or as behaving like a female. However, the term is nuanced, cultural understandings can vary, and the essence of terms such as these are not always translatable.

Pansexual: A person who is attracted to people regardless of their gender or sexual identity.

Queer: A reclaimed word used in a positive sense to describe non-normative sexual or gender identities. Queer is sometimes used as an umbrella term for same-gender attraction and gender diversity.

Rainbow: An umbrella term that covers all sexual and gender minorities and avoids the acronym LGBTQI+. This can be used to identify a community as well as an individual.

Sex: The biological sex characteristics of an individual (male, female, intersex).

Sex assigned at birth: All babies are assigned a sex at birth, usually determined by a visual observation of external genitalia. A person’s gender may or may not align with their sex assigned at birth.

Sex characteristics: A person’s physical features relating to sex, including genitalia and other sexual and reproductive anatomy, chromosomes, hormones, and secondary physical features emerging from puberty.

Sexual orientation: A person’s sexual identity in relation to the gender or genders to which they are attracted. Sexual orientation and gender identity are two different things. Sexual orientation can be fluid for some people.

Sexuality: The World Health Organization defines sexuality as “a central aspect of being human throughout life [which] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006)
**SOGIESC**: An acronym which stands for sexual orientation, gender identity and expression, and sex characteristics

**Sexually transmissible infections**: Sexually transmissible infections (STIs) are infections that can result from unprotected sex. The most common STIs in New Zealand are chlamydia, genital warts, genital herpes, and gonorrhoea.

**Straight/heterosexual**: A person who is sexually attracted to people of the other binary gender.

**Takatāpui**: Also written “takataapui”, this is a traditional Māori term meaning “intimate companion of the same sex”. It has since been broadened to include all Māori who identify as sexually and gender diverse.

**Transgender (trans)**: This term describes a wide variety of people whose gender is different from the sex they were assigned at birth. Transgender people may be binary or non-binary, and some opt for some form of medical intervention (such as hormone therapy or surgery).

**Trans man**: A transgender person who was assigned female at birth but identifies as male.

**Trans woman**: A transgender person who was assigned male at birth but identifies as female.

**Transitioning**: The process a transgender person may take to live in their gender identity. It may involve social, legal, and/or medical steps.

**Transsexual**: This term tends to be used by older generations and is generally considered by younger people to be outdated. It may refer to a person who has changed their body to affirm their gender or is in the process of doing so.

**Vakasalewalewa**: (Fiji) Term used to describe cultural and gender identity, encompassing aspects of familial, social, and genealogical selfhood. Can be used to describe the traditional gender identities of males who identify themselves as having the spirit of a woman or as behaving like a female. However, the term is nuanced, cultural understandings can vary, and the essence of terms such as these are not always translatable.

**Whakawahine**: There is no direct English translation, but this roughly translates as trans woman. More literally, it translates as being (or becoming) in the manner or spirit of a woman.

---

**Useful resources for terms relating to sexuality and gender**

- [https://outline.org.nz/glossary/](https://outline.org.nz/glossary/)
- [https://takatapui.nz/#home](https://takatapui.nz/#home)
- [https://ry.org.nz/what-we-do/resources](https://ry.org.nz/what-we-do/resources)
- [https://www.hrc.co.nz/our-work/sogiesc/resources/](https://www.hrc.co.nz/our-work/sogiesc/resources/)
References


Bishop, R., Berryman, M., Tiakiwai, S., and Richardson, C. (2003). The Experiences of Year 9 and 10 Māori Students in Mainstream Classrooms. Māori Education Research Institute, University of Waikato.


Office of Film and Literature Classification (2018). NZ Youth and Porn: Research findings of a survey on how and why young New Zealanders view online pornography. Author.


