



Insights for school boards:

Review of relationships and sexuality education

Relationships and sexuality education (RSE) is required to be taught in all state and state-integrated schools. RSE is important to children's and young people's physical and mental health, and their safety. However, there are differing views on what, when, and how much should be taught in schools.

The Education Review Office (ERO) reviewed RSE to understand how well it meets the needs of students, expectations of parents and whānau, and capabilities of schools. This guide sets out our key findings.

What is RSE?

RSE covers a wide range of topics beyond just 'sex ed'. RSE teaching includes personal safety, managing feelings, bodies, health, diverse identities, wellbeing, and relationships with other people. RSE falls under the 'Health and Physical Education' learning area of the New Zealand Curriculum. RSE is taught right through school, and is compulsory from Years 1-10.

Most developed countries teach some form of RSE to support children's and young people's development, health, and safety. RSE focuses on a range of key issues including preventing bullying, promoting healthy relationships and sexual health, and promoting inclusion and reducing discrimination - in the classroom and more widely in society. RSE also plays a key role in helping students to navigate a changing world, where online safety risks, misinformation, and harmful attitudes are increasingly prevalent.

What do schools need to do?

Schools are required to consult with their communities at least once every two years on how they will deliver the health curriculum, including RSE. Health education is the only part of the curriculum that schools are required to consult their community about.

RSE is part of the health and physical education learning area in the New Zealand Curriculum. Schools develop their RSE programmes using the New Zealand Curriculum and, if they choose, the Ministry of Education's RSE guidelines. The curriculum is compulsory but the guidelines are not. There is no specific, discrete RSE topic or unit that schools have to cover. Individual schools decide on the specifics of what RSE content will be taught. Nearly two thirds (63 percent) of schools use the RSE guidelines to develop their curriculum.

What did ERO find out?

RSE has wide support from parents and whānau

Most parents and whānau support RSE being taught in schools, and parents and whānau who know more about what is being taught are happier with RSE. Primary school parents and whānau are slightly less supportive than intermediate and secondary school parents and whānau, due to concerns about RSE content being appropriate for their children's age. Six percent of parents and whānau withdraw their child from RSE.

What students learn changes as they grow up and depends on where they go to school

What students are taught changes as they grow up. In Years 0-4 (ages 5-8), almost all students learn about feelings and emotions, friendships and bullying, and personal safety. As they progress through Years 5-8 (ages 8-12), they begin to learn about getting help with their health and changes to their body. At Years 9-10 (ages 12-14), around eight in 10 students learn about consent, romantic relationships, sexual identities, human reproduction, and gender identity. Students do not have to learn RSE in Years 11-13 (ages 14-18), but many do.

Students in girls' schools are more likely to learn about consent, different sexual identities, and gender identity than students at co-ed schools.

There are diverse views among parents and whānau on what and how RSE should be taught

The most common topics that parents and whānau want their children to learn *more* about are consent, romantic relationships, and health and contraception. The most common topics that parents want their children to learn *earlier* are friendships and bullying, personal safety including online safety, and managing feelings and emotions, often because they want them to be safe.

Parent and whānau views are split on teaching about gender identity, different sexual identities, and gender stereotypes. A 'split' view means that there are significant groups at both ends, wanting to learn more/less, and earlier/later.

Parents and whānau of girls^a want their children to learn about changes to their body and consent earlier, compared to parents and whānau of boys.

Parents and whānau that practice a faith want less RSE, in particular around gender identity, different sexual identities, and gender stereotypes, because of concerns that this content does not align with the views outlined in their faith, and that it is the role of their church or faith-based community to teach RSE to their child - especially some of the more sensitive topics.

Parents and whānau of students from rainbow communities^b are more likely to want their children to learn about all RSE topics earlier, especially topics on diverse identities and bodies. They want coverage of these topics so their children can be confident with their body and body image, feel empowered, and see themselves in their learning.

Most, but not all schools are meeting the current consultation requirement, and schools face significant challenges in consulting on RSE.

