RELATIONSHIPS and SEXUALITY EDUCATION
A GUIDE FOR TEACHERS, LEADERS, AND BOARDS OF TRUSTEES
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Preface

*Relationships and Sexuality Education Years 9–13: 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 1–8: 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 9–13: 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 9–13. 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 1–8 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 pages 14–15 for information about how the Treaty principles relate to RSE, page 41 for ways of planning appropriate programmes in line with Te Tiriti, and page 52 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 54–56 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, fakaleitī (leitī), 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
Young people in years 11–13 are increasingly likely to be engaging in intimate relationships. Research suggests that they are actively seeking information about sex and relationships (Allen, 2005; Office of Film and Literature Classification, 2018, 2019; Classification Office, 2020). Many young people look to the internet (including pornography) to gain the knowledge they need.

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 these 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 12–17) defines RSE and its place in the curriculum and explains its relevance for years 9–13 in terms of:
- young people growing up in a changing world
- research evidence of the need for RSE in years 9–13
- 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.

Section 2, A whole-school approach to RSE (pages 18–27) discusses how to plan a whole-school approach that addresses wellbeing. It suggests how to address RSE issues relating to 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 that address issues such as bullying and pornography
- accessible and inclusive support systems, eg, for supporting teen parents and for responding to incidents.

It suggests ways of evaluating the whole-school approach using the ERO indicators of effective practice.

Most relevant to:
- LEADERS
- BOARDS OF TRUSTEES

Section 3, RSE in the New Zealand Curriculum (pages 28–45) 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 4–8
- may engage 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
  - ākonga in years 11–13
- use effective pedagogies and assessment for learning.

Most relevant to:
- TEACHERS

Section 4, What are schools required to do? (pages 46–49) 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 describes:
- the right to withdraw young people
- teachers’ rights when answering the questions that young people ask.

Most relevant to:
- TEACHERS
- LEADERS
- BOARDS OF TRUSTEES
Section 5, Consulting with communities (pages 50–53) discusses how schools can consult with their communities about RSE. It includes ideas for effective consultation and for engaging the school community, including:

• whānau, hapū, iwi, and Māori communities
• Pacific communities.

Most relevant to:

**LEADERS** **BOARDS OF TRUSTEES**

The Glossary of terms (pages 54–57) 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 58–62) 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 young people 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 (students) to enhance their interpersonal relationships, now and in the future. The formation of young people’s sexual 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 and sexuality.
- In health promotion, ākonga could help to develop or evaluate school policies for positive action in terms of relationships 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.

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

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.
Why this learning is important for ākonga in years 9–13

Growing up in a changing world
Young people in years 9–13 are immersed in complex social and political environments that are changing as fast as their own bodies. Friendships are very important for most young people during this time, and they continue to need the love, care, and support of their whānau and family. Pubertal change continues, identity issues become central, and young people experience new feelings and desires and develop their ideas about intimacy and sexuality. Climate change continues to impact on how young people view their worlds and their relationships with others and with the environment.

Young people, digital communication, and social media
Many young people are very interested in social and political issues. Digital communication and social media are ubiquitous. Social media, dating apps, and sharing platforms are changing how young people form and sustain friendships and intimate relationships. At the same time, families are more diverse than ever, and gender and sexuality norms are shifting. For example, the Youth ‘19 survey indicates that one in six high school students in Aotearoa New Zealand identify as something other than heterosexual, and nearly two in one hundred identify as transgender or unsure of their gender (Fenaughty et al., in press).

Meanwhile, the internet, popular culture, and social media are flooded with a wide range of messages about sex, sexuality, gender, and people’s bodies. Not all of these messages are positive or helpful, but young people are increasingly looking online for answers to their questions. In the area of sexuality, they frequently search for information about health, biology, identity, sexuality, and relationships. These searches can take them to porn sites, and viewing pornography can have a strong impact on their perceptions and beliefs about sexuality and relationships.

The need for RSE programmes in years 9–13 schools
Human relationships are complex. Young New Zealanders need to develop the knowledge and skills that will enable them to:
- understand their identities
- form positive relationships
- care for themselves and others
- impact their worlds.

Research makes it clear that they want more opportunities to learn about relationships, gender, and sexuality (O’Neill, 2017; Classification Office, 2020). Young people in years 9–13 have a right to engage in meaningful learning that includes critical inquiry. RSE programmes with dedicated curriculum time provide spaces for structured, positive, inclusive, and evidence-based discussions of these complex and often contested issues.

While digital platforms can be sites of inclusion and connection for young people, they are also places where exclusion and bullying are common. Young New Zealanders need to learn how to develop healthy relationships in both offline and online contexts. Such learning not only supports their development and overall wellbeing, it also contributes to the development of a more inclusive and positive society.

Aotearoa New Zealand’s diverse population also creates opportunities for young people to learn about how various cultures and religions understand relationships, gender, and sexuality.

Quality RSE enables young people to:
- enhance their mental, emotional, physical, and spiritual health
- challenge homophobia, transphobia, sexism, and gender-based violence
- interrogate the ongoing effects of colonisation
- engage with mātauranga Māori
- gain knowledge about the range of cultures in Aotearoa New Zealand, including their religious diversity
- gain greater understandings about the strengths of sexual and gender diversity.