### Links to government policies and strategies

These guidelines should be used in conjunction with key government policies and strategies, including:

- Effective teaching for Pasifika students: pasifika.tki.org.nz/Effective-teaching
Sources of support for teachers

Te Kete Ipurangi
TKI has a range of curriculum resources to support the teaching of relationships and sexuality in line with the New Zealand Curriculum. health.tki.org.nz/Teaching-in-HPE

The New Zealand Health Education Association (NZHEA)
NZHEA is the national teaching association for health education. It produces resources, provides support, and advocates for health education, including relationships and sexuality education. healtheducation.org.nz

Family Planning
Family Planning runs half-day and full-day courses for teachers that provide key information for the delivery of relationships and sexuality education in schools. They also provide in-school supports, including tailored training programmes, New Zealand Curriculum teaching resources, support with programme development, parent consultation meetings and policy development, classroom support, and whole-school approaches. familyplanning.org.nz

Te Whāriki Takapou
Te Whāriki Takapou provide Māori sexual and reproductive health promotion and research services. Their team is located around the country and works together using internet-based technologies. tewhariki.org.nz

The Village Collective
The Village Collective is a Pacific sexual health service that equips Pacific youth, families, and communities with relevant knowledge, resources, and information relating to sexual health and wellbeing. villagecollective.org.nz

New Zealand Sexual Health Society
The New Zealand Sexual Health Society is an inclusive, multidisciplinary professional body dedicated to advocating and promoting sexual health for all in New Zealand. nzshs.org
Acknowledgments

The Ministry of Education would like to thank lead writer, Associate Professor Katie Fitzpatrick, University of Auckland, and the following people and groups who were instrumental in helping to shape the development of the guide:

**The writers’ group:** Dr John Fenaughty (University of Auckland), Dr Katie Fitzpatrick (University of Auckland), Dr Alison Green (Te Whāriki Takapou), Ruth Lemon (University of Auckland), Hayley McGlashan (University of Auckland), Robert Muller (The Village Collective), Dr Darren Powell (University of Auckland), Dr Joeliee Seed-Pihama (Te Whāriki Takapou), Vibha Tirumalai (University of Auckland), Dr Analosa Veukiso-Ulugia (University of Auckland)

**The international academic advisory group:** Prof. Peter Aggleton (University of New South Wales), Prof. Louisa Allen (University of Auckland), Dr Deana Leahy (Monash University, Australia), Prof. Mary-Lou Rasmussen (Australian National University)

**The full document review group:** Jackie Edmond and Zaif Khan (Family Planning Association NZ), Mary Hall (New Zealand School Trustees Association), Aych McArdle (Intersex Trust NZ, Rainbow Youth, Outline), Taine Polkinghorne (Human Rights Commission), David Shanks (Chief Censor, Office of Film and Literature Classification), Tracey Wright (Little River Primary School), Dr Jenny Robertson (NZ Health Education Association), Jo Elvidge (Ministry of Health), Dr Deana Leahy (Monash University), Prof. Mary-Lou Rasmussen (Australian National University), Prof Peter Aggleton (University of New South Wales)

**The following people participated in consultation:** Jean M Allen (AUT), Kirsten Anderson (Te Aho o Te Kura Pounamu), Ben Bacon (Sancta Maria College), Tabby Besley (InsideOUT), Haana Bovaird (Mount Albert Grammar), Coram Bradbury (Shelly Park School), Kirsten Donovan (St Cuthbert’s), Jo Elvidge (Ministry of Health), Robyn Fausett (Nest Consulting), Jennifer Goddard (Sancta Maria Catholic College), Lesley-Ann Guild (Rape Prevention Education), Krisania Hunt (Community Approach), Amanda Kirkup (Shelly Park School), Ruth Lemon (Te Puna Wānanga), Sarah Loomb (Alfriston College), Jess Lythe (Mount Albert Grammar), Aych McArdle (Intersex Trust of Aotearoa New Zealand), Josephine McKendrey (Newton Central School), Amelia McKibbin (St Cuthbert’s), Rob Muller (Village Collective), Tama Olive (Community Approach Mt Roskill), And Pasley (University of Auckland), Mar Regan, Jenny Robertson (NZHEA), Ngaire Sandel (Ministry of Health), Joeliee Seed-Pihama (Te Whāriki Takapou), Andrew Shiers (Mount Richmond Special School), Lyn Smith (National Centre for Religious Studies), Kim Southey (Te Whāriki Takapou), Vibha Tirumalai (University of Auckland), Debbi Tohill (Rape Prevention Education), Kate Whitaker (Office of Film and Literature Classification), Tracey Wright (Little River School), 2019 Youth Advisory Group