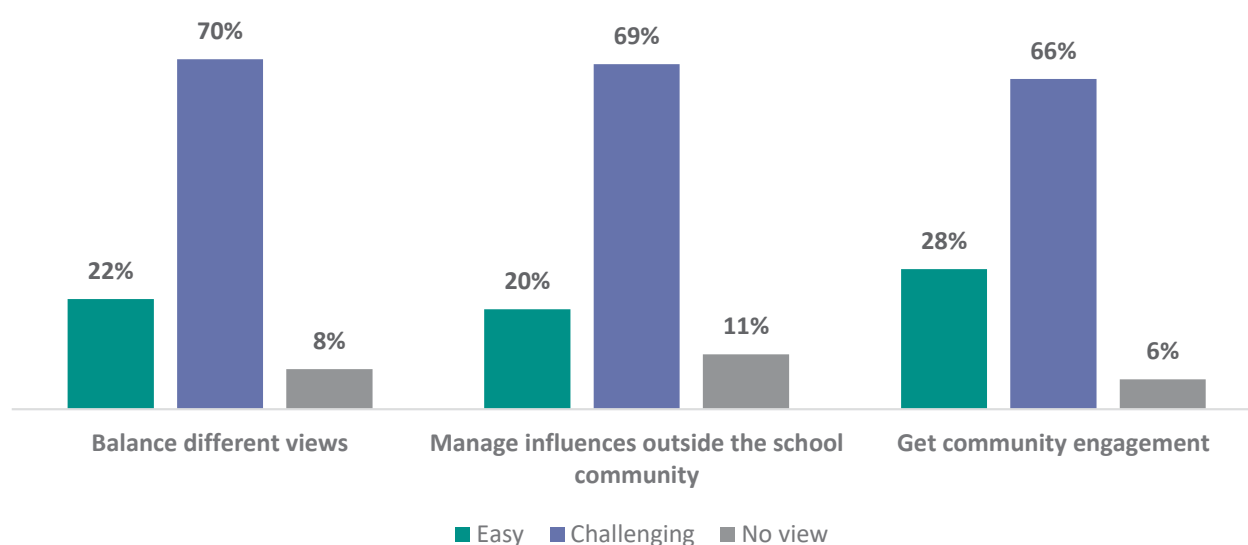
Just over a quarter of board chairs or presiding members don't know they are required to consult with the school community about the delivery of the health curriculum at least once every two years and worryingly almost one in 10 last consulted their community *more* than two years ago. One-fifth don't know when their school last consulted.

Schools face significant challenges in consulting on what to teach in RSE, particularly rural schools and schools with a high Māori roll. Schools find consulting difficult and divisive - almost half of school leaders find consulting challenging or very challenging. New principals find it more challenging. In the worst cases, consultation processes result in abuse and aggression.

^a While our proportion of gender diverse student responses is representative of the population, these numbers are too low to statistically compare to boys and girls.
^b In our report, we use the term 'rainbow communities', aligning with guidance from the Public Service Commission. This is a broad umbrella term that covers a diversity of sexual orientations as well as gender identities and expressions, and sex characteristics (including lesbian, gay, bisexual, transgender, queer or questioning, intersex, ace identities, and more).

Rural schools find it particularly challenging to maintain relationships with parents and whānau during consultation. Their consultations often involve the wider community, not only school parents and whānau. Around half of schools with a high Māori roll find it challenging to consult with their community, because schools often need to consider more carefully how to build trust with whānau Māori and which methods of engagement will work best.

Figure 1: School leader views on how challenging they find aspects of consultation



What is ERO recommending?

Area 1: Extend teaching and learning of RSE into senior secondary school.

The findings show that RSE is a key area of learning for children and young people, particularly at a time of increased risks through social media and harmful online content. In senior secondary school, timetables are crowded and students have choice about the subjects they study. But even in this context RSE is too important to leave to chance. While RSE is compulsory from Years 1 to 10, the Government should consider how to extend RSE teaching and learning into Years 11 to 13 (including whether it should be compulsory).

Area 2: Increase consistency of what is taught.

The findings show that RSE is not being consistently taught across schools. There is variability in what students are taught and when they are taught it depending on where they go to school.

ERO has also found that not all teachers are well prepared to teach RSE, particularly in primary schools where RSE is often taught by the classroom teacher. It is important all teachers have the skills and support they need. The Ministry of Education should clarify the knowledge, skills, and understanding students are expected to develop, provide evidence based resources and supports, and professional development.

Area 3: Look at the consultation requirement on boards.

ERO has found that the requirement for school boards to consult at least once every two years is creating significant challenges for schools. Schools are caught between opposing perspectives from parents and whānau, as well as external influence from individuals and groups not directly connected to the school. School staff can be subject to ongoing abuse and intimidation. Some schools respond by scaling back RSE teaching, which results in students missing out on learning opportunities.

The Government should consider replacing the requirement on school boards to consult the school community on RSE (as part of the Health and Physical Education curriculum) with a requirement to inform parents and whānau about *what* they plan to teach and *how* they plan to teach it, before they teach it. Schools should also ensure that parents and whānau know that they can withdraw their children from any element of RSE that they are uncomfortable with.

Want to know more?

To find out more about how RSE is working in our schools, check out our main [evaluation report](#). We also produced a short [insights for school leaders](#). These can be downloaded for free from ERO's Evidence and Insights website, www.evidence.ero.govt.nz.

What ERO did

We focused our investigation on experiences of students, teachers, leaders, school boards, and parents and whānau across Aotearoa New Zealand. We visited a wide range of schools, including co-educational, girls' and boys' schools, rural and urban schools, primary, intermediate, secondary, and area schools, state and state-integrated (including faith-based) schools and schools with high Māori and high Pacific rolls. We visited schools across the country and surveyed over 12,000 people.

We also invited a wide range of stakeholders to speak with us. We heard from parent groups, external providers of RSE, agencies related to youth mental health, sexual health, and health more broadly, professional teacher associations, cultural and faith-based groups, non-government organisations (NGOs), and advocacy groups.

We also worked with an Expert Advisory Group which included academics, educators, practitioners, and other RSE experts.



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