When approached holistically, learning in this area contributes to overall wellbeing, and therefore underpins educational success as a whole.
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) confirm that such programmes are needed now more than ever.

A recent survey of Aotearoa New Zealand youth showed that one in four had viewed pornography by the age of twelve, as had two thirds of teens aged seventeen and under. However, the same study also showed that young people see problems with the open availability of online pornography and would like to see changes (Office of Film and Literature Classification, 2019; Classification Office, 2020). Other studies show that teens are looking for opportunities to discuss, question, and debate issues of sex and sexuality in spaces that are open, safe, and non-judgmental (Allen, 2005; Classification Office, 2020).

### Links with government policies and strategies


These 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 61.

### 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, ākonga Māori, 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 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.

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), the Wayfinding (waka) Model (Spiller et al, 2015); “Te Uruuru Mai a Hauora” (Ratima, 2001), and “Te Tuakiri o te Tangata” (Mataira, 2011).

Le Grice and Braun (2018, page 179, Table 1) offer the following ideas (on page 16) that might be useful.

To learn more about te reo Māori kupu used in these guidelines, or to check meanings in English, visit: www.maoridictionary.co.nz
### MĀORI SEXUAL HEALTH PSYCHOLOGIES AND MĀTAURANGA MĀORI

<table>
<thead>
<tr>
<th>MĀORI SEXUAL HEALTH PSYCHOLOGY THEME</th>
<th>MĀTAURANGA MĀORI</th>
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| **Relationships**                    | • Relationships are understood as multidimensional and considered in relation to spiritual, ecological, and human domains (e.g., atua, tangata, whenua).  
• Relationships involve an acknowledgment of one another’s sacredness (e.g., notion of tapu).  
• Sexual relationships are situated within this broader understanding of relationships.  
• Sex, gender, and sexuality are flexible, fluid, inclusive, and facilitate belonging.  
• Sex, gender, and sexuality are non-categorical and disrupt the privilege of heterosexuality. |
| **Reproductive responsibility**       | • Sex is a taonga, linked to the cultural significance of reproduction (e.g., whenua ki te whenua).  
• Sex is considered in context with life and whānau aspirations and aspirations for future children.  
• Children can be an impetus to responsibility. |
| **Open conversations about sexuality**| • Māori art forms and performance are rich in sexualised depictions and metaphors.  
• Sex is life-affirming and positive, often discussed with humour.  
• Talking about sex is not tapu, both women and men can talk about sex without judgement.  
• Cultures of secrecy and silence around sexuality are antagonistic to learning. |
| **Contraceptive education**           | • Using contraception reinforces care, respect, and protection of a partner.  
• Using contraception is characteristic of a responsible partner.  
• Considering sex as a taonga engages positive sexual agency ...  
• Considering sex as a taonga disrupts the notion of young people’s sexuality as inherently ‘risky’. |

### 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 word “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 in Aotearoa New Zealand.

Pacific communities are diverse. Pacific people have individual identities, which include not only ethnicity, gender, and sexuality but also a host of other features. 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 ākonga, 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 ākonga 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 a current version of 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.
2. A WHOLE-SCHOOL APPROACH TO RELATIONSHIPS AND SEXUALITY EDUCATION
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>
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</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 28–44) and “Community connections” in section 5 (pages 50–53).

**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 a positive school environment. Such environments emerge from a supportive culture, where leaders and teachers model behaviours that support the school’s attitudes and values in order to help shape the values, attitudes, and behaviours of ākonga. Health Promoting Schools ([http://hps.tki.org.nz/](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, including support for lesbian, gay, bisexual, and queer ākonga, and for those who are transgender, nonbinary, intersex, or gender diverse.

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 pronouns 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, or 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 nationally representative Youth 2000 research studies (Clark et al, 2013; Lucassen et al, 2011) have demonstrated that at least one in ten Aotearoa New Zealand secondary school students identifies as gender or sexually diverse. Many of these ākonga however, are not “out” about their identity. This means that gender and sexually diverse ākonga are almost certainly in all years 1–10 schools in Aotearoa New Zealand, even if they have not yet shared their identities with their peers, family and whānau, or educators.

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‘afafine (Sāmoa and American Sāmoa)
- ‘akava‘ine (Cook Islands)
- fakaleitī or leitī (Tonga)
- fakafifine (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. Here are some examples:

- All school extra-curricular activities should be inclusive of all ākonga and encourage diverse participation.
- Events to which partners are invited, such as school balls, provide an authentic opportunity to ensure inclusion. It should be clear to all that same-gender as well as different-gender and gender-diverse partners can attend. (Before such events, schools can provide information about how ākonga can keep themselves safe before, during, and after the event. They should offer ākonga opportunities to discuss that information.)
- School events should welcome diverse families with a range of structures, actively including same-sex, trans, and gender-diverse partners and community members.
- Schools should consider how student groupings affect non-binary, gender-diverse, and trans ākonga.
- Language and examples used by teachers and school leaders should recognise gender diversity and diverse families. It is essential that they are made 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
- welcome the voices of both staff and ākonga
- welcome and encourage open conversations with communities such as whānau, hapū, and īwi, church groups, sports clubs, and parent groups.

Student leaders, activists, and support groups

Many schools have teacher-led and/or student-led support groups relating to gender and sexuality. These include groups such as gay-straight alliances, queer groups, rainbow groups, peer sexuality support groups, feminist groups, and school health councils. These groups can provide information and support for individual ākonga as well as advocating for change within the school.

Research suggests that these groups make a significant difference both for diverse ākonga and for wider school cultures (McGlashan and Fitzpatrick, 2017, 2018; Quinlivan, 2006, 2018). For resources on how to set up and support such groups, see:


Developing an inclusive culture means that ākonga will be free to challenge school practices (such as rules about uniforms). School leaders and teachers will be open and approachable and will provide spaces for student voices and feedback. Ākonga will be involved in school decision-making processes, in planning programmes, and in setting inclusive policies.
The Education Review Office has produced a brochure (2018c) to engage senior secondary students: ero.govt.nz/assets/Uploads/ERO-18262-Sexuality-Education-brochure-Secondary-senior-students-v2.pdf

What students told ERO

Some students told ERO they feel some aspects of sexuality are just skimmed over and others aren’t covered at all. They thought schools could do better by finding out what students want to know and creating a programme reflecting that.

Students told ERO they believe young people are exposed to sexuality through media and from peers without enough relevant education to help them respond in a healthy way.

Student comments to ERO highlight the need for schools to find out how well their sexuality education curriculum is meeting the needs of their students.

ERO, 2018c, page 2

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 safe spaces 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 health centre. Some schools have a designated staff member or a group of staff that ākonga can go to for help. School counsellors often take on this role.

Privacy when accessing health services

Confidentiality is important to ākonga when they need to access school health services. Ākonga should be able to access the health services without teachers and other ākonga knowing why. Accessing health services should be normalised and encouraged.

For example, schools can:
• make counsellors and nurses available to all ākonga in a way that is private and non-stigmatised
• ensure that the accessway to the student health centre does not make ākonga highly visible
• use text messages rather than coloured slips when giving permission for ākonga to leave or return to classes.

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. Toilets and changing rooms can be unsafe environments, especially for those who don’t identify as male or female.

Many ākonga, including those who are trans, non-binary, or intersex, may feel vulnerable having to change clothes in front of others. They 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.

Disabled ākonga may also be gender or sexually diverse. Toilets and changing rooms need to 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. You can then identify any issues and create safe and private spaces for changing, including during out-of-school activities.

Classrooms

Schools can make classrooms inclusive by:
• mixing up groups and lines rather than dividing ākonga into groups or teams by gender
• letting ākonga sit where they feel comfortable in the classroom
• changing the physical space around to allow different groupings over time
• not dividing spaces into girls’ and boys’ areas (including locker spaces).
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 should directly address bullying related to sexual orientation and gender identity. Such bullying includes making sexist remarks as well as homophobic or transphobic mocking and name-calling.

Schools can address these kinds of bullying by:
• discussing and dealing with any 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 positive behaviours for learning and preventing bullying 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

It is important to discuss the opportunities and pressures that young people can feel when communicating online and to help them plan strategies, and understand the implications, if they share images of themselves or others. Schools should explicitly teach online safety strategies and put in place related policies and practices. Effective policies around the use of phones and other devices at school:
• include student agreements about content and sharing
• take into consideration how easy it is for young people to share content with others in the school
• link to clear processes for staff to follow if explicit images are shared.

Secondary schools can also develop specific policies and programmes that address issues of pornography and sexting.

Young New Zealanders and pornography

Aotearoa New Zealand research shows that young people are being exposed to, and accessing, pornography online. A recent study (Classification Office, 2020) showed that one in four young people in Aotearoa New Zealand saw porn before the age of twelve 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. It also revealed that 67 percent of Aotearoa New Zealand teenagers aged fourteen to seventeen have seen porn.

Two out of three secondary school students have seen pornography. Boys are more likely than girls to have accessed it, but a majority of girls have also seen it. Exposure to porn tends to start young – the average age of first exposure (for those who could remember) was around thirteen years old.

While most young people don’t look at porn often, a significant minority (15 percent) look at it at least monthly, and almost one in ten look at it weekly or daily. Boys are about twice as likely to look at porn regularly, but a significant minority of girls (9 percent) are regular viewers. Young people tend to look at porn more often as they get older. Around one in four seventeen-year-old boys and one in ten seventeen-year-old girls see porn at least monthly.
The research suggests that young people want more and better information about sex and sexuality. RSE programmes provide an opportunity to discuss the complexities, issues, and impacts of widely available pornography, including how it is becoming a kind of de facto sex education.

**Sexting**

Sexting means sending or receiving sexually explicit videos or texts, including images showing underwear and nudity. It is hard to determine how many young people are engaging in Sexting, with the numbers ranging from 4-10 percent in various studies. However, significantly more than 10 percent of young people report receiving sexting messages, and young people may feel pressured to send images. According to Netsafe (2017), one in five young people report having been asked to send a nude image.

There are legal implications for possessing or sending sexually explicit images, especially of young people under 18.

- Once sexual images are shared, that sharing is known as image-based abuse, a term which covers “revenge porn”.
- Sharing such images can also be an offence under the Harmful Digital Communications Act (and potentially under other acts).
- Even if the person portrayed originally shared or made the images or video with someone consensually, that doesn’t mean that the person has consented to its being shared to a wider group or the general public. If this has happened, it may be an offence.
- It can also be an offence to threaten to share images or videos without someone’s consent.

There are several steps that schools can help young people to take, if images of them are shared by others. For more advice and resources, see Netsafe: https://www.netsafe.org.nz/personally-sensitive-information-or-images/

**School support systems**

Support systems include access to health and support services, teen parent units, and procedures for responding to issues and incidents.

**Access to health and support services**

Ākonga should be able to access support services, including medical 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 and confidential environment.

The Health Select Committee report (Hutchison, 2013) found that schools with dedicated health services greatly reduced risk factors and issues of health care 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.

**Teen parent units**

A number of Aotearoa New Zealand secondary schools have teen parent units (TPUs). These units provide support for teen parents and enable them to learn parenting skills while they continue their studies.

The TPUs help to reduce social stigma and stereotypes about teen parenting. Research suggests that teens often experience positive life changes when they become parents (Allen, 2005; Fitzpatrick, 2013). All schools with teen parents should provide supportive and safe environments for these young people. Schools have a responsibility to provide education and support to all ākonga, and those who are parents have equal rights to access quality schooling, including access to RSE programmes.

**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 be useful to educate the whole school community and 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.
Promoting wellbeing through sexuality education (ERO, 2018a, page 33) reported that one school responded
to online bullying in the following way.

Empowering student activism

This story shows how leaders and teachers can promote student leadership and activism around
sexuality issues.

Leaders and teachers deliberately develop students’ leadership skills from Year 9. Student empowerment is a
strong theme throughout the school. Older students act as role models and mentors for younger leaders, and
create space for the younger students to have opportunities to practise and grow their skills.

Social justice is a common theme across many of the student-led groups in the school. These groups are an
opportunity for students to extend their leadership skills and make a stand for what is important to them.

Each group had a teacher that acted as a support person for the group, for example, the sociology teacher
supports the feminist group. These teachers also work to connect the groups’ work with what was going on
in the wider school.

The guidance team explained that the staff’s role is to support students, and act as a safety net to make it safe
for students to explore and try new things. The school has a culture of giving things a go, and learning from
what did or did not work. This culture was obvious from senior leadership through to junior students.

Students have started a support group for gender and sexuality diverse students. This group has
organised and led the Day of Silence, and a Pride Week. They invited other schools to join them, as well
as four MPs to participate in a debate (facilitated by the students).

After finding out about some inappropriate comments made on social media, senior student leaders
approached the school’s feminist group and liaised with students at other local schools to organise a protest
against rape culture. Girls also boycotted interschool sports with the commenters’ school, saying they did not
feel safe. The principal supported the girls’ decision to not participate.

The feminist group was enraged by the comments on social media, and wanted to protest at the commenters’
school gates. Others were concerned that it was not just about the specific comments, but the wider issue of
rape culture. They were also concerned about the potential impact on their school’s ongoing relationship with
the commenters’ school. They took their concerns to the principal. The principal listened to their concerns, and
said she would not stop the girls from protesting. The principal suggested, in light of the broader concerns
about rape culture, the girls take their protest to a more public stage: the grounds of Parliament.

The principal and the other school leaders wanted to support the students, but made sure the protest still
belonged to and was led by students. Leaders worked with students to help them with things they had never
done before, such as writing press releases. The school valued the learning the girls gained through organising
the protest: rights, responsibilities, critical thinking, and media management. The students knew many people
cared but were surprised and overwhelmed by the number of people who made the effort to support them,
and turn up to the protest: teachers, parents, friends, students from other schools. Parents and the board were
proud of the students, and there was no negative feedback about what the girls had done.

Outcome indicators

Students promote fairness and social justice and respect human rights
Students are critical, informed, active and responsible citizens
Students are ethical decision makers and guardians of the world of the future
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 of 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, “Students have comprehensive opportunities to explore different values, beliefs, perspectives; to develop empathy, reflection, and critical thinking on a range of topics.”)
- **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, go to ERO, 2018a, pages 42–45: https://www.ero.govt.nz/publications/promoting-wellbeing-through-sexuality-education/

**Wellbeing for success: a resource for schools** (ERO, 2016) may also be useful: ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/
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. Schools must ensure RSE is offered in teaching programmes for years 9–13, using the strands and achievement objectives outlined in the curriculum.

Health education should be timetabled as a separate subject that is mandatory in years 9 and 10. In years 11–13, health education should be offered as an optional NCEA subject and all ākonga (students) should continue to be given opportunities to learn about relationships, gender, and sexuality.

RSE can also be taught in other learning areas and contexts. In years 9–13 classes, there are many opportunities for teachers in learning areas other than health education to incorporate RSE into their programmes in authentic contexts.

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.
RSE and the underlying concepts of health and physical education

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 sexuality education 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. Learning about relationships will be included across the breadth of health and physical education.

Programmes should include an approach to RSE that is, at its core, educational and views health education as the study of health and wellbeing (Fitzpatrick and Tinning, 2014). Such an approach includes a wide range of content, perspectives, value positions, and knowledge. Programmes focus on learning, and diversity is valued. Student perspectives and requests are included in the regular planning and review of programmes, and they are consulted about content and approach (Leahy et al., 2009).

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

Programmes for the prevention of sexual violence are an essential part of health education. Health education 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.

Ākonga need to develop:

- knowledge of issues around coercion, consent, and safety in intimate relationships
- 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 and can reinforce negative gender stereotypes.

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:

- critical inquiry into homophobia and transphobia in physical activity and sporting contexts
- developing effective communication skills in the context of games and physical activities
- exploring and challenging gender stereotypes and binaries in physical activity and sport
- critiquing ways in which nationalism and gender are reflected in media representations of sport
- developing knowledge of how taking part in sports relates to gender, culture, and community contexts
- discussing and challenging gender issues related to sport and physical education uniforms
- exploring how young people’s growth and development affect their participation in physical activities
- exploring different cultural and religious approaches to taking part in physical activity (eg, in relation to menstruation, clothing, or swimming).

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:

- explore how sexuality and relationships are represented in and across texts and how the representation has (or has not) changed over time
- analyse how family relationships are represented in different genres and/or text types
- explore how texts represent and convey relationships, including intimate relationships, aspects of consent, safety, communication, identity, gender representation, and ideas of love
- use critical literacy skills to interrogate gender stereotypes
- identify positive and negative gender bias in texts
• create texts (oral, written, or visual) to convey ideas about gender and sexuality
• draw informed conclusions about the audience and intended purpose of texts, and consider the influence of both in the ways ideas about gender have been represented
• use information literacy skills to draw conclusions about a self-selected topic related to intimate relationships.

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 people’s experience of puberty
• 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 who identify as male or female or have diverse gender and sexual identities, and describe their contributions
• consider how to distinguish between scientific and non-scientific ideas about gender (eg, the notion that brain size affects intelligence or predisposition in different racial, gender, or age-based groups) and go on to discuss how scientific thinking can be used to argue for or against such ideas
• explore what “male”, “female”, and “hermaphrodite” mean in relation to plants and animals.

In **technology**, ākonga can:
• challenge gender stereotypes in relation to design and materials
• explore symbols linked to the gay and transgender rights movements
• interrogate the design and sustainability of menstrual products, such as tampons and pads
• interrogate the design and sustainability of contraceptives
• identify some gender expectations that are embedded in technology
• explore the design and marketing of power tools and other tools
• identify and discuss the range of colours, textures, and designs of clothes

• explore the way goods, toys, apps, and online games and activities are designed for a gendered audience
• take part in a class challenge focusing on gender-neutral design
• explore the impact of technology on relationships.

In **social sciences**, ākonga can:
• explore gender and politics in Aotearoa New Zealand history, for example, women’s suffrage, different feminist waves, the #MeToo movement
• consider the impacts of digital technologies on social movements and sharing of information in the context of shifting societal norms of gender and sexuality
• explore the history of rainbow movements and gay rights in Aotearoa New Zealand, for example, law changes over time to address issues from the death penalty to marriage equality
• consider famous “rainbow” figures from history
• explore the different roles of men and women in the history of Aotearoa New Zealand and other parts of the world, describing how these roles have affected relationships and how social expectations influence communication styles
• interview family members and friends about how they have experienced gender roles and expectations in their lives
• research their own whakapapa and find narratives about different ancestors, then identify ways in which some women’s narratives differ from men’s narratives and describe the societal forces that shaped those narratives
• examine the expectations people have for their leaders, and describe the way the media reports on different leadership styles in relation to gender and/or sexual orientation.
In the arts, ākonga can:
• consider plays and role plays that critically investigate stereotypes relating to gender and sexual orientation
• consider plays with roles that do not conform to stereotypes relating to gender or sexual orientation
• create artistic work that explores relationships
• explore issues around relationships, consent, and gender stereotypes
• explore the representation of gender and/or sexual orientation in visual art
• explore dances and dance styles where there are specific roles for gender and also those where there is no gender differentiation
• challenge stereotypes relating to gender and sexual orientation about who can dance
• identify ways that colour and language are related to gender and sexual orientation
• create a piece of work that expresses ideas of safety, respect, danger, and healthy relationships
• identify gender and sexual orientation stereotyping in popular music.

In languages, ākonga can:
• discuss the use of gendered or non-gendered pronouns across different languages
• consider how the terminology of gender and sexuality has changed over time in English, Māori, and other languages
• analyse the use of language in earlier and current media and/or public discussions of sex and gender, highlighting changes and developments in language use
• 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:
• evaluate statistically-based reports
• explore how data can change and shape our views
• 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:
  ○ the representation of gender in maths problems
  ○ stereotyping in popular toys, apps, or online games
  ○ gender and relationships in TV advertising
  ○ population data explored in terms of gender and sexuality bias
  ○ famous mathematicians and their contributions (eg, referring to the movie Hidden Figures).
Designing a RSE programme for ākonga in years 9–13

The tables on pages 35–39 present key learning in RSE at levels 4–8 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). Significantly more time should be allocated in senior secondary NCEA programmes.

It is recommended that schools offer learning programmes in RSE to all ākonga in years 11–13, including those who are not studying health education for NCEA. Such programmes should be informed by the views of ākonga and draw from the key learning and achievement objectives at levels 5–7 (depending on the needs of ākonga and their prior learning).
### Key learning at level 4

**Key learning at levels 4–8**

#### LEVEL 4

<table>
<thead>
<tr>
<th><strong>KO AU — ALL ABOUT ME</strong></th>
<th><strong>KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS</strong></th>
<th><strong>KO TŌKU AO — ME AND THE WORLD</strong></th>
</tr>
</thead>
<tbody>
<tr>
<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 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.
- Understand various differing approaches to conception and contraception and how these relate to social norms, choice, consent, and wellbeing.
- Are able to manage intimate relationships (involving attraction, love, and desire) and relationship changes (including changes to relationships online and using social media), through:
  - knowledge of rights and responsibilities
  - knowledge of the need to give and receive consent and to make informed choices
  - assertive communication.
- 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.
- 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.
- 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).
Key learning at level 5

<table>
<thead>
<tr>
<th>LEVEL 5</th>
<th>KO AU — ALL ABOUT ME</th>
<th>KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS</th>
<th>TE AO — THE WORLD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge, understandings, and skills relating to physical and sexual health and development: emotional,</td>
<td>Understandings and skills to enhance relationships, for example, in relation</td>
<td>Critical inquiry, reflection, and social-action skills related to issues of equity, gender, body</td>
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<tr>
<td></td>
<td>mental, social, spiritual, and environmental</td>
<td>to friendships, intimate relationships, love, families, and parenting</td>
<td>image, risk, and safety</td>
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<td></td>
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</tr>
<tr>
<td>Ākonga can show that they:</td>
<td>• Know about a range of cultural approaches to issues of gender and sexuality and how these relate to holistic understandings of wellbeing, eg, in terms of:</td>
<td>• Have skills for enhancing relationships, including skills for:</td>
<td>• Are able to analyse representations of sex, sexuality, and relationships (in social media,</td>
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<tr>
<td></td>
<td>o varying perspectives on contraception and reproduction for different people, such as teens, heterosexual</td>
<td>o strengthening personal identity</td>
<td>advertising, and entertainment) in terms of their impacts on relationships and wellbeing,</td>
</tr>
<tr>
<td></td>
<td>couples, same-sex couples, and single parents</td>
<td>o effective communication</td>
<td>and can use a range of strategies to take action when these affect their own wellbeing or that of</td>
</tr>
<tr>
<td></td>
<td>o cultural, generational, and personal values related to gender and sexual identities.</td>
<td>o assertiveness</td>
<td>others.</td>
</tr>
<tr>
<td></td>
<td>• Take part in a range of practices and activities (eg, physical activity and sport, school and</td>
<td>o negotiating intimacy</td>
<td>• Understand school and community policies and events that support sex, gender, and sexual</td>
</tr>
<tr>
<td></td>
<td>community events, classroom activities, and interactions on social media); reflect critically on how</td>
<td>o giving and receiving consent</td>
<td>diversity, and know how to take action to support these policies.</td>
</tr>
<tr>
<td></td>
<td>these practices connect with issues of body image and gender norms; and develop strategies to promote</td>
<td>o dealing with pressure</td>
<td></td>
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<tr>
<td></td>
<td>inclusion and wellbeing.</td>
<td>o demonstrating care and respect</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Understand how people’s ideas about love, intimacy, attraction, desire, romance, and pleasure can affect wellbeing and relationships.</td>
<td></td>
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</tbody>
</table>

RELATIONSHIPS AND SEXUALITY EDUCATION YEARS 9–13
### Key learning at level 6

<table>
<thead>
<tr>
<th>LEVEL 6</th>
<th>KO AU — ALL ABOUT ME</th>
<th>KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS</th>
<th>TE AO — THE WORLD</th>
</tr>
</thead>
<tbody>
<tr>
<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>
<td></td>
</tr>
</tbody>
</table>

**Ākonga can show that they:**

- **KO AU — ALL ABOUT ME**
  - Are able to examine how gender and sexual identities can shift in different contexts and over time, and understand how these identities can be affected by relationships, family, media, popular culture, religion, spirituality, and youth cultures.

- **KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS**
  - Have knowledge and skills to enhance wellbeing in intimate relationships, including knowledge and skills about:
    - rights and responsibilities
    - consent, decision-making, and problem-solving
    - considering risks and safe sexual practices.
  - Recognise how different values affect people’s behaviours in intimate relationships and can develop interpersonal skills and plan strategies for responding to needs and challenges, solving problems, and making decisions.

- **TE AO — THE WORLD**
  - Are able to compare concepts of love, attraction, romance, pleasure, and consent from different perspectives and in different situations, and can take ethical standpoints (eg, by considering cultural values, church values, family values, and the values portrayed in social media and films).
  - Are able to critique heteronormative messages and practices in the school or community and recommend actions to address these.
### Key learning at level 7

<table>
<thead>
<tr>
<th>LEVEL 7</th>
<th>KO AU — ALL ABOUT ME</th>
<th>KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS</th>
<th>TE AO — THE WORLD</th>
</tr>
</thead>
</table>
| Knowledge, understandings, and skills relating to physical and sexual health and development: emotional, mental, social, spiritual, and environmental | Understand physical change across the lifespan for different people, including changes relating to fertility, menstruation, and the menopause, and explore the impacts of people’s choices relating to sexual health (e.g., choices about using contraceptives, hormone blockers, or drugs, and about dealing with STIs). | Understandings and skills to enhance relationships, for example, in relation to friendships, intimate relationships, love, families, and parenting. Are able to analyse their own close friendships, partnerships, and social interactions, and can plan actions to enhance communication and wellbeing in a range of situations (including online situations and situations involving alcohol and other drugs). | Critical inquiry, reflection, and social-action skills related to issues of equity, gender, body image, risk, and safety. Are able to:  
- evaluate societal and cultural influences on partnerships, families, and childcare relationships  
- analyse beliefs, attitudes, and practices that influence choices by reinforcing stereotypes (such as sexism, homophobia, and transphobia)  
- use principles of social justice to advocate for inclusive practices. |

| Ākonga can show that they: | Are able to identify risks arising from intimate relationships in online and offline environments, and can explain their personal values and needs (e.g., in relation to dating, the influence of pornography, or issues of consent). | Are able to:  
- evaluate societal and cultural influences on partnerships, families, and childcare relationships  
- analyse beliefs, attitudes, and practices that influence choices by reinforcing stereotypes (such as sexism, homophobia, and transphobia)  
- use principles of social justice to advocate for inclusive practices. |  

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RELATIONSHIPS AND SEXUALITY EDUCATION YEARS 9—13
### Key learning at level 8

<table>
<thead>
<tr>
<th>LEVEL 8</th>
<th>KO AU — ALL ABOUT ME</th>
<th>KO AKU HOA — FRIENDSHIPS AND RELATIONSHIPS WITH OTHERS</th>
<th>TE AO — THE WORLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ōkonga 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>
</tbody>
</table>

| • Are able to critically evaluate a range of data and devise strategies to meet their current and future sexual health needs. | • Are able to critically analyse values, practices, and legislation for promoting safer and more pleasurable sexual practices (eg, by examining health promotion strategies, law changes, and health policies). | • Are able to critically evaluate societal attitudes to sex and sexuality (including attitudes in families, communities, religious contexts, and online), and can apply health promotion strategies to enhance sexual health and affirm diversity. |
| • Are able to reflect on their personal identity (which will include their gender, sexuality, body, ethnicity, culture, location, ability, and age) and to explore identity politics and related issues in diverse contexts (including issues around labels such as “LGBTQI+”, “rainbow”, “takatāpui”, and “MVPFAFF”). | • Are able to explore desire, pleasure, consent, and attraction as interpersonal, social, and ethical concepts, and can plan to actively promote positive, equitable, and supportive relationships. | • Are able to critically analyse a range of issues that affect relationships, gender identity, and sexuality (eg, by considering the social impacts of online dating and pornography as well as the social and environmental impacts of menstrual products, contraceptive devices, fertility treatments, and pharmaceuticals), and can advocate for sexual and environmental justice and for inclusive cultures. |
Engaging outside providers for RSE programmes

Health education 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 is available to help schools implement 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.

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 with age-specific needs
- ākonga learning English or with first languages other than English.

The following section suggests some effective and empowering approaches for ākonga Māori, Pacific ākonga, LGBTQI+ ākonga, disabled ākonga, and ākonga in years 11–13.
Approaches to RSE for ākonga Māori

Teachers of ākonga Māori need professional learning and development that meets their identified needs, and 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. (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 to 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, whaïlipō, ēpo, 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 to 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 ways to express themselves 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
• exploring the history of the word takatāpui, and finding out how it is currently used
• 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.

The 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 va (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 reciprocal relationships, where healthy and positive messages about 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), fakaleīti (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/Eff ctive-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.

Ākonga with diverse sexual orientations and gender identities have a right to inclusive RSE.

• 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 any exclusionary practices, such as assuming ākonga identify as either girls or boys, or organising class practices, teams, and activities according to gender.
• Language in classes should be non-homophobic, non-transphobic, and non-sexist.
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

Approaches to RSE for ākonga in years 11–13

Ākonga in years 11–13 need opportunities to learn about relationships, gender, and sexuality. In these years, young people are increasingly likely to be in intimate relationships and attending social gatherings, some of which involve the consumption of alcohol and other drugs. Timely and student-informed learning opportunities will enhance the knowledge and skills of senior high school ākonga and build their resilience.

While each school will differ, there are several possibilities for including learning for all ākonga. For example, schools can:

• design workshops that are offered to all ākonga in years 11–13
• offer lessons in relationships, gender, and sexuality in free periods for year 13 ākonga
• offer a peer sexuality support programme, which can be formed, developed, or engaged externally or internally in a school
• invite outside providers to run workshops with years 11–13 ākonga
• establish interest groups to explore topical issues
• ensure that all ākonga have year-long access to health services.

Programmes should be planned, delivered, and evaluated by educators with the background, knowledge, confidence, and skills to teach RSE effectively. Such programmes link with the wider responsibilities of schools to ensure pastoral care and maintain safe physical and emotional environments.

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; Education Review Office, 2018a; Tasker, 2013).
Effective programmes are not designed by teachers alone.

- 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 section 2, page 27, 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 and sexuality in general
- gender identity and sexual orientation
- different families and different types of relationships.

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 to reflect on their programmes and resources.

A number of government-funded agencies offer support and resources around teaching RSE. Many groups, including Family Planning, run courses for teachers and offer other support. See Sources of support for teachers on page 62 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 have an important strategic role in supporting principals to develop and maintain a school environment in which relationships and sexuality education (RSE) programmes can be effective. (For specific details on the board of trustees’ roles and responsibilities, see page 48.)

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 RSE are as follows.

<table>
<thead>
<tr>
<th>NATIONAL PERFORMANCE MEASURES</th>
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<tbody>
<tr>
<td><strong>NATIONAL EDUCATION GOALS</strong></td>
</tr>
<tr>
<td>The following National Education Goals support the learning of ākonga in sexuality education by providing for:</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>
</tr>
<tr>
<td>2. Equality of educational opportunity for all New Zealanders, by identifying and removing barriers to achievement.</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>
</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>
</tr>
</tbody>
</table>

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).

Promoting contraception as the responsible choice for young people who are sexually active, or think they may become so, but are not ready to become parents, is a vitally important part of RSE.

Reviewing programmes

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

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4. WHAT ARE SCHOOLS REQUIRED TO DO?

This process is undertaken at least once every two years.

Local goals may be developed after consultation with the school community. A mission statement may be written.

NATIONAL PERFORMANCE MEASURES
National Education Goals
National Administration Guidelines

Health and Physical Education in the New Zealand Curriculum

SCHOOL CHARTER

The board of trustees prepares a draft statement on the delivery of the health curriculum.

The board of trustees adopts a method of consultation with the school community.

The board of trustees consults with parents/caregivers/whānau and, if the school is integrated, with the proprietors.

The board of trustees considers the comments received on the draft statement and makes any necessary amendments.

The board of trustees adopts the statement on the delivery of the health curriculum.

Feedback is given to the community.

The school’s health education programme is implemented and monitored.

The health education programme, including the sexuality education component, is reviewed according to the National Administration Guidelines and Section 91 of the Education and Training Act 2020.
```
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.


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. The principal’s job is to act as professional advisor to the board, implement the board’s decisions, and provide professional leadership to the board’s other employees. The principal:

• may be delegated by the board of trustees to prepare the draft statement on the delivery of health education and to coordinate the consultation process

• ensures that 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 RSE 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 RSE 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 about strategies for managing any difference of views or values between home and school.

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

The following resource may be useful: Sexuality education in secondary schools: Information for whānau (ERO, 2018d) ero.govt.nz/assets/Uploads/ERO-18262-Sexuality-Education-brochure-Secondary-whanau-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 40.)

Specific rights and responsibilities

Schools, teachers, and parents or caregivers have some particular rights and responsibilities around:
- requests for ākonga to be withdrawn from aspects of the sexuality programme
- responding to questions on sensitive issues.

The right to withdraw young people

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 young people’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
- should 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, so that their relationships and sexuality education (RSE) is related 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>
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<tbody>
<tr>
<td>Use appropriate protocols to involve parents, whānau, 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 secondary 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 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 local primary and intermediate schools. The board could identify these people as part of the community for the purpose of this consultation.</td>
<td>One college provides information about their health education programmes in the enrolment pack sent to all prospective ākonga.</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>Another college improved the attendance of parents and caregivers of year 9 ākonga at its consultation meeting from 6 percent to 66 percent of all families by holding an early evening barbecue before the meeting.</td>
</tr>
</tbody>
</table>

Engaging with the school community

Parent–teacher associations, college associations, whānau, hapū, iwi, and ‘aiga support groups, church groups, and home and school committees 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 people 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 everyone’s 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 relationships and 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 class is age-appropriate and describe 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 34–39 (in section 3).


**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, 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, matai, 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, with an 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. For example, tailor promotion messages about sexual health to refer to “healthy relationships” rather than to “safe sex”.
• 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 mediums that many Pacific peoples respond to, such as ethnic radio stations, drama, and music.
• Offer 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. Ongoing evaluations of these meetings (by school members and Pacific experts) can help inform the process.

• Ensure that senior school Pacific ākonga are consulted, involved, and have a part to play in these meetings.
• 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.
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’afafine: (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.

Fakafine: (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.

Fakaleiti (leiti): (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, fa‘akaleitī (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**

- [Gender Minorities Aotearoa Glossary](https://genderminoritiesaotearoa.files.wordpress.com/2016/06/gender-minorities-aotearoa-glossary-gender-minority-words-and-how-to-use-them.pdf)
- [Outline Online Glossary](https://outline.org.nz/glossary/)
- [Takatāpui](https://takatapui.nz/#home)
- [Rainbow Diversity Groups Digital](https://ry.org.nz/what-we-do/resources)
- [Human Rights Commission](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.


REFERENCES, USEFUL LINKS, AND SUPPORT


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 Pasifikia students: pasifika.tki.org.nz/Eff ctive-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 provides 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
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